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 le	dentification Information					
For c	alenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	013	and ending 1	2/31/2	2013	
		urn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
ВП	nis reti	urn/report is:	the first return/report	the final return/report				
_			an amended return/report	:	n/report (less than 12 mo	onths)		
C C	heck b	oox if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC progra	am
Dar	4 II	Basic Blan Infor	<u> </u>					
Par			mation—enter all requested infor	mation		1h	Three-digit	1
		of plan TED PRESS PRINTING	G CO., INC. EMPLOYEES' 401(K)	ΡΙ ΔΝ		טו	plan number	
001101	OLIDA	TED I REGOT RINTIN	3 00., INO. EMI ESTEES 401(IV)	I LAW			(PN) ▶	001
						1c	Effective date of	f plan
							07/01	/1983
		oonsor's name and add ATED PRESS PRINTIN	lress; include room or suite number IG CO INC	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-07	fication Number 17896
600 S	SPOK	ANE ST				2c	Sponsor's telep	
		/A 98134-2225				2d	Business code	(see instructions)
3a F	Plan ac	dministrator's name and	d address XSame as Plan Sponso	r Name Same as Plan	Sponsor Address	3b	Administrator's	
						3с	Administrator's	telephone number
4 1	f the n	name and/or EIN of the	plan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4b	EIN	
		EIN, and the plan num or's name	ber from the last return/report.			4c	PN	
5a -	Total r	number of participants a	at the beginning of the plan year			5a		71
b .	Total n	number of participants a	at the end of the plan year			5b		63
C	Numbe	er of participants with a	ccount balances as of the end of the	e plan year (defined bene	fit plans do not	5c		63
_		•	during the plan year invested in elig					X Yes No
b	Are yo under	ou claiming a waiver of the contract of the co	the annual examination and report of (See instructions on waiver eligibility	of an independent qualifie ty and conditions.)	d public accountant (IQI	PA)		X Yes No
	-		her line 6a or line 6b, the plan car					-
C	f the p	lan is a defined benefit	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	r incomplete filing of this return/r	report will be assessed	unless reasonable cau	ıse is	established.	
Unde SB o	r pena r Sche	alties of perjury and other	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, in	cluding, if applic	
SIGN		Filed with authorized/v	ralid electronic signature.	06/27/2014	ROBERT T. BROWN			
HERI	Ξ	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN								
HERI	E	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Prepa	arer's i	name (including firm na	ame, if applicable) and address; incl	ude room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Vo	or.		
		otal plan assets					(b) Ella (34005		
	Total plan liabilities	7b			+			-			
	Net plan assets (subtract line 7b from line 7a)	7c	484511	3	+			583	4005		
8	Income, Expenses, and Transfers for this Plan Year			+		(b) T					
		ne, Expenses, and Transfers for this Plan Year (a) Amount ibutions received or receivable from:					(b) To	itai			
	(1) Employers	8a(1)	17634	9							
	(2) Participants	8a(2)	16381	9							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	93581	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						127	5982		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	26027	8							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	2681	2							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						28	37090		
i	Net income (loss) (subtract line 8h from line 8c)	8i						98	88892		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	o,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:			
D	W Osmalianas Omericas										
Par	•			1			I				
10	During the plan year:			I	Yes	No		Amou	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	X				5	5000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X					
	Were any fees or commissions paid to any brokers, agents, or oth										
·	insurance service, or other organization that provides some or all					X					
	instructions.)			10e							
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				1	870	080
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											
11	Is this a defined benefit plan subject to minimum funding requirem								Voc	П	No
	5500) and line 11a below)							Ш	Yes	Щ	No
	Enter the unpaid minimum required contribution for current year fr		,		-	11a	 		.,		<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?	Ш	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_ t.:							
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		e lett Year	er ruli	ng	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			-		1				
	Enter the minimum required contribution for this plan year				- 1	12b	I				

