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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Per	nsion Be	nefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.		spection
Pai	rt I	Annual Report I	dentification Information					
For c	alenda	ar plan year 2013 or fise	cal plan year beginning 01/01/20	013	and ending 1	2/31/2	2013	
		urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
ВП	nis reti	urn/report is:	the first return/report	╡ :				
_			an amended return/report Form 5558	a short plan year return automatic extension	n/report (less than 12 mo	onths)		
C C	heck b	DFVC progra	am					
Par	4 II	Rasic Plan Infor	special extension (enter description—enter all requested information—enter all requested information informati	·				
		of plan	mation—enter all requested inion	IIIauoii		1h	Three-digit	
		•	UP, LLC 401(K) PROFIT SHARING	: PLAN		10	plan number	
LDOL	VVAIL	K CONCOLLING CKC	or, LEO 401(R) I ROLLI GILARINO	T LAN			(PN) •	001
						1c	Effective date of	f plan
							01/01	/2012
		oonsor's name and add	dress; include room or suite number DUP, LLC	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 26-39	fication Number
27450	10TU	AVENUE SOUTH				2c	Sponsor's telep	
FEDE	RAL W	/AY, WA 98003				2d	Business code 5419	(see instructions)
3a F	Plan ad	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	
						3с	Administrator's	telephone number
4 1	f the n	ame and/or EIN of the	plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN	
		EIN, and the plan num	nber from the last return/report.	·	• •	4c		
5a	Total r	number of participants a	at the beginning of the plan year			5a		15
_			at the end of the plan year			5b		15
C	Numbe	er of participants with a	account balances as of the end of the	e plan year (defined bene	fit plans do not	5c		15
_		•	during the plan year invested in elig				II.	X Yes No
b	Are yo under	u claiming a waiver of 29 CFR 2520.104-46?	the annual examination and report of (See instructions on waiver eligibility	of an independent qualifier y and conditions.)	d public accountant (IQI	PA)		X Yes No
	-		ther line 6a or line 6b, the plan car			_		_
C	f the p	lan is a defined benefit	t plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .		Yes No	Not determined
Caut	ion: A	penalty for the late o	or incomplete filing of this return/r	eport will be assessed i	unless reasonable cau	ıse is	established.	
Unde SB o	r pena r Sche	llties of perjury and oth	er penalties set forth in the instruction d signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	ort, ir	ncluding, if applic	
SIGN		Filed with authorized/v	valid electronic signature.	06/25/2014	ROBERT HOSKINS			
HERI	E	Signature of plan ad	dministrator	Date	Enter name of individu	ual sig	ning as plan adı	ministrator
SIGN								
HERI	E [Signature of employer/plan sponsor Date Enter name of individ		Enter name of individu	ual sig	ning as employe	er or plan sponsor	
Prepa	arer's i		ame, if applicable) and address; inclu					number (optional)

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year				_		
	Total plan assets	(1)					(b) Liid	01 1	47223	3	_
b	Total plan liabilities	7b		0			0				
	Net plan assets (subtract line 7b from line 7a)	7c	1954	19548			47223				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(u) Amount				(5)	Otal			
	(1) Employers	8a(1)	3269	5							
	(2) Participants	8a(2)	408	3							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	684	1							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							43619		_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1498	2							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	96	2							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							15944	1	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							27675	5	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instru	ctions	:		
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		_
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					5000	00
