## 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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OMB Nos. 1210-0110

1210-0089

2013

This Form is Open to Public Inspection

		Complete all entries in accord	ance with the instruc	ctions to the Form 550	JU-5F.		
Part I	Annual Report I	dentification Information					
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	า)			<u> </u>	
Part II	Basic Plan Infor	rmation—enter all requested informa	tion				
1a Name		·			1b	Three-digit	
PRIMO CON	ISTRUCTION, INC. PR	OFIT SHARING PLAN				plan number	
					4.	(PN) •	002
					1C	Effective date of 01/01/	
	ponsor's name and add	dress; include room or suite number (er	nployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-13	fication Number 80182
970 CARLS	POPC PD				2c	Sponsor's telep	
SEQUIM, W					2d		(see instructions)
						23611	0
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the r	name and/or FIN of the	plan anapaar has shanged since the la	est roturn/roport filed fo	or this plan, optor the	4h	FINI	
		plan sponsor has changed since the lander from the last return/report.	ist return/report filed fo	or this plan, enter the	40	EIN	
	or's name	· · · · · · · · · · · · · · · · · · ·			4c	PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		3
<b>b</b> Total	number of participants	at the end of the plan year			5b		3
		account balances as of the end of the p	, (	•	5c		3
<b>6a</b> Were	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No
,	•	the annual examination and report of a			,		
		(See instructions on waiver eligibility a					X Yes   No
		ther line 6a or line 6b, the plan canno					1
C If the	plan is a defined benefi	t plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	A penalty for the late of	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is	established.	
		ner penalties set forth in the instructions					
	edule MB completed an true, correct, and comp	ld signed by an enrolled actuary, as we ellete.	Il as the electronic ver	sion of this return/repor	t, and	to the best of my	knowledge and
SIGN	Filed with authorized/\	valid electronic signature.	07/08/2014	JAMES H. BARTEE			
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	dual siç	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	lual sic	ıning as employe	er or plan sponsor
Preparer's		ame, if applicable) and address; include					number (optional)
·	, -						,
					1		

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										_
7	Plan Assets and Liabilities	sets and Liabilities (a) Beginning of Ye			(b) End of Year						
a	Total plan assets	. 7a	29128				(2) =		108269	)	
b	Total plan liabilities	. 7b									
	Net plan assets (subtract line 7b from line 7a)								108269	)	
8	me, Expenses, and Transfers for this Plan Year (a) Amount						(b)	Total			
a	Contributions received or receivable from:		(a) Amount				(6)	Total			
	(1) Employers	. 8a(1)									
	(2) Participants	. 8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	. 8b	2399	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							23991		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	20700	6							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							207006	6	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-	183015	5	
j	Transfers to (from) the plan (see instructions)	- 8j									
Pa	rt IV Plan Characteristics										_
9a	If the plan provides pension benefits, enter the applicable pension 2E 2R 2T 3D	feature coo	des from the List of Plan Char	acteris	stic Co	des in	the instru	uction	s:		
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 instruc	tions			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Λm	ount		
	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in					AIII	Ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulity Were there any nonexempt transactions with any party-in-interest	uciary Corre	ection Program)	10a		Х					
~	on line 10a.)	•	•	10b		X					
	Was the plan covered by a fidelity bond?			10c	Χ					12500	20
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10d		X				12000	,,,
_	or dishonesty?			100							
e	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all</li> </ul>	•	•								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q	Χ					4082	22
h		(See instru	ctions and 29 CFR	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	he required	notice or one of the	10i							
Dow		1-0		101							_
Part	<u> </u>		/aa !! aaa inatuustiana and aan		Cabaa	dula Of	) /Farra				
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				·····				Yes	١	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Schedu	ule SB (Form 5500) line 39			11a		I -			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection	302 of	ERISA?.	.][	Yes	X	۷o
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
							a data at	ا مالا:	atter rul	ina	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter ti Day		Yea		9	_
			Mon		, and (	_	e date of				

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	<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	

