## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

			accordance with the instru				
Part I	Annual Report	Identification Information	on				
For calend	ar plan year 2013 or fis	scal plan year beginning 01/	/01/2013	and ending	12/31/	2013	
A This ref	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	pant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report	t			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths	)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
	-	special extension (enter de	escription)			_	
Part II	Basic Plan Info	rmation—enter all requested	d information				
1a Name					1b	Three-digit	
	RY MANAGEMENT RE	ETIREMENT PLAN				plan number	
						(PN) <b>•</b>	001
					1c	Effective date of 01/01/	•
	ponsor's name and add HAYES, D.O., P.S.	dress; include room or suite nur	mber (employer, if for a single	e-employer plan)	2b	Employer Identif	fication Number
405.0.111.44	107.07				2c	Sponsor's telep	
425 S.W. 41 RENTON, W					2d		(see instructions)
						62111	
3a Plan a	dministrator's name an	id address XSame as Plan Sp	onsor Name Same as Pla	an Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
A 164ba.	name and/an FINI of the			fauthia ulau autautha	41-		
		e plan sponsor has changed sin- nber from the last return/report.		for this plan, enter the	4b	EIN	
	sor's name	iber from the last retain/report.	•		4c	PN	
<b>5a</b> Total	number of participants	at the beginning of the plan yea	 ar		5a		7
<b>b</b> Total	number of participants	at the end of the plan year			5b		7
	· ·	account balances as of the end	of the plan year (defined her	0.0			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							
	,			·	· .		X Yes □ No
6a Were	all of the plan's assets		in eligible assets? (See instru	ections.)			
<b>6a</b> Were <b>b</b> Are you under	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46?	during the plan year invested in the annual examination and recovered (See instructions on waiver eliments).	in eligible assets? (See instrue port of an independent qualifigibility and conditions.)	octions.)ied public accountant (IC	)PA)		
6a Were b Are younder if you	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to ei	s during the plan year invested in the annual examination and re concept (See instructions on waiver eling ther line 6a or line 6b, the pla	in eligible assets? (See instru eport of an independent qualifi igibility and conditions.)an cannot use Form 5500-SF	octions.)ied public accountant (IC	PA) Form	 5500.	X Yes No X Yes No
6a Were b Are younder if you	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to ei	during the plan year invested in the annual examination and recovered (See instructions on waiver eliments).	in eligible assets? (See instru eport of an independent qualifi igibility and conditions.)an cannot use Form 5500-SF	octions.)ied public accountant (IC	PA) Form	 5500.	X Yes No
6a Were b Are you under If you C If the p	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefi	s during the plan year invested in the annual examination and re concerning (See instructions on waiver eling ther line 6a or line 6b, the platification in the Plan, is it covered under the Plan	in eligible assets? (See instru eport of an independent qualifi igibility and conditions.)an cannot use Form 5500-SF PBGC insurance program (see	ictions.)	PA) • <b>Form</b>	1 <b>5500.</b> Yes	X Yes No X Yes No
6a Were b Are younder If you c If the p	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a naswered "No" to either plan is a defined benefit A penalty for the late of	s during the plan year invested in the annual examination and reconstructions on waiver elice ther line 6a or line 6b, the place it plan, is it covered under the por incomplete filing of this retermine.	in eligible assets? (See instrue port of an independent qualifications.)	ictions.)	PA) Form	5500.  Yes No established.	Yes No Yes No Not determined
6a Were b Are you under If you c If the p  Caution: A Under pens SB or Sche	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? answered "No" to either plan is a defined benefit A penalty for the late calties of perjury and other calcius of the calcius of	s during the plan year invested in the annual examination and reconstructions on waiver elice ther line 6a or line 6b, the place it plan, is it covered under the por incomplete filing of this retoner penalties set forth in the instant signed by an enrolled actuary	in eligible assets? (See instrue port of an independent qualifications.)	ictions.)	PPA) Form use is	yes No established.	Yes No Yes No Not determined  able, a Schedule
6a Were b Are you under If you c If the p  Caution: A  Under pens SB or Sche belief, it is	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late calties of perjury and other dule MB completed an true, correct, and comp	s during the plan year invested in the annual examination and reconstructions on waiver elice ther line 6a or line 6b, the place it plan, is it covered under the por incomplete filing of this retoner penalties set forth in the instant signed by an enrolled actuary	in eligible assets? (See instrue port of an independent qualifications.)	ictions.)	PPA) Form use is	yes No established.	Yes No Yes No Not determined  able, a Schedule
6a Were b Are you under If you c If the p  Caution: A  Under pena SB or Sche belief, it is	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late calties of perjury and other dule MB completed an true, correct, and comp	s during the plan year invested in the annual examination and reconstructions on waiver elicither line 6a or line 6b, the plantit plan, is it covered under the Por incomplete filing of this returner penalties set forth in the instance of the plantit signed by an enrolled actuary of the plantit signed by an enrolled by a	in eligible assets? (See instrue port of an independent qualifications.)	ictions.)	PPA) Form we Form we is port, ir t, and	Yes No setablished.  ncluding, if applic to the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and
6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit A penalty for the late calties of perjury and othedule MB completed and true, correct, and comp	s during the plan year invested in the annual examination and reconstructions on waiver elicither line 6a or line 6b, the plantit plan, is it covered under the Por incomplete filing of this returner penalties set forth in the instance of the plantit signed by an enrolled actuary of the plantit signed by an enrolled by a	in eligible assets? (See instrue port of an independent qualifications.)	rections.)	PPA) Form we Form we is port, ir t, and	Yes No setablished.  ncluding, if applic to the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and