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form FERR SE

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Р	art I	Annual Report	Identification Information						
			scal plan year beginning	01/01	/2013	and ending		12/31/201	13
		This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan							
		turn/report is:	the first return/report	\exists	al return/report			_ a one particip	Dani pian
_	THISTE	turn/report is.	an amended return/report	H			1		
_	01					n/report (less than 12 m	ontns		
C	Check	box if filing under:	Form 5558		atic extension			☐ DFVC progra	im
_			special extension (enter desc						
	art II		rmation—enter all requested in	formation			41		
Та		of plan					1b	Three-digit plan number	
	Cons	olidated Press oyees' 401(k)	Plan					(PN)	001
	тирт	Oyees 401(K)	Fian				1c	Effective date of	
								07/01/1983	3
2a	Plan s	ponsor's name and ad	dress; include room or suite numb	er (emp l oye	r, if for a single-	-employer plan)	2b	Employer Identif	fication Number
	Cons	olidated Press	Printing Co Inc					(EIN) 91-071	
							2c	Sponsor's telep	
	600	S Spokane St					24	(206) 447-	see instructions)
	Seat	tle			M A	98134-2225	Zu	323100	see instructions)
3a			d address XSame as Plan Spon	sor Name	_	Sponsor Address	3b	Administrator's I	=IN
							3с	Administrator's t	elephone number
								(005)	0.050
							1	(2()6) 447-	
4	If the r	name and/or EIN of the	plan sponsor has changed since	the last retu	rn/report filed fo	or this plan, enter the	4b	(206) 447-	- 9659
	name	, EIN, and the plan nun	plan sponsor has changed since nber from the last return/report.	the last retu	rn/report filed fo	or this plan, enter the	4b	(206) 447- EIN	- 9659
а	name Spons	, EIN, and the plan nun or's name	nber from the last return/report.				4c	EIN	- 9659
а 5а	Spons Total	, EIN, and the plan nur or's name number of participants	nber from the last return/report.					EIN	71
a 5a b	Spons Total	, EIN, and the plan nur or's name number of participants number of participants	at the end of the plan year				4c	EIN	
а 5а	Spons Total r Total r Numb	, EIN, and the plan nur or's name number of participants number of participants per of participants with a	nber from the last return/report.	the plan yea	r (defined bene	efit plans do not	4c 5a	EIN	71
a 5a b c	Spons Total r Total r Numb compl	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	the plan yea	r (defined bene	efit plans do not	4c 5a 5b 5c	PN	71
a 5a b c	Total r Numb compl Were Are yo	p. EIN, and the plan nur nor's name number of participants number of participants her of participants with a lete this item)	at the beginning of the plan year	the plan yea	r (defined bene s? (See instruc	efit plans do not	4c 5a 5b 5c	PN	71 63 63 X Yes No
a 5a b c	Total r Numb compl Were Are younder	p. EIN, and the plan numor's name number of participants number of participants there of participants with a lete this item)	at the beginning of the plan year	the plan yea	r (defined bene s? (See instruc pendent qualifie ditions.)	efit plans do not tions.)tions.	4c 5a 5b 5c	PN	71 63 63
a 5a b c	Numb compl Were Are younder If you	p. EIN, and the plan number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repo (See instructions on waiver eligib ther line 6a or line 6b, the plan of	the plan yea eligible asset rt of an indep oility and con cannot use l	r (defined bene s? (See instruc pendent qualifie ditions.)	efit plans do not etions.)d public accountant (IQ	4c 5a 5b 5c PA)	EIN PN 5500.	71 63 3 X Yes No X Yes No
a 5a b c	Total in Numb comple Were Are younder If you lift the p	p. EIN, and the plan numor's name number of participants number of participants with a lete this item)	at the beginning of the plan year	the plan yea eligible asset rt of an indep bility and con cannot use I	r (defined bene s? (See instruction of the ditions.)	efit plans do not etions.)ed public accountant (IQ and must instead use ERISA section 4021)?.	4c 5a 5b 5c PA)	EIN PN 5500. Yes No	71 63 63 X Yes No
a 5a b c 6a b	Total in Total in Numb comple Were Are younder If you lifthe puttion: Attion: Attion:	penalty for the late of	at the beginning of the plan year	the plan yea eligible asset rt of an indep oility and con cannot use I GC insurance	s? (See instruction of the ditions.)	efit plans do not etions.)ed public accountant (IQ and must instead use ERISA section 4021)?.	4c 5a 5b 5c PA) Form	PN 5500. Yes No established.	71 63 63 X Yes No X Yes No
a 5a b c 6a b C Cau	Total I Total I Numb compl Were Are younder If you If the p	p. EIN, and the plan numor's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repo (See instructions on waiver eligible ther line 6a or line 6b, the plan of t plan, is it covered under the PBC or incomplete filing of this return er penalties set forth in the instructions.	the plan yea eligible asset rt of an indep bility and con cannot use I GC insurance	r (defined bene s? (See instruction of the ditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) Form	PN 5500. Yes No established.	71 63 X Yes No X Yes No Not determined