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

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2013

OMB Nos. 1210-0110 1210-0089

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Part I	Annual Report	Identification Information		idetions to the Form s	300-3F.					
			/2013	and ending	12/31/2	2013				
	turn/report is for:	X a single-employer plan	☐ a multiple-employe	r plan (not multiemploye						
	turn/report is:	the first return/report	the final return/repo		oyer) a one-participant plan					
D Illis lei	turmepuit is.	an amended return/report	=							
0 0 1	r over	And the commence of the commen	<b>-</b>	turn/report (less than 12	months)	" <u> </u>				
C Check	box if filing under:	Form 5558	automatic extensio	n		DFVC progra	am			
	15 (5) (6)	special extension (enter desc			11-2					
Part II	**************************************	rmation—enter all requested in	formation		14.	August was ween				
1a Name		ROFIT SHARING PLAN			10	Three-digit plan number				
FIXIIVIO COI	1431110011014, 1146. 1	TOTTI STIAMINO FLAN				(PN) ▶	002			
					1c	Effective date of				
<b>2a</b> Plan s PRIMO COI	ponsor's name and ad NSTRUCTION, INC.	dress; include room or suite numb	er (employer, if for a sing	gle-employer plan)	2b	Employer Ident	ification Number			
					2c	Sponsor's telep	phone number			
970 CARLS	BORG RD.				24	(360) 68 Business code	(see instructions)			
SEQUIM, W	/A 98382					23611				
3a Plan a	dministrator's name ar	nd address XSame as Plan Spon	sor Name Same as F	Plan Sponsor Address	3b	Administrator's	EIN			
					3c	Administrator's	telephone number			
4 If the	name and/or EIN of the	plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b	EIN				
		mber from the last return/report.	are tales retaining port inc	a for the plan, enter the	40	EIN				
The state of the s	sor's name	2009 000 00 000 0000000 00				PN				
		at the beginning of the plan year					3			
<b>b</b> Total	number of participants	at the end of the plan year	***************************************		5b		3			
		account balances as of the end o			5c		3			
		s during the plan year invested in					X Yes No			
<b>b</b> Are y	ou claiming a waiver o	f the annual examination and repo	ort of an independent qua	alified public accountant	(IQPA)					
unde If voi	г 29 СНК 2520,104 <del>-4</del> 6 u answered " <b>N</b> o" to e	? (See instructions on waiver eligi ither line 6a or line 6b, the plan	cannot use Form 5500.	SF and must instead u			X Yes ∐ No			
		fit plan, is it covered under the PB					7 Nat 2-1			
			M. 387				Not determined			
		or incomplete filing of this retu								
Under per SB or Sch	natties of perjury and of ledule MB completed a	her penalties sel forth in the instrond signed by an enrolled actuary,	actions, I declare that I have as well as the electronic	ave examined this return version of this return/rer	report, in	ncluding, if applie	cable, a Schedule			
belief, it is	lrue, correct, and com	plete.	CANAM PERMENTANTAN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to the best of m	y knowledge and			
CION	12	RE	1/21/21	x Tayes	II ·	RA				
SIGN HERE	x summer / .		C2/27/17	CEMEO	<u></u>	Darle				
avantanti	Signature of plan a	dministrator	Date /	Enter name of indi	vidual si	gning as plan ad	ministrator			
SIGN HERE										
, 10000 toda	Signature of emplo		Date	Enter name of indi			er or plan sponsor			
Preparer's	s name (including tim i	name, if applicable) and address;	include room or suite hui	noer (optional)	Pre	parer's telephone	e number (optional)			
			200200000000000000000000000000000000000							

