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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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	urn/report is for:	_		an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:		he final return/report				
_		님 '		n/report (less than 12 mo	onths)		
C Check I	oox if filing under:	☐ Form 5558 ☐ a special extension (enter description	utomatic extension			DFVC progra	am
Part II	Basic Blan Infor	mation—enter all requested informati					
		mation—enter all requested informati	IOH		1h	Thurs a dissit	1
1a Name STUART H.	or pian RICH, DDS, PS 401(K)	PLAN			ID	Three-digit plan number	
						(PN) •	002
					1c	Effective date of 01/01	f plan /2004
STUART H.	RICH, DDS, PS	ress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-20	fication Number
SIMPLY SM 1348 8TH S					2c	Sponsor's telep	
AUBURN, W					2d	Business code 6212	(see instructions)
3a Plan a	dministrator's name and	l address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN	
name, a Sponse		ber from the last return/report.			4c	PN	
5a Total r	number of participants a	t the beginning of the plan year			5a		15
b Total r	number of participants a	t the end of the plan year			5b		11
		ccount balances as of the end of the pla	•	•	5c		11
_	•	during the plan year invested in eligible	,	,			X Yes No
		he annual examination and report of ar (See instructions on waiver eligibility ar					X Yes No
		ner line 6a or line 6b, the plan cannot					
C If the p	olan is a defined benefit	plan, is it covered under the PBGC insi	urance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	penalty for the late or	r incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ıse is	established.	
SB or Sche		er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.					
SIGN	Filed with authorized/va	alid electronic signature.	07/15/2014	KIRSTIN B. RICH			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual siç	gning as plan adr	ministrator
SIGN							
HERE	Signature of employ		Date	Enter name of individu	ual siç	ning as employe	er or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address; include	room or suite numbe	r (optional)	Prep	oarer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

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Pa	t III Financial Information									
7	Assets and Liabilities (a) Beginning of			ır	` '					
а	Total plan assets	7a	43852	438521			587366			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c 438521						5	87366	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:	2 (1)	2028	6						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	9838	3						
	(3) Others (including rollovers)	8a(3)	4400							
	Other income (loss)	8b	4188	3						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	60552	
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	666	3						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f	504	4						
g	Other expenses									
	·	8g							11707	
<u>;;</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	48845	
	Net income (loss) (subtract line 8h from line 8c)	8i							40043	
_		8j								
	t IV Plan Characteristics	f t	lee feere the Liet of Diese Ober			d !	41	-4:	_	
9a	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2G 2J 2T 3D	reature cod	es from the list of Plan Chara	acteris	Stic Co	aes in	tne instru	ctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Charac	cterist	ic Coc	les in t	ne instruc	tions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	X					30939
b	Were there any nonexempt transactions with any party-in-interest					Х				
	on line 10a.)			10b		^				
C	Was the plan covered by a fidelity bond?			10c	X					30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
e	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	^					1342
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 er	nd.)	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 th			1011						
	exceptions to providing the notice applied under 29 CFR 2520.101	•		10i	X					
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Тп	Yes	X No
11a	Enter the unpaid minimum required contribution for current year from					11a				
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Τп	Yes	X No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. UI 3E	OUUII .	002 UI	LINOM!		. 00	
а	If a waiver of the minimum funding standard for a prior year is being	ng amortize	d in this plan year, see instruc		, and e	_	e date of			ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u1		Day		Yea		
_	Enter the minimum required contribution for this plan year	•				12b				

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

D	art I	Annual Penort Ide	entification Information	nce with the mount	Luons to the Form 330	0-01.		
		dar plan year 2013 or fiscal		/01/2013	and ending		12/31/201	13
		turn/report is for:	1		lan (not multiemployer)		a one-particip	
		eturn/report is:		ne final return/report	ian (not maitompio).,		a one particip	Jank plan
_	THISTO	um/report is.			n/report (less than 12 mg	onthe'	1	
C	Chack	have if filing under		utomatic extension	Inteport (leas than 12 mg	Unitrio		
C	Спеск	box if filing under:	special extension (enter description)				DFVC progra	ım
D	art II	Pacie Plan Inform						
	Name		nation—enter all requested information	on		1h	Three-digit	
			, PS 401(k) Plan			10	plan number	
	Diua.	It II. KICII, DDO,	, PD 401(V) LIGH				(PN) •	002
						1c	Effective date of	
2a	Plan s	nonsor's name and addre	ess; include room or suite number (emp	player if for a single	amalayar alan)	26	01/01/2004	
	Stua	rt H. Rich, DDS,	, PS	noyer, ir ior a sirigio-	employer prant	20	Employer Identif	
	Simp	ly Smiles				2c	Sponsor's telep	
		-					(253) 939-	
		8th Street NE				2d	Business code (see instructions)
	Aubu		·		98002	21	621210	
3a	Plan a	dministrator's name and a	address Same as Plan Sponsor Nan	ne USame as Plan	n Sponsor Address	3b	Administrator's B	ΞIN
						3с	Administrator's t	telephone number
					1			
4	If the r	name and/or FIN of the nl	an sponsor has changed since the last	t ratura/raport filed fo	- this also enter the	46		
~	name	, EIN, and the plan numbe	er from the last return/report.	return/report nieu io	or this plan, enter the	40	EIN	
	Sponso	sor's name	·			4c	PN	
5a			the beginning of the plan year			5a		15
b	Total r	number of participants at the	the end of the plan year			5b		11
С			count balances as of the end of the plan			5с		11
	Were	all of the plan's assets du	uring the plan year invested in eligible a	assets? (See instruct	ctions.)			X Yes No
b	Are yo	ou daiming a waiver of the	e annual examination and report of an	independent qualifie	d public accountant (IQF	PA)		
	under	29 CFK 2520-104-40? (Se	See instructions on waiver eligibility and or line 6a or line 6b, the plan cannot	f conditions.)	and must instead use	Form	5500	
С			an, is it covered under the PBGC insur					Not determined
								Not determined
			ncomplete filing of this return/report					
SB	or Sche	alties of perjury and otner pedule MB completed and s	penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have eas the electronic ver	examined this return/rep sion of this return/report.	ort, in	cluding, if applica	able, a Schedule
beli	ef, it is t	true, correct, and complete	å O	10 010 01000 0	sion or uno rotalitiops,	, and .	o the bost of m.,	Kilowieuge and
SIG	-NI	-VIII	- Kiel	7-14-14	Kirstin B. Ric	h		
HEF		Signature of plan admi	inicipator					
210	151	Signature of pran aurin	nistrator	Date	Enter name of individu	ıal sıg	ning as plan aum	inistrator
SIG								
Million.	in the second	Signature of employer/	r/plan sponsor e, if applicable) and address; include ro	Date	Enter name of individu	ual sig	ning as employer	r or plan sponsor
1 10	Jaioi 3	laine (including intri hame	s, ii applicable) aliu audiess, iliciuue ii	JOHN OF SUITE HUMBER	г (ориопаг)	Prepa	arers telephone	number (optional)
					L			
								i i