6a Were b Are you under If you c If the p  Caution: A  Under pens SB or Sche belief, it is	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to eighan is a defined benefit A penalty for the late of alties of perjury and othedule MB completed and true, correct, and completed with authorized Signature of plan and alties of plan and signature of plan and signat	s during the plan year invested in the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantity planting it covered under the Portincomplete filling of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.	in eligible assets? (See instrue port of an independent qualifications.)	ictions.)	PPA)  Form  use is  port, ir t, and	a 5500.  Yes No established. Including, if applic to the best of my	Yes No Yes No Not determined  Sable, a Schedule knowledge and
6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to eighan is a defined benefit A penalty for the late of alties of perjury and othedule MB completed and true, correct, and completed with authorized Signature of plan and Signature of employed.	s during the plan year invested in the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantity planting it covered under the Portincomplete filling of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.	in eligible assets? (See instru export of an independent qualifi igibility and conditions.) an cannot use Form 5500-SF PBGC insurance program (see turn/report will be assessed structions, I declare that I have ry, as well as the electronic ve  07/23/2014  Date  Date	ictions.)	PPA)  Form  Second Property of the second PPA)  Second PPA Second	restablished.  ncluding, if applic to the best of my gning as plan adm	Yes No Yes No Not determined  Sable, a Schedule knowledge and
6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to eighan is a defined benefit A penalty for the late of alties of perjury and othedule MB completed and true, correct, and completed with authorized Signature of plan and Signature of employed.	s during the plan year invested in the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantity plantity is it covered under the Portincomplete filing of this retored per penalties set forth in the instantial signed by an enrolled actuary elete.  In the province of the plantity is in the instantial signed by an enrolled actuary elete.  In the plantity is in the plantity is in the instantial signed by an enrolled actuary elete.  In the plantity is investigated in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity is in the plantity in the plantity in the plantity in the plantity is in the plantity in	in eligible assets? (See instru export of an independent qualifi igibility and conditions.) an cannot use Form 5500-SF PBGC insurance program (see turn/report will be assessed structions, I declare that I have ry, as well as the electronic ve  07/23/2014  Date  Date	ictions.)	PPA)  Form  Second Property of the second PPA)  Second PPA Second	restablished.  ncluding, if applic to the best of my gning as plan adm	Yes No Yes No Not determined  Sable, a Schedule knowledge and  ministrator  er or plan sponsor
6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to eighan is a defined benefit A penalty for the late of alties of perjury and othedule MB completed and true, correct, and completed with authorized Signature of plan and Signature of employed.	s during the plan year invested in the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantity plantity is it covered under the Portincomplete filing of this retored per penalties set forth in the instantial signed by an enrolled actuary elete.  In the province of the plantity is in the instantial signed by an enrolled actuary elete.  In the plantity is in the plantity is in the instantial signed by an enrolled actuary elete.  In the plantity is investigated in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity is in the plantity in the plantity in the plantity in the plantity is in the plantity in	in eligible assets? (See instru export of an independent qualifi igibility and conditions.) an cannot use Form 5500-SF PBGC insurance program (see turn/report will be assessed structions, I declare that I have ry, as well as the electronic ve  07/23/2014  Date  Date	ictions.)	PPA)  Form  Second Property of the second PPA)  Second PPA Second	restablished.  ncluding, if applic to the best of my gning as plan adm	Yes No Yes No Not determined  Sable, a Schedule knowledge and  ministrator  er or plan sponsor
6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to eighan is a defined benefit A penalty for the late of alties of perjury and othedule MB completed and true, correct, and completed with authorized Signature of plan and Signature of employed.	s during the plan year invested in the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantity plantity is it covered under the Portincomplete filing of this retored per penalties set forth in the instantial signed by an enrolled actuary elete.  In the province of the plantity is in the instantial signed by an enrolled actuary elete.  In the plantity is in the plantity is in the instantial signed by an enrolled actuary elete.  In the plantity is investigated in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity is in the plantity in the plantity in the plantity in the plantity is in the plantity in	in eligible assets? (See instru export of an independent qualifi igibility and conditions.) an cannot use Form 5500-SF PBGC insurance program (see turn/report will be assessed structions, I declare that I have ry, as well as the electronic ve  07/23/2014  Date  Date	ictions.)	PPA)  Form  Second Property of the second PPA)  Second PPA Second	restablished.  ncluding, if applic to the best of my gning as plan adm	Yes No Yes No Not determined  Sable, a Schedule knowledge and  ministrator  er or plan sponsor
6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to eighan is a defined benefit A penalty for the late of alties of perjury and othedule MB completed and true, correct, and completed with authorized Signature of plan and Signature of employed.	s during the plan year invested in the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantity plantity is it covered under the Portincomplete filing of this retored per penalties set forth in the instantial signed by an enrolled actuary elete.  In the province of the plantity is in the instantial signed by an enrolled actuary elete.  In the plantity is in the plantity is in the instantial signed by an enrolled actuary elete.  In the plantity is investigated in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity in the plantity is in the plantity in the plantity is in the plantity in the plantity in the plantity in the plantity is in the plantity in	in eligible assets? (See instru export of an independent qualifi igibility and conditions.) an cannot use Form 5500-SF PBGC insurance program (see turn/report will be assessed structions, I declare that I have ry, as well as the electronic ve  07/23/2014  Date  Date	ictions.)	PPA)  Form  Second Property of the second PPA)  Second PPA Second	restablished.  ncluding, if applic to the best of my gning as plan adm	Yes No Yes No Not determined  Sable, a Schedule knowledge and  ministrator  er or plan sponsor

