For	Form 5500-SF Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-01 1210-00		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee				_	2013		
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).				(a) of) of This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-5						Ins	pection	
Part I		lentification Information		and an diam. At	0/04/4	2040		
	ar plan year 2013 or fisca F				2/31/2			
	urn/report is for:			lan (not multiemployer)		a one-partici	bant plan	
B This ret	urn/report is:		the final return/report	a /ran art (la aa than 10 ma				
				n/report (less than 12 mo	ontnsj	—		
	oox if filing under:		automatic extension			DFVC progra		
Part II	Basic Plan Inform	special extension (enter description nation—enter all requested informa	,					
1a Name		Hation —enter all requested informa	uon		1b	Three-digit		
	PLAN & TRUST					plan number (PN) ▶	001	
					1c	Effective date o	f plan	
22 Dian ar	oncor's name and addr	and include room or quite number (on	anlover if for a single	omployer plop)	24	01/01		
DBPM INC.		ess; include room or suite number (en	npioyer, il lor a single-	employer plan)		Employer Identii (EIN) 45-54	20525	
8583 154TH	AVENUE NORTHEAST				2c	Sponsor's telep 425-889		
REDMOND,	WA 98052				2d	Business code (52429		
3a Plan ad	ministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's	EIN	
		olan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN		
a Sponso		is nom the last retainingport.			4c	PN		
5a Total r	umber of participants at	the beginning of the plan year			5a		6	
b Total r	umber of participants at	the end of the plan year			5b		5	
		count balances as of the end of the pl	•		5c		4	
		luring the plan year invested in eligible	•	,			X Yes No	
		ne annual examination and report of a See instructions on waiver eligibility a					X Yes No	
	,	er line 6a or line 6b, the plan canno	,					
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable caus	se is	established.		
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as wel tte.						
0.011	Filed with authorized/va	lid electronic signature.						
HERE Signature of plan administrator Date Enter name of individ				Enter name of individu	ual sig	ning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu				
Preparer's i	name (including firm nar	ne, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)	

l

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	of Year	
a Total plan assets	7a	(a) beginning of rea 10969					23570	2
b Total plan liabilities	7a 7b		0					0
C Net plan assets (subtract line 7b from line 7a)	7c	10969	5				23570	2
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	-			(b) To		
a Contributions received or receivable from:						(6) 10	Jtai	
(1) Employers	8a(1)	112179	9					
(2) Participants	8a(2)	192	5					
(3) Others (including rollovers)	8a(3)		0					
b Other income (loss)	8b	11903	3					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12600	7
d Benefits paid (including direct rollovers and insurance premiums	04	(0					
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)	8d		0					
	8e		0					
f Administrative service providers (salaries, fees, commissions)	8f		0					
g Other expenses	8g		0					0
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						12600	•
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			_			12000	
Part IV Plan Characteristics	8j		0					
Part V Compliance Questions								
Part V Compliance Questions 10 During the plan year:				Yes	No		Amount	
			10a	Yes	No X		Amount	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	ciary Correc ? (Do not inc	tion Program) clude transactions reported	10a 10b	Yes	-		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? 	ciary Correc ? (Do not inc	tion Program)		Yes	X		Amount	20000
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	ciary Correct ? (Do not inc	tion Program) clude transactions reported 	10b		X		Amount	20000
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity for the plan have a loss. 	ciary Correc ? (Do not inc idelity bond er persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c		X X		Amount	20000
 During the plan year: a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fior dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or the provides some or the provides some or all or the provides some or the provides some	ciary Correc (Do not inc idelity bond er persons t of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x		Amount	20000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's finor dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correc ? (Do not inc idelity bond er persons b of the benefi ?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		× × × ×		Amount	2000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's finor dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (See the plan was the plan blackout period?) 	ciary Correc ? (Do not inc idelity bond er persons t of the benefi ? ? of year end See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e		× × × × ×		Amount	2000
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's finor dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as 	ciary Correc (Do not ind idelity bond er persons to of the benefit of year end See instruct e required r	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		× × × × × × ×		Amount	2000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's finor dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. 	ciary Correc (Do not ind idelity bond er persons to of the benefit of year end See instruct e required r	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×		Amount	2000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct (Do not ind idelity bond er persons t of the benefit ? of year end See instruct e required r -3	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	3 (Form		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's finor dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) 	ciary Correc (Do not ind idelity bond er persons to of the benefit ? s of year end See instruct e required r -3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	3 (Form		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's finor dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.) i Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) 	ciary Correc (Do not ind idelity bond er persons t of the benefit er of year end See instruct e required r -3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X Iule SE	3 (Form		; 🗶 No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fill or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) 	ciary Correct (Do not ind idelity bond er persons h of the benefit of year end see instruct e required r -3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X Iule SE	3 (Form	Yes	; 🗶 No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's finor dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.) i Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) 	ciary Correct (Do not ind idelity bond er persons to f the benefit ? of year end See instruct e required r -3	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X Sched	X X X X X X X X Ulle SE	B (Form B (Form ERISA?	Yes	5 🔀 No 5 🔀 No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fill or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.). f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S 2520.101-3.). i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from 12 Is this a defined contribution plan subject to the minimum funding requireme for the minimum funding standard for a prior year is being 	ciary Correct (Do not ind idelity bond er persons b of the benefit er persons b of year end sof year end sof year end see instruct e required r -3 -3 -3 	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X Sched	X X X X X X X X Iule SE	B (Form B (Form ERISA?	Yes	5 🗙 N 5 🗶 N