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	Т		(b) End	d of Year	
а	Total plan assets	. 7a		8,52	21				37,366
b	Total plan liabilities	7b			\top				
С	Net plan assets (subtract line 7b from line 7a)	7c	438	8,52	21			58	37,366
8	Income, Expenses, and Transfers for this Plan Year	me, Expenses, and Transfers for this Plan Year (a) Amount						Total	
а	Contributions received or receivable from:		21	0,28	0.6				
	(1) Employers	8a(1)		8,38					
	(2) Participants	8a(2)		0,50	, 5				
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	Δ.	1,88	33				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1,00				16	50,552
	Benefits paid (including direct rollovers and insurance premiums	00							707002
	to provide benefits)	. 8d		6,66	53				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	. 8e							
f	Administrative service providers (salaries, fees, commissions)	8f		5,04	4				
	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							1,707
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						14	8,845
J	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j							
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe								
No. of the last									
10					Yes	No		Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in ction Program)	10a	Yes X	No		Amount	30,939
а	During the plan year:	ciary Corre ? (Do not in	ction Program)	10a		No X			30,939
а	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre? (Do not in	ction Program)	10b				3	
b	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	ction Program) clude transactions reported		Х			3	30,939
b c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oinstructions.)	? (Do not in	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c	Х	Х		3	
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduser there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d	Х	Х		3	30,000
a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oinstructions.)	fidelity bonomer persons of the benefit	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f	Х	X		3	30,000
a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 dinstructions.) 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?	fidelity bond ner persons of the benefit s of year en	ction Program)	10b 10c 10d	Х	X		3	30,000
a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduser 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 dinstructions.) 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 bonding repersons of the benefities of year en (See instructions)	ction Program)	10b 10c 10d 10e 10f 10g	X	X		3	30,000
a b c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly 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 dinstructions.) 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 lf 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	fidelity bonding repersons of the benefities of year en (See instructions)	ction Program)	10b 10c 10d 10e 10f 10g 10h	x x x	X		3	30,000
a b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly 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 dinstructions.) 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 lf 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.	fidelity bonomer persons of the benefit so f year en (See instruction in Fig. 1	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X Scheo	X X X X X	3 (Form	3	1,342
a b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidusian Voluntary Fidusian See CFR 2510.3-102? (See instructions and DOL's Voluntary Fidusian See CFR 2510.3-102? (See instructions 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 dinstructions.) 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 lf 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. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bonding repersons of the benefit so of year en (See instructions) repersons of the series of the series required in the required in the series of the series required in the required in the series of the series required in the series of the serie	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X Sched	X X X X X	3 (Form	3	1,342
a b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly 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 dinstructions.) 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 lf 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. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bonomer persons of the benefit so f year en (See instruction required in 1-3	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X Sched	X X X X Iule SE		3	1,342 × No
a b c d e f g h i 11a 11a 12	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumere 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 dinstructions.) 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 lf 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. 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 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	fidelity bond fidelity bond firer persons of the benefit finer required in the required in the required in the requirement as applications are applicated.	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X Sched	X X X X Iule SE	ERISA?	Yes	1,342 No
a b c d e f g h i 11a 11a 12 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 dinstructions.) 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 lf 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. 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 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 beingranting the waiver.	fidelity bonding repersons of the benefit repersons of year ending required in the required in the requirement requirement as applicating amortized repersons reperson	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X Sched	X X X X Iule SE	ERISA?	Yes	1,342 No
a b c d e f g h i 11a 11a 12 a lf	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumere 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 dinstructions.) 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 lf 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. 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 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 being the contribution of the minimum funding standard for a prior year is being the contribution of the minimum funding standard for a prior year is being the contribution of the minimum funding standard for a prior year is being the contribution of the minimum funding standard for a prior year is being the contribution of the minimum funding standard for a prior year is being the contribution of the minimum funding standard for a prior year is being the contribution of the minimum funding standard for a prior year is being the contribution of the minimum funding standard for a prior year is being the contribution of the minimum funding standard for a prior year is being the contribution of the minimum funding standard for a prior year is being the contribution of the minimum funding	fidelity bond fidelity bond firer persons of the benefit finer persons of the benefit finer persons	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X A A A A A A A A A A A A A A A A	X X X X Aule SE 11a 302 of	ERISA?	Yes Yes	1,342 No

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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 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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	10		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	