Form 5500-SF 2013 Page **2** 

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of \	/ear		
а	Total plan assets	7a	7362						12931	2	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	7362	23					12931	2	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k	) Tota	I		
а	Contributions received or receivable from:		4200	0							
	(1) Employers	8a(1)	1368								
	(2) Participants	8a(2)	2711	5							
	(3) Others (including rollovers)	8a(3)	4400	10							
	Other income (loss)	8b	1489	12					5500		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5568	9	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5500		
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i							5568	39	
	Transfers to (from) the plan (see instructions)	8j									
Pai 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acterist	tic Cod	des in	the inst	ruction	s:		
	2E 2G 2J 2K 2R 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristic	c Code	es in t	he instr	uctions	:		
Dow	V Compliance Overtions										
Par					Vac	Na					
10	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	tiono withi	n the time period described in		Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	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		Χ					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person	s by an insurance carrier,								
	instructions.)			10e		X					
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 a	s of vear e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	10g		Χ					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
Part	vi Pension Funding Compliance	1-0		10i							
11	Is this a defined benefit plan subject to minimum funding requirem								☐ Yes	<u> </u>	No
112	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr					 I1a			1 68	? <u> </u>	No
12	Is this a defined contribution plan subject to the minimum funding				•		FRISAT	, Г	Yes	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		J 01 000		J_ 01		<u>  L</u>			
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	nter th	ne date	of the I Ye		uling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juy					
	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
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2013

