## 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

				<ul> <li>Complete all entries in</li> </ul>	accordai	ice with the instruc	cions to the Form 33	<del>00-3</del> F.			
Pa	rt I	Annual Report	lde	ntification Informatio	n						
For c	calenda	ar plan year 2013 or fis	cal	plan year beginning 01/0	1/2013		and ending	12/31/	2013		
<b>A</b> T	his ret	urn/report is for:	X	a single-employer plan	а	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan	
ВТ	his ret	urn/report is:		the first return/report	th	e final return/report					
				an amended return/report	as	short plan year returr	n/report (less than 12 n	nonths	)		
<b>C</b> 0	check b	oox if filing under:		Form 5558	au	itomatic extension			DFVC progra	am	
				special extension (enter des	scription)				_		
Pai	rt II	Basic Plan Info	rma	ation—enter all requested	informatio	on					
1a	Name	of plan		·				1b	Three-digit		
SEAP	OD PA	WN BROKERS, INC.	401	(K) PROFIT SHARING PLAN	٧				plan number		
								10	(PN)	001	
								10	Effective date o		
		oonsor's name and add	dres	s; include room or suite num	iber (emp	loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 11-35	fication Number 53349	
439 C	RESCI	ENT STREET						<b>2c</b> Sponsor's telephone number 718-272-7296			
BROC	KLYN	, NY 11208						2d	Business code (		
3a	Plan ad	dministrator's name an	d a	ddress Same as Plan Spo	nsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's		
								3с	Administrator's	telephone number	
4	If the n	name and/or EIN of the	nlo	un anangar has abangad sina	o the leet	roturn/roport filed fo	r this plan, optor the	46	FIN		
				in sponsor has changed sinc r from the last return/report.	e the last	return/report filed to	or this plan, enter the	40	EIN		
		or's name		·				4c	PN		
5a	Total r	number of participants	at tl	ne beginning of the plan year	·			. 5a		1	
b	Total r	number of participants	at tl	ne end of the plan year				. 5b		1	
С				ount balances as of the end o		• •	•	. 5c		1	
6a	Were	all of the plan's assets	du	ring the plan year invested ir	eligible a	assets? (See instruct	tions.)			X Yes No	
	,	•		annual examination and rep				,		— — — — — — — — — — — — — — — — — — —	
				ee instructions on waiver elig r <b>line 6a or line 6b, the plar</b>						X Yes   No	
								_		1	
С	if the p	olan is a defined benefi	t pia	an, is it covered under the Pl	BGC insu	rance program (see	ERISA section 4021)?		Yes   No	Not determined	
Caut	ion: A	penalty for the late of	r ir	ncomplete filing of this retu	ırn/repor	t will be assessed (	unless reasonable ca	use is	established.		
SB o	r Sche		ıd s	penalties set forth in the instr igned by an enrolled actuary e.							
SIGN		Filed with authorized/v	/alio	d electronic signature.							
HER	E	Signature of plan ac	dmi	nistrator		Date	Enter name of individ	dual si	gning as plan adr	ninistrator	
SIGN	_										
HER		Signature of employ	ver/	plan sponsor		Date	Enter name of individ	dual si	anina as emplove	er or plan sponsor	
Prep	arer's			e, if applicable) and address;	include r			-		number (optional)	

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Pa	rt III   Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
<del>·</del> a	Total plan assets	7a	11281				129083
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	11281	6			129083
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		, ,				(4) 101111
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
<u>b</u>	Other income (loss)	. 8b	1626	7			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					16267
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
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					0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					16267
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0			
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
С				10c		Χ	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X	
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100			
C	insurance service, or other organization that provides some or all					Χ	
	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	
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	ne require	d notice or one of the	10i			
Part		. •					
11	Is this a defined benefit plan subject to minimum funding requirem						
112	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr					 11a	Yes X No
12	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				FRISA?   T Yes   No
12	Is this a defined contribution plan subject to the minimum funding			or se	cuon .	o∪∠ Of	EKIOA!   165   NO
a	(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 beir		•	ctions	and e	enter th	Legistrate of the letter ruling
	granting the waiver.		Mon			Day	Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule  Enter the minimum required contribution for this plan year	,	m ວວບບ), and skip to line 13.		Т	12b	
n	Fully the minimum required contribution for this bian year					140	

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	

## 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 section 6057(b) and 6058(a) of

the Internal Revenue Code (the Code).