a 5a b c C 6a b C Cau	Total I Total I Numb compl Were Are younder If you If the p ation: A der pena or Sche	p. EIN, and the plan numor's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repo (See instructions on waiver eligible ther line 6a or line 6b, the plan of t plan, is it covered under the PBC or incomplete filing of this return ter penalties set forth in the instruct d signed by an enrolled actuary,	the plan yea eligible asset rt of an indep bility and con cannot use I GC insurance	r (defined bene s? (See instruction of the ditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) Form	PN 5500. Yes No established.	71 63 X Yes No X Yes No Not determined
a 5a b c C Cau Uno SB beli	Total I Total I Numb compl Were Are younder If you If the p ution: A der pena or Sche ef, it is t	p. EIN, and the plan numor's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	the plan yea eligible asset rt of an indep bility and con cannot use I GC insurance n/report will ctions, I decl as well as the	r (defined bene s? (See instruction of the ditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) Form ase is port, in , and t	PN 5500. Yes No established.	71 63 X Yes No X Yes No Not determined
a 5a b c C 6a b C Cau Unco SB beli	name Spons Total I Numb compl Were Are younder If you If the p ation: A der pena or Sche ef, it is t	p. EIN, and the plan numor's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repo (See instructions on waiver eligible ther line 6a or line 6b, the plan of t plan, is it covered under the PBC or incomplete filing of this return ter penalties set forth in the instruct d signed by an enrolled actuary,	the plan yea eligible asset rt of an indep bility and con cannot use I GC insurance	s? (See instruction of the content qualified ditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) Form ase is port, in , and t	PN 5500. Yes No established.	71 63 X Yes No X Yes No Not determined
a 5a b c C Cau Uno SB beli	name Spons Total I Numb compl Were Are younder If you If the p ation: A der pena or Sche ef, it is t	p. EIN, and the plan numor's name number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	the plan yea eligible asset rt of an indep bility and con cannot use I GC insurance n/report will ctions, I decl as well as the	s? (See instruction of the content qualified ditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) See is soort, in , and t	PN 5500. Yes No established. cluding, if applicate to the best of my	71 63 X Yes No X Yes No Not determined Able, a Schedule knowledge and
a 5a b c C 6a b Unco SB belii	name Spons Total r Total r Numb compl Were Are younder If you If the p ution: A der pena or Sche ef, it is t	p. EIN, and the plan numor's name number of participants number of participants with a lete this item)	at the beginning of the plan year	the plan yea eligible asset rt of an indep bility and con cannot use I GC insurance n/report will ctions, I decl as well as the	r (defined beness? (See instruction of the content qualified ditions.)	efit plans do not tions.)	4c 5a 5b 5c PA) See is soort, in , and t	PN 5500. Yes No established. cluding, if applicate to the best of my	71 63 X Yes No X Yes No Not determined Able, a Schedule knowledge and
a 5a b c c 6a b C C Cau Uno SB belii SIG HEI	Total I Total I Numb compl Were Are younder If you If the p ation: A der pena or Sche ef, it is t	p. EIN, and the plan numor's name number of participants number of participants with a lete this item)	at the beginning of the plan year	the plan year religible asset rt of an indepolity and concannot use I GC insurance on/report will ctions, I declas well as the Date of	r (defined benees? (See instruction of the ditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) Form see is cort, in, and t	FIN PN 5500. Yes No established. cluding, if applicate the best of my	71 63 X Yes No X Yes No Not determined Able, a Schedule knowledge and
a 5a b c c 6a b C C Cau Uno SB belii SIG HEI	Total I Total I Numb compl Were Are younder If you If the p ation: A der pena or Sche ef, it is t	p. EIN, and the plan numor's name number of participants number of participants with a lete this item)	at the beginning of the plan year	the plan year religible asset rt of an indepolity and concannot use I GC insurance on/report will ctions, I declas well as the Date of	r (defined benees? (See instruction of the ditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) see is cort, in and to make a sign and si	PN 5500. Yes No established. cluding, if applicate the best of my	71 63 X Yes No X Yes No Not determined Able, a Schedule knowledge and