OMB Nos, 1210-0110 1210-0089

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

This Form is Open to Public Inspection

Part I		entification Information						
For calend	ar plan year 2013 or fiscal		2013		and ending 1	2/31/	2013	
A This ref	um/report is for:	a single-employer plan	a mul	tiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This rel	um/report is:	the first return/report	the fir	nal return/report				
		an amended return/report	a shor	t plan year returr	/report (less than 12 m	onths)	)	
C Check	pox if filing under:	Form 5558	auton	natic extension			DFVC progra	am
		special extension (enter descr	iption)					
Part II	Basic Plan Inform	ation—enter all requested info	ormation					
1a Name	-9					1b	Three-digit	
CORE INJU	RY MANAGEMENT RETI	REMENT PLAN					plan number	001
						10	(PN) Effective date of	
						10	01/01/2	
2a Plan s CHERYL A.	ponsor's name and addres HAYES, D.O., P.S.	ss; include room or suite numbe	er (employe	er, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-188	
						2c	Sponsor's telep (425) 22	hone number
425 S.W. 41	425 S.W. 41ST ST.					2d	7/2/05 - 1/2/05	(see instructions)
RENTON, W	/A 98057	<i>y</i>					621111	
3a Plan a	dministrator's name and a	ddress Same as Plan Spons	or Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
						3с	Administrator's	telephone number
						e).		
		an sponsor has changed since t	the last ret	urn/report filed fo	r this plan, enter the	4b	EIN	
	en ya mana ana	er from the last return/report.						
	or's name	ho hopinging of the alexander		7		-	PN	
		he beginning of the plan year he end of the plan year				5a		
		ount balances as of the end of t				5b		7
comp	ete this item)					5c		3
<b>b</b> Are vo	all of the plan's assets du	ring the plan year invested in e annual examination and repor	ligible ass	ets? (See instruc	tions.)		······	Yes No
under	29 CFR 2520.104-46? (S	ee instructions on waiver eligibi	ility and co	ependent qualme anditions.)	a public accountant (IQ	PA)		Yes No
If you	answered "No" to eithe	r line 6a or line 6b, the plan c	annot use	Form 5500-SF	and must instead use	Form	5500.	D D
C If the	olan is a defined benefit pl	an, is it covered under the PBG	C insuran	ce program (see	ERISA section 4021)?.		Yes No	Not determined
Caution: A	penalty for the late or i	ncomplete filing of this return	/report w	ill be assessed	uniess reasonable cau	en le	established	
Under pena	alties of perjury and other	penalties set forth in the instruc	ctions, I de	clare that I have	examined this return/rer	nort in	ncluding if applic	able, a Schedule
SB or Sche	edule MB completed and s true, correct, and complete	signed by an enrolled actuary, a	is well as t	he electronic ver	sion of this return/report	, and	to the best of my	knowledge and
SIGN	× ////	1111/ lun	1	Wa 15 Doir	XI CHERY	냬	Ava. No	- 130 - AST-1
HERE	Signature of plan adm	inistrator	D	atel	Enter name of individ	ual sid	1 - 10	ministratos
SIGN							grining as platt au	imistrator
HERE	Signature of employer	/plan sponsor	П	ate	Enter name of individ	ual aid	ning as as also	
Preparer's		e, if applicable) and address; in			Enter name of individent (optional)	Pren	parer's telephone	number (optional)
						1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						A) 11		
								W

Pa	rt III Financial Information								-	
7	Plan Assets and Liabilities		(a) Beginning of Yea	r»			(b) End	of Ye	ar	
а	Total plan assets	7a	73623		T				9312	
b	Total plan liabilities	7b						(5%)		
C	Net plan assets (subtract line 7b from line 7a)	7c	73623	3				12	9312	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:	0-(4)	13682	3			1.51	v #		
2. <del>La</del>	(1) Employers	8a(1)	2711	-	+	200				
n <del></del>	(2) Participants	8a(2)	2711		+-					
	Other income (loss)	8a(3) 8b	14892	2		-				9-
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	W. 20070-11-2		-	- Hires		-	5689	
d	Benefits paid (including direct rollovers and insurance premiums								3009	
	to provide benefits)	8d							- 1 1	
е	Certain deemed and/or corrective distributions (see instructions)	8e						refel		
f_	Administrative service providers (salaries, fees, commissions)	8f		2/		4 1	r <sup>10</sup> 1_2			
g	Other expenses	. 8g							11111	(C = 1
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				_				.,	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)				_			-{	55689	
	Transfers to (from) the plan (see instructions)	8j							만 .	
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in f	he instruc	tione:		
THE:	,						ine moude	uona,		
Par	t V Compliance Questions				-		10002230		77.34	
10	During the plan year:		11:00:00:00:00:00		Yes	No		Amo	unt	
8	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)			10a		х				
Ŀ	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х				
1 (	Was the plan covered by a fidelity bond?	***************************************	***************************************	10c		х				
- 0	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	11-57	1991 at 1800-1800-1900-1900-1900-1900-1900-1900-	10d		х		- 95	,	S V.T.
	Were any fees or commissions paid to any brokers, agents, or ot	her persor	s by an insurance carrier,							
	insurance service, or other organization that provides some or all instructions.)			10e		×	-			
f	Has the plan failed to provide any benefit when due under the pla	an?	***************************************	10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Х				
— i	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	= 35°			
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	he require	d notice or one of the	10i						
Par				2835						
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If '	Yes," see instructions and com	plete	Sched	lule SI	3 (Form	Iπ	Yes	 П No
11:	Enter the unpaid minimum required contribution for current year to		14 11/4-11/11			11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	ΤП	Yes	x No
3	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								- (1 <del>17   11</del>	<u> </u>
- 6	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortiz	zed in this plan year, see instru	ctions 1th_	, and e	enter ti Day		the let Year		ng
	you completed line 12a, complete lines 3, 9, and 10 of Schedu									
1	Enter the minimum required contribution for this plan year					12b				

	20 05	004	7
Form 550	11 1	2111	. 1

Page	3 -	1
ugo	•	

_									
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	П	N/A		
Part	VII Plan Terminations and Transfers of Assets						\$2,000		
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X	No		510		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a	T		12416/11-24				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro	je i		П	es [	No k		
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.)					— , , , l	-		
	13c(1) Name of plan(s):	3c(2)	EIN(s	i)	13	c(3) F	N(s)		
Part	VIII Trust Information (optional)								
14a Name of trust				14b Trust's EIN					
					·				