2013

OMB Nos. 1210-0110

1210-0089

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	Pension Benefit Guaranty Corporation	► Complete all entries in accord	dance with the instr	uctions to the Form 550	0-SF.	1113	spection
		Identification Information					
or	calendar plan year 2013 or fis	cal plan year beginning	01/01/2013	and ending	12	/31/2013	
A	This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	ant plan
В	This return/report is:	the first return/report	the final return/report	t			
		an amended return/report	a short plan year reti	urn/report (less than 12 m	nonths)		
С	Check box if filing under:	Form 5558	automatic extension		Γ	DFVC program	m
		special extension (enter description	n)		_		
P	art II Basic Plan Info	prmation enter all requested inform	mation				
	Name of plan	enter an requested mion	nation		1b 1	Three-digit	
		s, Inc. 401(k) Profit Shar:	: D1		, F	olan number	001
	seapod rawn brokers	s, inc. 401(k) Profit Shar	ing Plan			(PN) ► Effective date of	001
						01/01/2009	pian
2a	Plan sponsor's name and ad	ddress; include room or suite number (e	mployer, if for a singl	e-employer plan)	2b E	Employer Identif	ication Number
	Seapod Pawn Brokers	, Inc.			100	EIN) 11-355	
						Sponsor's teleph	
	439 Crescent Street	:				(718) 272-7	
	Bar Bar	11000				Business code (: <b>153990</b>	see instructions)
	Brooklyn Plan administrator's name ar	NY 11208  nd address X Same as Plan Sponsor	r Name   Same as	Plan Sponsor Address		Administrator's E	IN
-	Than dammoudor o marrio di	Ta address [22] Carrie as I fair opensor	Name came as	Tian oponsor Address	00 /	Administrator 5 E	-114
					30 /	\dminintrataria t	elephone number
					30 /	Administrator 5 to	elephone number
1		e plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b E	EIN	
		nber from the last return/report.			40.5		
	Sponsor's name	-4 4b - b - 2 i - 2 i - 2 - 5 4b 1			4C F	I I	1
b b		at the beginning of the plan year at the end of the plan year			5a 5b		1
		account balances as of the end of the p			- 05		
	complete this item)				5c		11
	Were all of the plan's assets	during the plan year invested in eligible	assets? (See instru-	ctions.)			X Yes No
b	Are you claiming a waiver of	the annual examination and report of a	n independent qualifi	ed public accountant (IQ	PA)		₩Vec □Ne
b	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility a	nd conditions.)	ed public accountant (IQ	PA)		XYes No
	under 29 CFR 2520.104-46?  If you answered "No" to eit	? (See instructions on waiver eligibility a ther line 6a or line 6b, the plan canno	nd conditions.) ot use Form 5500-SF	ed public accountant (IQ	PA)  Form 5	 500.	_
С	under 29 CFR 2520.104-46?  If you answered "No" to eit  If the plan is a defined benefit	(See instructions on waiver eligibility a ther line 6a or line 6b, the plan canno fit plan, is it covered under the PBGC in	nd conditions.)  ot use Form 5500-SF surance program (se	ed public accountant (IQ and must instead use e ERISA section 4021)?	PA) Form 5	500. Yes No	
c Ca	under 29 CFR 2520.104-46?  If you answered "No" to eit  If the plan is a defined benefication: A penalty for the late	Of (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot it plan, is it covered under the PBGC in or incomplete filing of this return/rep	nd conditions.)  ot use Form 5500-SF surance program (se  oort will be assesse	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca	PA) Form 5	500.  Yes No established.	Not determined
c Ca Un	under 29 CFR 2520.104-46?  If you answered "No" to eit  If the plan is a defined benefication: A penalty for the late ader penalties of perjury and ot	C(See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot it plan, is it covered under the PBGC in or incomplete filing of this return/repther penalties set forth in the instruction	nd conditions.)  ot use Form 5500-SF surance program (se  oort will be assesse s, I declare that I hav	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca e examined this return/re	Form 5	500.  Yes No No established.	Not determined
c Ca Un	under 29 CFR 2520.104-46?  If you answered "No" to eit  If the plan is a defined benefication: A penalty for the late ader penalties of perjury and ot	C (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot it plan, is it covered under the PBGC interpretation or incomplete filing of this return/repartner penalties set forth in the instruction and signed by an enrolled actuary, as we	nd conditions.)  ot use Form 5500-SF surance program (se  oort will be assesse s, I declare that I hav	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca e examined this return/re	Form 5	500.  Yes No No established.	Not determined
Ca Un SB bel	under 29 CFR 2520.104-46?  If you answered "No" to eit  If the plan is a defined benefit  ution: A penalty for the late der penalties of perjury and ot or Schedule MB completed a lief, it is true, correct, and com	C (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot it plan, is it covered under the PBGC interpretation or incomplete filing of this return/repartner penalties set forth in the instruction and signed by an enrolled actuary, as we	nd conditions.)  ot use Form 5500-SF surance program (se  oort will be assesse s, I declare that I hav	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca e examined this return/re	Form 5	500.  Yes No No established.	Not determined
c Ca Un- SB bel	under 29 CFR 2520.104-46?  If you answered "No" to eit  If the plan is a defined benefit  ution: A penalty for the late der penalties of perjury and ot or Schedule MB completed a	C (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot it plan, is it covered under the PBGC interpretation or incomplete filing of this return/repartner penalties set forth in the instruction and signed by an enrolled actuary, as we uplete.	nd conditions.)  ot use Form 5500-SF surance program (se  oort will be assesse s, I declare that I hav	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca e examined this return/re ersion of this return/report	Form 5  use is export, incre, and to	500.  Yes No No Pestablished.  Cluding, if applice the best of my	Not determined able, a Schedule knowledge and
