## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation Com	plete all entries in accorda	ance with the instruc	tions to the Form 5500	0-SF.			
Part I	Annual Report Identifica	tion Information				•		
For calend	ar plan year 2013 or fiscal plan yea	ar beginning 01/01/2013		and ending 1	2/31/2	2013		
A This re	turn/report is for:	e-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan	
<b>B</b> This re	turn/report is:	return/report	he final return/report					
	봄			n/report (less than 12 mo	onths)			
C Check	box if filing under: Form 55	558	automatic extension			DFVC progra	am	
Part II	Basic Plan Information—	· · · · · · · · · · · · · · · · · · ·	,					
		enter an requested informat	1011		1h	Three-digit		
1a Name EUYA ENTE	orpian ERPRISES, LLC 401(K) PROFIT SF	HARING PLAN			טו	plan number		
						(PN) ▶	001	
					1c	Effective date of		
<b>30</b> Diam.		l	odana Wasa a shada		01		/2013	
	ponsor's name and address; includ ERPRISES, LLC	le room or suite number (em	iployer, if for a single-	employer plan)	20	Employer Identi (EIN) 20-54	ification Number	
15370 SE 5	8TH STREET				2c	Sponsor's telep		
BELLEVUE	, WA 98006				2d	Business code 54199	(see instructions)	
3a Plan a	dministrator's name and address	Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's		
					3с	Administrator's	telephone number	
4 If the	name and/or EIN of the plan sponso	or has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN		
name	, EIN, and the plan number from the		·	•				
	or's name				4c	PN		
_	number of participants at the begin	. ,			5a		1	
	number of participants at the end of	• •			5b		1	
	er of participants with account bala lete this item)				5c		1	
	all of the plan's assets during the p	-					X Yes No	
	ou claiming a waiver of the annual er 29 CFR 2520.104-46? (See instru						X Yes No	
	answered "No" to either line 6a						N 100   110	
•	plan is a defined benefit plan, is it c				_		Not determined	
						. – –	_	
	A penalty for the late or incomple alties of perjury and other penalties						able a Schedule	
SB or Sch	edule MB completed and signed by true, correct, and complete.							
SIGN	Filed with authorized/valid electron	nic signature.	07/14/2014	CHUN YU				
HERE	Signature of plan administrator	r	Date	Enter name of individu	ual siç	gning as plan adr	ministrator	
SIGN	Filed with authorized/valid electron	nic signature.	07/14/2014	CHUN YU				
HERE	Signature of employer/plan sponsor Date Enter name of individu				dual signing as employer or plan sponsor			
Preparer's	name (including firm name, if appli-	cable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)	
				ŀ				
l								

Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
<del>·</del> a	Total plan assets	7a		0			17500	
b	Total plan liabilities	7b		0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c		0			17500	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:		, ,					
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)	1750					
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b		0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					17500	
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	
i	Net income (loss) (subtract line 8h from line 8c)	8i					17500	
j	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 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	les in t	he instructions:	
Par	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а		tions withi	n the time period described in rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X		
С	Was the plan covered by a fidelity bond?			10c		X		
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	of the ben	efits under the plan? (See			X		
	instructions.)			10e		X		
				10f				
g				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	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule 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 se	ction :	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule			-				
h	Enter the minimum required contribution for this plan year	-				12b		

Page	3 -		1
------	-----	--	---

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		
C 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	14b Trust'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

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF.

P	art I	Annual Report Identification Information								
For	calenda	ar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013					
Α	This ret	urn/report is for: x a single-employer plan a	multiple-employer p	lan (not multiemployer)	a one-participant plan					
В	This ret	urn/report is: x the first return/report the	ne final return/report							
		an amended return/report a	short plan year retu	rn/report (less than 12 m	onths)					
С	Check b	pox if filing under: Form 5558	utomatic extension			DFVC program				
special extension (enter description)										
D	ret II	Basic Plan Information enter all requested inform								
_	Name		ation		1b	Three-digit				
		No. Clark Co.	1		0.150.15	plan number	001			
	Euya	Enterprises, LLC 401(k) Profit Sharing P.	ıan		10	(PN) ►  Effective date of p	1000000000			
					10	01/01/2013	nati			
2a	Plan s	ponsor's name and address; include room or suite number (em	nployer, if for a single	e-employer plan)	2b	Employer Identific	cation Number			
	Euya	Enterprises, LLC				(EIN) 20-5435	5214			
					2c	Sponsor's telepho	one number			
	1537	9 SE 58th Street				(425) 770-11				
					2d	Business code (se	ee instructions)			
	Bell				01	541990				
3a	Plan a	dministrator's name and address X Same as Plan Sponsor	Name [_] Same as	Plan Sponsor Address	30	Administrator's El	IN			
					3c	Administrator's tel	lephone number			
4	If the r	name and/or EIN of the plan sponsor has changed since the la	st return/report filed	for this plan, enter the	4b	EIN				
		EIN, and the plan number from the last return/report.								
a	Spons	or's name			4c	PN				
5a	Total r	number of participants at the beginning of the plan year			5a		1			
b		number of participants at the end of the plan year			5b		1			
C		er of participants with account balances as of the end of the plants this item.			5c		1			
62	-	ete this item)all of the plan year invested in eligible			50		X Yes No			
b		ou claiming a waiver of the annual examination and report of an			PA)					
D		29 CFR 2520.104-46? (See instructions on waiver eligibility an		ou puono accountant (rec			X Yes No			
		answered "No" to either line 6a or line 6b, the plan cannot								
С		plan is a defined benefit plan, is it covered under the PBGC ins					Not determined			
Ca	ution: A	A penalty for the late or incomplete filing of this return/repo	ort will be assessed	d unless reasonable ca	use is	established.				
		alties of perjury and other penalties set forth in the instructions	Control of the Contro	and the second s		and the state of t	able, a Schedule			
SB	or Sch	edule MB completed and signed by an enrolled actuary, as well								
be	ief, it is	true, correct, and complete.								
S	IGN 🗾	Junju	17/2/14	Chun Yu						
Н	ERE S	ignature of plan administrator	Date	Enter name of individua	al signi	ing as plan admini	strator			
S	GN /	Joseph	17/2/14	Chun Yu						
		ignature of employer/plan sponsor	Date	Enter name of individua	al signi	ing as employer or	plan sponsor			
Pre	eparer's	name (including firm name, if applicable) and address; include	room or suite numb			arer's telephone ni				
				*10						