Pa	t III Financial Information					4	3 3000				
7	Plan Assets and Liabilities		(a) Beginning of Year	r		W===11.P	(b) End of Year				
а	Total plan assets	7a	291284			5-	108269				
b	Total plan liabilities	7b									
С	et plan assets (subtract line 7b from line 7a)					108269					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from:										
	(1) Employers	8a(1)			+						
	(2) Parlicipants	8a(2)			-						
	(3) Others (including rollovers)	8a(3)	00000		+-						
-	Other income (loss)	. 8b	23991	1)	+						
3	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	+-		23991				
u	to provide benefits)	8d	207006	i							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					······································				
f	Administrative service providers (salaries, fees, commissions)	. 8f	F 840								
g	Olher expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1					207006				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i	, , , , , , , , , , , , , , , , , , , ,				-183015				
ī	Transfers to (from) the plan (see instructions)	- 8i			1815555						
Pa	rt IV Plan Characteristics		division in the second	•			4				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Chara	acteris	tic Co	des in	the instructions:				
	2E 2R 2T 3D		·								
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Plan Charac	cterist	ic Cod	es in t	ne instructions:				
	(V O						58030-11				
Par							10-10-1				
10	During the plan year:  Was there a failure to transmit to the plan any participant contribution.				Yes	No	Amount				
•		HIGHE WITH	in the time period deceribed in				U Married P				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		х					
1		uciary Co t? (Do not	rection Program)include transactions reported	10a 10b		x	3873.37				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes	uciary Cor it? (Do not	rection Program)include transactions reported		x		125000				
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Control t? (Do not	include transactions reported	10b	×		125000				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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	uciary Condit? (Do not	include transactions reported	10b 10c 10d	х	x	125000				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al instructions.)	uciary Control st? (Do not	include transactions reported  ond, that was caused by fraud  ns by an insurance carrier, nefits under the plan? (See	10b 10c	х	х	125000				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al	uciary Control st? (Do not	include transactions reported  ond, that was caused by fraud  ns by an insurance carrier, nefits under the plan? (See	10b 10c 10d	X	x	125000				
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	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al 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 If this is an individual account plan, was there a blackout period? 2520.101-3.)	ther perso and the beautiful of the beau	include transactions reported and that was caused by fraud ans by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10e		x x					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al 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 If this is an individual account plan, was there a blackout period?	ther person of year of year of year of year of the require the requirement of the requi	include transactions reported and that was caused by fraud ans by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g		x x x					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al 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 If this is an individual account plan, was there a blackout period? 2520.101-3.)	ther person of year of year of year of year of the require the requirement of the requi	include transactions reported and that was caused by fraud ans by an insurance carrier, nefits under the plan? (See end.)	10b 10c 10d 10e 10f 10g 10h		x x x					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount 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 exceptions to providing the notice applied under 29 CFR 2520.10	ther person as of year (See inst	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 10i	X	X X X X X dule Si	40822 3 (Form				
1 1 Pai	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al instructions.)  Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount 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 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 requirer	the require the requirements and the requirements are the requirements are the requirements and the requirements are the requirements are the requirements are the requirements and the requirements are the requirements a	include transactions reported  include transactions reported  ond, that was caused by fraud  ins by an insurance carrier, inefits under the plan? (See  end.)  ructions and 29 CFR  ed notice or one of the  "Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X dule Si	40822 3 (Form				
1 1 Pai	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al 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 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 exceptions to providing the notice applied under 29 CFR 2520.10  TVI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year	uciary Control (Do not street) ther person of the bean?	include transactions reported include transactions and common services and 29 CFR include transactions and common services are services and common services and common services are services are services are services are services are services and common services are servic	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Adule St	40822				
(1)   Pai   11   11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al 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 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 exceptions to providing the notice applied under 29 CFR 2520.10  TVI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year	uciary Control tr? (Do not tr? (Do not tree perso I of the be an? as of year (See inst the require 01-3 ments? (If from Sche g requiren	end,)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Adule St	40822				
Pai 11 11 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount  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 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 requirer 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year  Is this a defined contribution plan subject to the minimum funding	uciary Control tr? (Do not tr? (Do not tree perso I of the be an? as of year (See inst the require 01-3 ments? (If from Sche g requiren w, as applieing amort	end,	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Adule SI	40822  3 (Form Yes No ERISA? Yes X No				
Pai 11 11 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or al instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount  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 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 requirer 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year Is this a defined contribution plan subject to the minimum fundin (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 be	uciary Control to (Do not ther perso I of the be an? as of year (See inst the require 01-3 ments? (If from Sche g requiren w, as applieing amort	end,)	10b 10c 10d 10e 10f 10g 10h 10i nplete	X	X X X X Adule SE 11a 302 of	40822  3 (Form Yes No ERISA? Yes X No				

(a. (W) (asia)	Form 5500-SF 2013	Page 3 - 1							
C	Enter the amount contributed by the employer to the plan for this plan	n year		12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus sign to the left of		12d					
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the	funding deadline?			Пү	es	Пи	5	N/A
Part	VII Plan Terminations and Transfers of Assets					1100			
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X	10	_	
-	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year		. 13a	T				
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	ansferred to another plan, or brought und	er the	control			П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)							300000	
13c(1) Name of plan(s):				13c(2) E	EIN(s)		1	3c(3)	PN(s)
			100						
Part	VIII Trust Information (optional)			200					

14b Trust's EIN

14a Name of trust