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).

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

_	rt I		t Identification Informati	on								
For	calenda	ar plan year 2013 or t	fiscal plan year beginning 04	1/01/2013		and ending ()3/31/2	2014				
A	Γhis ret	urn/report is for:	X a single-employer plan	а	multiple-employer pl	an (not multiemployer)	er) a one-participant plan					
В -	Γhis 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 m	onths))				
C	Check b	oox if filing under:	Form 5558	au	utomatic extension			DFVC progra	m			
			special extension (enter de	escription)								
Pa	rt II	Basic Plan Info	ormation—enter all requested	d informatio	on							
	Name o	•					1b	Three-digit				
ALL F	REIGH	T INTERNATIONAL	, INC. 401K PROFIT SHARING	PLAN				plan number (PN) ▶	001			
							1c	Effective date of				
								04/01/				
		oonsor's name and a	ddress; include room or suite nu , INC.	ımber (emp	oloyer, if for a single-	employer plan)	2b	Employer Identification (EIN) 91-13				
131.5	: W 15	6TH ST., SUITE 200					2c	Sponsor's telep				
SEAT	TLE, W	/A 98166					2d	Business code (see instructions)			
			_					48412	20			
3a	Plan ac	dministrator's name a	and address 🏻 Same as Plan Sp	oonsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's I	ΞΙΝ			
							3с	Administrator's t	elephone number			
4			ne plan sponsor has changed sir		return/report filed for	r this plan, enter the	4b	EIN				
а		EIN, and the plan hi or's name	umber from the last return/report	ī.			4c PN					
	•		s at the beginning of the plan ye	ar			5a		55			
_			s at the end of the plan year				5b		5			
			account balances as of the end				0.5					
	comple	ete this item)		······	······	·	5c		5			
6a		•	ts during the plan year invested	-	•	*			X Yes No			
b	,	- C	of the annual examination and re 6? (See instructions on waiver el	•			,		X Yes No			
			either line 6a or line 6b, the pla									
С	If the p	lan is a defined bene	efit plan, is it covered under the F	PBGC insu	rance program (see	ERISA section 4021)?	[Yes No	Not determined			
Cau	tion: A	penalty for the late	or incomplete filing of this re	turn/repor	t will be assessed	unless reasonable cau	ıse is	established.				
Und	er pena	alties of perjury and o	ther penalties set forth in the ins	structions, I	declare that I have	examined this return/re	port, ir	ncluding, if applica				
		dule MB completed a rue, correct, and con	and signed by an enrolled actuar nplete.	ry, as well a	as the electronic vers	sion of this return/report	t, and	to the best of my	knowledge and			
SIG		Filed with authorized	d/valid electronic signature.		07/22/2014	MICHAEL GEORGE						
	`-	Signature of plan	administrator		Date	Enter name of individ	ual sig	gning as plan adn	ninistrator			
SIG												
			oyer/plan sponsor		Date	Enter name of individ		, , ,				
Prep	oarer's i	name (including firm	name, if applicable) and address	s; include r	oom or suite number	(optional)	Prep	parer's telephone	number (optional)			

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V	oar		
		al plan assets					(b) Liiu	01 1	5122	8	
	Total plan liabilities	7b	1347	'3	+				151		
	Net plan assets (subtract line 7b from line 7a)	7c	248510				49714				
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) Amount				(0) 1	Otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	28327	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	283273	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	271489	5							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	377	3							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	71866	8	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2	43539	5	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:			
Par	t V Compliance Questions										
10	•				Yes	No		A			
a	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tione withi	n the time period described in		162	NO		AM	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		X					
~	on line 10a.)	,		10b		X					
				10c	X					50	0000
d				100						30	1000
	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.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
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 required	d notice or one of the	10i							
Part				10.							
11	Is this a defined benefit plan subject to minimum funding requirem								1 Vaa		No
44	5500) and line 11a below)							L	Yes	Ц	No
	Enter the unpaid minimum required contribution for current year fr		,		-	11a		-	1 ,,		
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			oti	0:1	nnt== 11	o deta -f."	26 '	.ttc=-	lie -	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and (enter tr Day	e uate of t	ne le Yea		iing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	40:	ı				
b	Enter the minimum required contribution for this plan year					12b	I				

Page	3	- [1
гаус	J	- 1	

			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?	X	es No)					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0				
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	· · · · · · · · · · · · · · · · · · ·								
1	13c(1) Name of plan(s):	13c(2) EI	N(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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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).