Form 5500-SF 2013 Page **2** 

P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	•			(b) End o	f Year
a	Total plan assets	7a	( ) 0	0			. ,	17,500
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		0				17,500
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	
а	Contributions received or receivable from:			_				
	(1) Employers	8a(1)	17 5	0				
	(2) Participants	8a(2)	17,50					
<u>_</u>	(3) Others (including rollovers)	8a(3)		0				
<u>b</u>	Other income (loss)	8b		0	-			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			17,500
	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						17,500
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0				
Pa	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Code	es in th	ne instructi	ons:
	2E 2G 2J 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Codes	s in the	e instruction	ns:
Pa	art V Compliance Questions							
10	During the plan year:				Yes	No	-	Amount
а								Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce			10a		x		Amount
		ciary Corre ? (Do not i	ction Program)nclude transactions reported	10a 10b				Amount
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	ciary Corre	nclude transactions reported			х		Amount
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)     Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	ciary Corre	nclude transactions reported and, that was caused by fraud	10b		x		Allount
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other commissions.	ciary Corre	nclude transactions reported and, that was caused by fraud as by an insurance carrier,	10b 10c		x x x		Amount
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Corre	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c		x x x		Amount
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	fidelity borner persons	nclude transactions reported  nd, that was caused by fraud  s by an insurance carrier, efits under the plan? (See	10b 10c 10d		x x x		
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan	fidelity borner persons of the bencen	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d		x x x x		
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity borner persons of the benchmarks of year e	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f		x x x x		
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity borner persons of the benchmark (See instru	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See and.) and the plan of the limits and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the service of the plan have any participant loans?	fidelity borner persons of the benchmark (See instru	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See and.) and the plan of the limits and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  Tr VI Pension Funding Compliance	fidelity borner persons of the benchmark (See instruction of the required final field of the required final field of the required field of the required field field of the required field of the required field fi	nclude transactions reported  and, that was caused by fraud  s by an insurance carrier, efits under the plan? (See  Ind.)  Indice or one of the  Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x x x x x		Yes X No
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	fidelity borner persons of the benchmark (See instruments? (If "	ction Program)	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x x x x x		
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from the plant of the plant in t	fidelity borner persons of the benchmark (See instructure)  ne required 1-3	ction Program)	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x x x 111a	•••••••	
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  Tr VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borner persons of the benchmark (See instruments? (If "rom Sched requirements of the scheduler of t	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See and 29 CFR and 29	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x x x 111a	•••••••	☐ Yes 🗶 No
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 1f this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year file this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity borner persons of the benchmark of year e (See instruments? (If """) rom Sched requirements, as applicing amortiz	nclude transactions reported and, that was caused by fraud as by an insurance carrier, effits under the plan? (See and and 29 CFR.  I notice or one of the and	10b 10c 10d 10e 10f 10g 10h 10i or sectitions,	Sched	x x x x x x x nulle SE	ERISA?	Yes X No
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fils this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being the particular of the minimum funding standard for a prior year is being the particular of the minimum funding standard for a prior year is being the particular of the minimum funding standard for a prior year is being the particular of the minimum funding standard for a prior year is being the particular of the particular of the minimum funding standard for a prior year is being the particular of the partic	fidelity borner persons of the benchmarks of year experienced for the control of	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i or sectitions,	Sched	x x x x x x x nulle SE	ERISA?	Yes X No
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan  Did the plan have any participant loans? (If "Yes," enter amount a  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 th 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 requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fi Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below  If a waiver of the minimum funding standard for a prior year is bei granting the waiver  You completed line 12a, complete lines 3, 9, and 10 of Schedule	fidelity borner persons of the benchmark (See instruments? (If """) rom Sched requirements application and applications ap	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See and.)  Indice or one of the  Yes," see instructions and com all SB (Form 5500) line 39 and of section 412 of the Code able.) and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i plete	Sched	x x x x x x x nulle SE	ERISA?	Yes X No

	Form 5500-SF 2013 Page <b>3-</b>				
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		] Yes	□ No □ N/A	
Par	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	🗆 Y	es X N	lo	
	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 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.)				
	I3c(1) Name of plan(s):	13c(2) EIN	l(s)	<b>13c(3)</b> PN(s)	
Par	VIII Trust Information (optional)				
14a	Name of trust	14b	14b Trust's EIN		