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?	Ye	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 🗙 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.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annual R	Short Form Annual Return/Report of Small Employe Benefit Plan					
Internal Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employe					
Department of Labor Employee Benefits Security Administra	section 6057(b) and 6058 Code).	3(a) of -	This Form is Open to Public Inspection				
Pension Benefit Guaranty Corporat	Complete all entries in accol	dance with the instru	uctions to the Form 550	0-SF.	mapecuon		
For calendar plan year 2013 of	ort Identification Information	01/01/2013	and onding	10/	31/2013		
	x a single-employer plan	1	and ending plan (not multiemplover)				
A This return/report is for:			· · · · · · ·	L	a one-participant plan		
B This return/report is:	the first return/report	the final return/report					
	an amended return/report		irn/report (less than 12 m	·			
C Check box if filing under:	Form 5558	automatic extension			DFVC program		
	special extension (enter description						
Part II Basic Plan II 1a Name of plan	nformation enter all requested info	rmation		1b Th	ree-digit		
·					an number		
DBPM, INC. PLAN	G TRUST			· · · · · · · · · · · · · · · · · · ·	N) ▶ 001		
					fective date of plan		
2a Plan sponsor's name and DBPM INC.	address; include room or suite number (e	employer, if for a single	-employer plan)	2b En	nployer Identification Number N) 45-5420525		
8583 154TH AVENUI					onsor's telephone number		
US REDMOND	WA 98052				siness code (see instructions)		
	e and address X Same as Plan Sponso	r Name 🔲 Same as	Plan Sponsor Address	3b Ad	ministrator's EIN		
				3c Ad	ministrator's telephone number		
# (f)					· · · · · · · · · · · · · · · · · · ·		
	the plan sponsor has changed since the I number from the last return/report.	ast return/report filed t	or this plan, enter the	4b EIN	N		
a Sponsor's name				4c PN	1		
5a Total number of participal	nts at the beginning of the plan year			5a	6		
b Total number of participal	nts at the end of the plan year		********	5b	5		
	th account balances as of the end of the p	· · · · · · · · · · · · · · · · · · ·		5c	4		
	ets during the plan year invested in eligible			50	X Yes No		
	of the annual examination and report of a	,	**********************	 'A)			
under 29 CFR 2520.104-4	6? (See instructions on waiver eligibility a	ind conditions.)	******	**********	XYes No		
	either line 6a or line 6b, the plan canno						
c If the plan is a defined be	nefit plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No Not determined		
Caution: A penalty for the la	te or incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	se is esta	ablished.		
Under penalties of perjury and SB or Schedule MB complete belief, it is true, correct, and c	l other penalties set forth in the instruction d and signed by an enrolled actuary, as wa	s, I declare that I have ell as the electronic ve	examined this return/represent of this return/report	oort, incluc , and to th	ling, if applicable, a Schedule e best of my knowledge and		
	16 TIME AL	THISTIT	Cathy Crawford	<u> </u>			
SIGN HERE Signature of plan a	KA MULTO				no alan administrator		
CENE Signature of plan a	Hour K C	Date	Enter name of individua	a signing a	as plan administrator		
HERE Signature of emplo	N. Mufit		Cathy Crawford				
	n name, if applicable) and address; includ	Date e room or suite numbe		· · · · · · · · · · · · · · · · · · ·	as employer or plan sponsor		
in the second	J		(spaced)		a reception of tourner (optional)		
For Paperwork Reduction A	ct Notice and OMB Control Numbers, s	ee the instructions fo	r Form 5500-SF.		Form 5500-SF (2013)		

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Pa	ert III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
а	Total plan assets	7a	109,695			235,702			,702
b	Total plan liabilities	7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	109,6	95		235,702			,702
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	112,179						
	(2) Participants	8a(2)	1,925						
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)		11,9	03	n Gévelennen		n the Shi day sh		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1			,007
d	Benefits paid (including direct rollovers and insurance premiums			120000000			usiya sa usu an		
<u> </u>	to provide benefits)	<u>8d</u>		0	_				
	Certain deemed and/or corrective distributions (see instructions)	·····		0					
f	Administrative service providers (salaries, fees, commissions)	<u>8f</u>		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the set of the structure of the set						0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81						126	,007
j	Transfers to (from) the plan (see instructions)	8j		0					<u>e 18 en 18 6</u>
T	rt IV Plan Characteristics		······································						
b	If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feat							·····	
	rt V Compliance Questions				1		T		
<u>10</u>	During the plan year:		······································		Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Corre	ction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	•	10b		x			
<u> </u>	Was the plan covered by a fidelity bond?		*******	10c	x				20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	•	•	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all o instructions.)	of the bene	fits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (S 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 2520.101-			10i					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)		-				(Form	☐ Ye	s 🗴 No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedu	ile SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding re	equiremer	ts of section 412 of the Code of	r sect	ion 30	2 of E	RISA?	☐ Ye	s 🕱 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a								
a 	If a waiver of the minimum funding standard for a prior year is being granting the waiver							e letter ru Year	*
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form	1 5500), and skip to line 13.		······································	,			
b	Enter the minimum required contribution for this plan year		**************	******		12b			

Form 5500-SF 2013	Page 3-

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	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗌 No 🗌 N/A
Part	VII Plan Terminations and Transfers of Assets		
13a	Has a resolution to terminate the plan been adopted in any plan year?	1 Y	es 🕱 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 co 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(s) to which assets or liabilities were transferred. (See instructions.)		
1	3c(1) Name of plan(s): 13c	:(2) EIN(s) 13c(3) PN(s)
Part	VIII Trust Information (optional)		
14a r	Name of trust	14b Ti	ust's EIN