Ca Un- SB bel	If you answered "No" to eit If the plan is a defined benefit ution: A penalty for the late of penalties of perjury and ot or Schedule MB completed a lief, it is true, correct, and com IGN ERE Signature of plan adm	C (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot it plan, is it covered under the PBGC interpretation or incomplete filing of this return/repartner penalties set forth in the instruction and signed by an enrolled actuary, as we uplete.	nd conditions.)  ot use Form 5500-SF surance program (se port will be assessed as I declare that I have all as the electronic views.	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca e examined this return/re ersion of this return/repor	Form 5  use is export, incre, and to	500.  Yes No No Pestablished.  Cluding, if applice the best of my	Not determined able, a Schedule knowledge and
c Ca Un SB bel	If you answered "No" to eit If the plan is a defined benefit ution: A penalty for the late of penalties of perjury and ot or Schedule MB completed a lief, it is true, correct, and com IGN ERE Signature of plan adm	C (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot the plan, is it covered under the PBGC instruction or incomplete filing of this return/repther penalties set forth in the instruction and signed by an enrolled actuary, as we uplete.  Workly	nd conditions.)  ot use Form 5500-SF surance program (se port will be assessed as I declare that I have all as the electronic views.	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca e examined this return/re ersion of this return/report	Form 5  use is eport, inert, and to	500.  Yes No No established.  Cluding, if applic of the best of my g as plan admin	Not determined able, a Schedule knowledge and
Ca Und SB bel SI HI	If you answered "No" to eit If the plan is a defined benefit ution: A penalty for the late of penalties of perjury and ot or Schedule MB completed a lief, it is true, correct, and com IGN ERE Signature of plan adm IGN ERE	C (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot the plan, is it covered under the PBGC instruction or incomplete filing of this return/repther penalties set forth in the instruction and signed by an enrolled actuary, as we uplete.  Workly	nd conditions.)  ot use Form 5500-SF surance program (se port will be assessed as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the electronic val	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca e examined this return/re ersion of this return/report Ralph Patrick Mo Enter name of individual	Form 5  use is eport, inet, and to	500.  Yes No established.  Cluding, if applic to the best of my  g as plan admin	Not determined able, a Schedule knowledge and
Ca Und SB bel SI HI	If you answered "No" to eit If the plan is a defined benefit ution: A penalty for the late of penalties of perjury and ot or Schedule MB completed a lief, it is true, correct, and com IGN ERE Signature of plan adm IGN ERE	C (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot the plan, is it covered under the PBGC instruction or incomplete filing of this return/repther penalties set forth in the instruction and signed by an enrolled actuary, as well plete.  World inistrator	nd conditions.)  ot use Form 5500-SF surance program (se port will be assessed as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the electronic val	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca e examined this return/re ersion of this return/report Ralph Patrick Mo Enter name of individual	Form 5  use is eport, inet, and to	500.  Yes No established.  Cluding, if applic to the best of my  g as plan admin	Not determined hable, a Schedule knowledge and histrator
Ca Und SB bel SI HI	If you answered "No" to eit If the plan is a defined benefit ution: A penalty for the late of penalties of perjury and ot or Schedule MB completed a lief, it is true, correct, and com IGN ERE Signature of plan adm IGN ERE	C (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot the plan, is it covered under the PBGC instruction or incomplete filing of this return/repther penalties set forth in the instruction and signed by an enrolled actuary, as well plete.  World inistrator	nd conditions.)  ot use Form 5500-SF surance program (se port will be assessed as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the electronic val	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca e examined this return/re ersion of this return/report Ralph Patrick Mo Enter name of individual	Form 5  use is eport, inet, and to	500.  Yes No established.  Cluding, if applic to the best of my  g as plan admin	Not determined hable, a Schedule knowledge and histrator
Ca Und SB bel	If you answered "No" to eit If the plan is a defined benefit ution: A penalty for the late of penalties of perjury and ot or Schedule MB completed a lief, it is true, correct, and com IGN ERE Signature of plan adm IGN ERE	C (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot the plan, is it covered under the PBGC instruction or incomplete filing of this return/repther penalties set forth in the instruction and signed by an enrolled actuary, as well plete.  World inistrator	nd conditions.)  ot use Form 5500-SF surance program (se port will be assessed as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the port will be as the electronic value of the electronic val	ed public accountant (IQI and must instead use e ERISA section 4021)? d unless reasonable ca e examined this return/re ersion of this return/report Ralph Patrick Mo Enter name of individual	Form 5  use is eport, inet, and to	500.  Yes No established.  Cluding, if applic to the best of my  g as plan admin	Not determined hable, a Schedule knowledge and histrator