Short Form Annual Return/Report of Small Employee

Benefit Plan

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

OMB Nos. 1210-0110

1210-0089

2013

This Form is Open to Public Inspection

Part I		Identification Information								
For calenda	r plan year 2013 or f	iscal plan year beginning	04/01/2013	and ending	0	3/31/2014				
A This retu	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan				
	urn/report is:	the first return/report								
an amended return/report a short plan year return/report (less than 12 months)										
•	16 GI2	Г	DFVC program							
C Check b	oox if filing under:	Form 5558	automatic extension		L] bi vo program				
		special extension (enter descr				******				
Part II		ormation—enter all requested inf	ormation		4h 7	The second section is a second				
1a Name	of plan	TTOTAL THE 401K DDG	אפרח כווא הדאוכי הדאא	т		Three-digit Dian number				
ALL FRE	EIGHT INTERNA	ATIONAL, INC. 401K PRO	FII SMAKING PLAI	V	,	PN) • 001				
		1c E	C Effective date of plan							
					0	4/01/1986				
2a Plan sp	onsor's name and a	ddress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b E	Employer Identification Number				
ALL FRE	EIGHT INTERNA	TIONAL, INC.			(EIN) 91-1333721				
						Sponsor's telephone number				
131 S.V	N. 156TH ST.,	SUITE 200				206-244-2646				
						Business code (see instructions)				
SEATTLE		WA 98166				184120				
3a Plan ad	dministrator's name a	nd address XSame as Plan Spons	or Name X Same as Plar	Sponsor Address	JU P	Administrator's EIN				
					3c A	Administrator's telephone number				
						·				
		ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
		umber from the last return/report.			4c F	ON				
a Sponso		s at the beginning of the plan year			5a	55				
	•	•			5b					
		s at the end of the plan year			อม	5				
		account balances as of the end of			5c	5				
6a Were	all of the plan's asse	ts during the plan year invested in e	ligible assets? (See instruc	tions.)		X Yes No				
b Are vo	ou claiming a waiver o	of the annual examination and repor	t of an independent qualifie	ed public accountant (IQ	PA)	₩ Vaa □ Na				
		6? (See instructions on waiver eligib								
-		either line 6a or line 6b, the plan o								
C If the p	olan is a defined bene	efit plan, is it covered under the PBG	SC insurance program (see	ERISA section 4021)?	📙	Yes No Not determined				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	ıse is e	stablished.				
Under nen:	alties of perium and o	ther penalties set forth in the instruc	ctions. I declare that I have	examined this return/ret	oort, inc	luding, if applicable, a Schedule				
SB or Sche	edule MB completed a	and signed by an enrolled actuary, a	as well as the electronic ver	sion of this return/report	t, and to	the best of my knowledge and				
belief, it is t	true, correct, and con	npiete.		·						
SIGN	Sense	1 Xacust	7/18/2011	Linda Lorentz						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual sign	ning as plan administrator				
	Signature or plan	administrator	Date	Entor hamo of morvie						
SIGN										
1	Signature of empl	oyer/plan sponsor name, if applicable) and address; ir	Date			ning as employer or plan sponsor nrer's telephone number (optional)				
Preparer's	name (including firm	name, ii applicable) and address; ir	iciade room of Suite Humbe	a (optional)	l Tepa	aci o tolophone humber (optional)				
1					I					
i										