d		-		10d		X				-	_
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							_
·	insurance service, or other organization that provides some or all				X						
	instructions.)			10e	^	.,				96	2
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 as	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part							1				_
11	Is this a defined benefit plan subject to minimum funding requirem	•					•		Yes	X N	lo
11a	5500) and line 11a below)										
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X N	lo
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	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										
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk										_
b	Enter the minimum required contribution for this plan year					12b					

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	14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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). 2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Bene	efit Guaranty Corporation	Complete all entries in ac	cordance with the instructi	ons to the Form 5500)-SF.		·
Part I	Annual Report	Identification Information				10/01/001	2
For calendar	plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending		12/31/201	
A This retui	rn/report is for:	X a single-employer plan	a multiple-employer plan	n (not multiemployer)	1	a one-particip	oant plan
B This retu	rn/report is:	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 bo	ox if filing under:	Form 5558	automatic extension			DFVC progra	ım
	.	special extension (enter desc	ription)				
Part II	Basic Plan Info	rmation—enter all requested in	formation				
1a Name o						Three-digit	
	,	ING GROUP, LLC				plan number (PN) ▶	001
401(K) PROFIT SHA	RING PLAN			1c	Effective date of	
						01/01/201	'
2a Plan so	onsor's name and a	ddress; include room or suite numb	er (employer, if for a single-e	mployer plan)	2b	Employer Ident	fication Number
EDGEW	ATER CONSULT	ING GROUP, LLC				(EIN) 26-394	
					2c	Sponsor's telep	
27/50) 18TH AVENUE	SOUTH			24	(253) 835	
		500111	ר. ד. ז. ר. ד. ז.	00003	ì	541990	(see instructions)
FEDER	RAL WAY	nd address XSame as Plan Spon		98003 Sponsor Address		Administrator's	EIN
3a Plan ad	iministrators name a	ind address Asame as Flair Sport	Sof Name Dame as Flan	Sponsor Address			
					3с	Administrator's	telephone number
A 164bm o	ama and/or EIN of th	ne plan sponsor has changed since	the last return/report filed fo	this plan, enter the	4b	EIN	
name,	EIN, and the plan n	umber from the last return/report.		,			
a Sponso	or's name				-	PN	
		s at the beginning of the plan year.					1.
		s at the end of the plan year			. 5b		1.
C Number	er of participants with	account balances as of the end of	f the plan year (defined bene	fit plans do not	5c		1.
							X Yes No
6a Were	all of the plan's asse	ets during the plan year invested in of the annual examination and repo	eligible assets? (See instruct	d public accountant (IC	 DPA1		
b Are you	ou claiming a waiver 29 CFR 2520.104-4	of the annual examination and repo 6? (See instructions on waiver eligi	bility and conditions.)	a public decodificant (19			X Yes No
If you	answered "No" to	either line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	e Form	5500.	_
c If the p	olan is a defined ben	efit plan, is it covered under the PB	GC insurance program (see	ERISA section 4021)?	[Yes No	Not determined
0		or incomplete filing of this retu	rn/report will be assessed i	unless reasonable ca	use is	established.	
l ladarassa	alting of porium and	other penalties set forth in the instru	ictions I declare that I have	examined this return/re	eport, i	ncluding, if appl	cable, a Schedule
SB or Sche	edule MB completed	and signed by an enrolled actuary,	as well as the electronic vers	sion of this return/repo	rt, and	to the best of m	y knowledge and
belief, it is t	true, correct, and cor	mplete.					