Pai	t III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Үеаг
_	Total plan assets	7a	112,81	.6				129,083
b	Total plan liabilities	7b		0				0
C	Net plan assets (subtract line 7b from line 7a)	7c	112,81	L6				129,083
8	ncome, Expenses, and Transfers for this Plan Year	Tally a	(a) Amount				(b) Tot	al
7000 (3	Contributions received or receivable from:  1) Employers	8a(1)		0				
	2) Participants	8a(2)		0	III.	UE AVI		Follow Marilla
	3) Others (including rollovers)	8a(3)		0			= " I sult	
b	Other income (loss)	8b	16,20	57	PER	Y/		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		202				16,267
0.757	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		0				WAY IEV
e (	Certain deemed and/or corrective distributions (see instructions)	8e		0	To le	39		THE PERSON NAMED IN
f /	Administrative service providers (salaries, fees, commissions)	8f		0	SMIS	Esu		
g	Other expenses	8g		0	Tier.		10 3 7	
h -	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		100				0
<u>i 1</u>	Net income (loss) (subtract line 8h from line 8c)	8i		To W				16,267
j	Fransfers to (from) the plan (see instructions)	8j		0		04		37 × 12 × 1
Pai	t IV Plan Characteristics							
b I	2E 2J  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions;							
Pai	t V Compliance Questions							
10	During the plan year:				Yes	No	A	mount
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х		
С	Was the plan covered by a fidelity bond?			10c		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner person of the ben	s by an insurance carrier, efits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x		
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and )	10g		х		
<u>g</u> h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		x		
	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 require	d notice or one of the	10ii				
Da				1.01			July - Control	
Par								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)			••••••				Yes X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39	*******		11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction 30	02 of	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	cable.)					
а	If a waiver of the minimum funding standard for a prior year is being anting the waiver	ng amortiz	zed in this plan year, see instruc	tions,	and e	nter t	the date of th	e letter ruling Year
Ify	you 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 Page <b>3</b> -				
	Enter the amount contributed by the employer to the plan for this plan year	12	2c		
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)	12	2d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*********		Yes 🗌	No □ N/A
Part					
13a	Has a resolution to terminate the plan been adopted in any plan year?	[	] Ye	s X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	За		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?				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 which assets or liabilities were transferred. (See instructions.)	s) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				•
14a	Name of trust	14	b Tr	ust's EIN	