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	_]		(b) End of Year
a	Total plan assets	al plan assets					51228
b	Total plan liabilities	7b		L347	3		1514
С	Net plan assets (subtract line 7b from line 7a)	7c	248	3510)9		49714
8	Income, Expenses, and Transfers for this Plan Year	<u></u>	(a) Amount				(b) Total
а	Contributions received or receivable from:	0=(4)					
	(1) Employers	8a(1)			+		
	(2) Participants	8a(2)			+		
	(3) Others (including rollovers)	8a(3) 8b	2.8	3327	3		
	Other income (loss)	8c			+		283273
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			_		202,0
	to provide benefits)	8d	273	1489	5 .		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		377	3		
g	Other expenses	8g			1		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		2718668
i	Net income (loss) (subtract line 8h from line 8c)	8i					-2435395
j	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a		feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
	2A 2E 2F 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	rtariet	ic Cod	les in th	ne instructions:
b	If the plan provides wellare benefits, effect the applicable wellare to	saluie cou	es nom the cist of than onarat	JUNG	10 000	103 111 (1	ic mondonorio.
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
2						710	Amount
_	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	tions withi	n the time period described in rection Program)	10a		Х	Amount
	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 Con	rection Program) include transactions reported	10a 10b			Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Con	rection Program)include transactions reported		Х	Х	50000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corner (Do not fidelity bo	include transactions reported	10b		Х	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 Com	include transactions reported	10b 10c		Х	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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?	fidelity bo	include transactions reported	10b 10c		Х	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo	nd, that was caused by fraud s by an insurance carrier, nefits under the plan? (See	10b 10c 10d		X	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 plantage of the	fidelity bo	include transactions reported md, that was caused by fraud is by an insurance carrier, nefits under the plan? (See	10b 10c 10d		X X X	
- b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 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 bo ner person of the ber as of year o	include transactions reported and, that was caused by fraud is by an insurance carrier, iefits under the plan? (See and.) uctions and 29 CFR	10b 10c 10d 10e 10f		X X X X	
- b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 lifthis is an individual account plan, was there a blackout period?	fidelity bo ner person of the ber as of year of (See instruction)	include transactions reported and, that was caused by fraud is by an insurance carrier, inefits under the plan? (See and.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g		X X X X X	
f i	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at lifthis 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 bo ner person of the ber as of year of (See instruction)	include transactions reported and, that was caused by fraud is by an insurance carrier, inefits under the plan? (See and.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h		X X X X X	
- b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 plated the plan have any participant loans? (If "Yes," enter amount at lifthis 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 bo mer person of the ber soft year of (See instruction he require	include transactions reported and, that was caused by fraud as by an insurance carrier, refits under the plan? (See and.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X X X X X X X X X X X	50000
f Par 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation 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 planuation bid the plan have any participant loans? (If "Yes," enter amount a lifthis 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 to the plan Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	fidelity bo mer person of the ber (See instru- the require	include transactions reported include transactions reported ind, that was caused by fraud is by an insurance carrier, inefits under the plan? (See end.) uctions and 29 CFR d notice or one of the 'Yes," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X X X X X X X X X X X	50000
f Par 11	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 instructions.) Has the plan failed to provide any benefit when due under the planung bid the plan have any participant loans? (If "Yes," enter amount a lif 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 to to provide the planung benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bo fidelity bo finer person of the ber fice instruction of the ser fidelity bo finer person of the ber finer person o	include transactions reported	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X A X A A A A A A A A A A A A	50000 S (Form Yes No
6 Far 11 112	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation 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 bid the plan have any participant loans? (If "Yes," enter amount at 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 the exceptions to providing the notice applied under 29 CFR 2520.10 to 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 for the strip is a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity bo mer person of the ber so fyear of (See instruction he require 11-3 ments? (If "	include transactions reported	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X X A X A A A A A A A A A A A A	50000 (Form Yes No ERISA? Yes X No
6 Far 11 112	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 pla 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 the exceptions to providing the notice applied under 29 CFR 2520.10 t 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 for the second 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 beit	fidelity bo mer person of the ber soft year of (See instru- he require 11-3 ments? (If "	include transactions reported	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X X A X A A A A A A A A A A A A	50000 (Form Yes No ERISA? Yes X No
6 F	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation 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 bid the plan have any participant loans? (If "Yes," enter amount at lif 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 to 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 for the strip and 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 granting the waiver.	fidelity bo mer person of the ber so fyear of (See instruction he require 11-3 ments? (If " from Schee of requirem of as applic ng amortiz	include transactions reported	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X X X And the SB And the	50000 S (Form Yes No ERISA? Yes X No ne date of the letter ruling
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	40.				
	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)					
		Yes	No N/A		
	XY	′es No)		
	13a		(
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	gn to the left of a i, or brought under the c (s), identify the plan(s) t	gn to the left of a 12d X 13a I, or brought under the control (s), identify the plan(s) to 13c(2) El	gn to the left of a 12d Yes X Yes No 13a I, or brought under the control		

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