a 5a b c c 6a b C C Cau Uno SB belii SIG HEI	Total I Total I Numb compl Were Are younder If you If the p ation: A der pena or Sche ef, it is t	p. EIN, and the plan numor's name number of participants number of participants with a lete this item)	at the beginning of the plan year	the plan year religible asset rt of an indepolity and concannot use I GC insurance on/report will ctions, I declas well as the Date of	r (defined benees? (See instruction of the ditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) see is cort, in and to make a sign and si	PN 5500. Yes No established. cluding, if applicate the best of my	71 63 X Yes No X Yes No Not determined Able, a Schedule knowledge and
a 5a b c c 6a b C C Cau Uno SB belii SIG HEI	Total I Total I Numb compl Were Are younder If you If the p ation: A der pena or Sche ef, it is t	p. EIN, and the plan numor's name number of participants number of participants with a lete this item)	at the beginning of the plan year	the plan year religible asset rt of an indepolity and concannot use I GC insurance on/report will ctions, I declas well as the Date of	r (defined benees? (See instruction of the ditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) see is cort, in and to make a sign and si	PN 5500. Yes No established. cluding, if applicate the best of my	71 63 X Yes No X Yes No Not determined Able, a Schedule knowledge and
a 5a b c 6a b C Cau Unco SB beli SIG HEI	Total I Total I Numb compl Were Are younder If you If the p ation: A der pena or Sche ef, it is t	p. EIN, and the plan numor's name number of participants number of participants with a lete this item)	at the beginning of the plan year	the plan year the plan year the plan year the plan year the policy and concannot use I GC insurance on/report will citions, I declas well as the plan year	r (defined benees? (See instruction of the ditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) see is cort, in and to make a sign and si	PN 5500. Yes No established. cluding, if applicate the best of my	71 63 X Yes No X Yes No Not determined Able, a Schedule knowledge and

Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En				
а	Total plan assets	7a	4,84	5,11	.3				5,83	4,0	05
b	Total plan liabilities	7b	20		\perp						
С	Net plan assets (subtract line 7b from line 7a)	7c	4,84	5,11	.3				5,83	4,0	05
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		17	6,34							
	(1) Employers	8a(1)		3,81	_				_		
	(2) Participants	8a(2)	10.	3,01	- 9						
	(3) Others (including rollovers)	8a(3)	92	5,81	1						
	Other income (loss)	8b	<i>y</i> 3.	J, 01	- 1				1,27	5 9	182
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1,21	5,5	02
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	26	0,27	78						
	Certain deemed and/or corrective distributions (see instructions)	8e	2	C 01	2						
f_	Administrative service providers (salaries, fees, commissions)	8f	21	6,81	-2						
	Other expenses	8g							20	7 0	000
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Let a the		-					7,0	
	Net income (loss) (subtract line 8h from line 8c)	8i							98	8,8	92
Par	Transfers to (from) the plan (see instructions)	8j									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D										
10	During the plan year:				Yes	No					_
a	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	163	Х		Amo	ount		_
b		? (Do not in	clude transactions reported	10b		Х					_
С	Was the plan covered by a fidelity bond?			10c	Х				50	0,0	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	d, that was caused by fraud	10d		Х				0 / 0	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)	er persons of the benefi	by an insurance carrier, ts under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g	Х				18	7,0	80
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х					
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	ne required r	notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Тп	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA?.	\Box	Yes	X I	No
	(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 granting the waiver.		Mon		and e	enter th Day	ne date of	the let Yea		ing	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year					12b					

Form 5500-SF 2013 130118 Page 3 -					
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 negative amount)	to the left of a	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?		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, of the PBGC?				Yes	X No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):	13	Bc(2) Ell	N(s)	13c(3)	PN(s)
Part VIII Trust Information (optional)					
14a Name of trust	-	14b Tr	ust's EIN		