SIGN	Kolent	Hoskin	6/23/14	ROBERT HOSKIN	IS		
HERE	Signature of plan		Date .	Enter name of individ	gning as plan a	dministrator	
	July 1	t Aloslin	6/23/14	ROBERT HOSKIN		<u> </u>	
SIGN HERE	com	4 1 1 - 1		ļ		ianina ee emalo	ver or plan sponsor
	Signature of employer/plan sponsor Date Enter name of indiverer's name (including firm name, if applicable) and address; include room or suite number (optional)				Pre	parer's telephor	ne number (optional)
Preparer's	name (including firm	rname, ir applicable) and address,	module room or suite number	. (5,000,000)			,
					-		
•					1		
1							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

7 Plan Assets and Liabilities		/_ \ m >				(b) End of Vo	ar
		(a) Beginning of Year	,548	8		(b) End of Ye	47,223
a Total plan assets	7a	4.7	, 5 4	<u> </u>			0
b Total plan liabilities	7b	10	,54	8			47,223
C Net plan assets (subtract line 7b from line 7a)	7c		, 54	-			17,7230
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
Contributions received or receivable from: (1) Employers	8a(1)	32	, 69	5			
(1) Employers	8a(2)		,08	_			
(2) Participants	8a(3)						
(3) Others (including rollovers)	8b	6	,84	1			
b Other income (loss)	8c			1			43,619
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- OC						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14	, 98	2			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		96	2			
q Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						15,944
i Net income (loss) (subtract line 8h from line 8c)	8i						27,675
i Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics	<u>8j</u>					<u> </u>	
Part V Compliance Questions							
40 During the plan year							
10 During the plan year:				Yes	No	Amo	ount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a	Yes	No X	Ame	ount
Was there a failure to transmit to the plan any participant contribu	uciary Cor t? (Do not	rection Program) include transactions reported	10a 10b	Yes		Amı	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest 	uciary Cor t? (Do not	rection Program)include transactions reported		Yes	Χ	Amo	
Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Cor t? (Do not s fidelity bo	include transactions reported	10b		Χ	Ame	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other transactions. 	uciary Cor t? (Do not s fidelity bo	include transactions reported ond, that was caused by fraud as by an insurance carrier,	10b 10c		X	Ame	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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	include transactions reported ond, that was caused by fraud as by an insurance carrier, nefits under the plan? (See	10b 10c		X	Ame	50,000
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all	uciary Cor t? (Do not s fidelity bo her person of the ber	include transactions reported ond, that was caused by fraud ns by an insurance carrier, nefits under the plan? (See	10b 10c 10d	X	X	Ame	50,000
 a Was there a failure to transmit to the plan any participant contribution 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.) 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 other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	uciary Cor t? (Do not s fidelity bo her persol of the ber	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See	10b 10c 10d 10e 10f	X	XXXX	Ame	50,00
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 ott insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate g Did the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? 	t? (Do not see fidelity be see	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d	X	X X X	Amo	50,00
 a Was there a failure to transmit to the plan any participant contributing 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.) 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 ottinsurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plant of the plant 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 	tre (See insti-	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g	X	X X X	Ame	50,000
 a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide.) 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 other insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plant of the plant 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 the exceptions to providing the notice applied under 29 CFR 2520.10. 	tre (See insti-	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h	X	X X X X	Ame	50,000
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 a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidence on Line 10a.) 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 other insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate 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.) 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 	the require (See instruction and contents) (If	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See end.) ructions and 29 CFR ed notice or one of the "Yes," see instructions and con	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Adule SE	3 (Form	50,000 96.
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 a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidence on Line 10a.) 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 other insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plant of 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 requirer 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. 	the required the r	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See end.) ructions and 29 CFR ed notice or one of the "Yes," see instructions and con edule SB (Form 5500) line 39 nents of section 412 of the Codicable.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X August	3 (Form	50,000 96: Yes 🛛 No
 a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidence on Line 10a.) 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 other insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plant 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.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year 1s this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below 1f a waiver of the minimum funding standard for a prior year is be granting the waiver. 	the required the r	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See end.) ructions and 29 CFR ed notice or one of the "Yes," see instructions and con edule SB (Form 5500) line 39 nents of section 412 of the Cod icable.) ized in this plan year, see instru-	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X August	3 (Form ERISA?	50,000 962 Yes No
 a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidence on Line 10a.) 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 other insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plant of 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 requirer 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. 	the required the r	include transactions reported ond, that was caused by fraud ons by an insurance carrier, nefits under the plan? (See end.) ructions and 29 CFR ed notice or one of the "Yes," see instructions and con edule SB (Form 5500) line 39 nents of section 412 of the Cod icable.) ized in this plan year, see instru-	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X August SE August	3 (Form ERISA?	50,000 96. Yes ☒ No

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	Enter the amount contributed by the employer to the plan for this pla	an year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	ne result (enter a minus sign to the left o			
е	Will the minimum funding amount reported on line 12d be met by the	e 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 N	0
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another plan(s), identify the	e plan(s) to		
	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b T	rust's EIN	