For	rm 5500-SF	yee	OMB Nos. 1210 1210						
	rtment of the Treasury nal Revenue Service	E This form is required to be filed	e		2013				
	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Internal	ctions 6057(b) and 6058	(a) of	This Form is	s Open to Public			
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	lance with the instruc	ctions to the Form 5500	0-S <u>F</u> .	ins	spection		
Part I		dentification Information							
For calenda	ar plan year 2013 or fisc		5	and ending 1	2/31/2	2013			
A This return/report is for:									
B This ret	turn/report is:								
	l	an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)	I			
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım		
	[special extension (enter description							
Part II		mation—enter all requested informa	ation						
1a Name	•				1b	Three-digit plan number			
FAIRPLAY	RETIREMENT PLAN					(PN) ►	001		
					1c	Effective date of			
						01/01/	•		
2a Plan s FAIRPLAY F	ponsor's name and addr FINANCIAL, INC.	ress; include room or suite number (er	nployer, if for a single-	employer plan)	2b	Employer Identit (EIN) 27-07	fication Number 93793		
411 UNIVER	RSITY ST., SUITE 1200				2c	Sponsor's telep 206-618			
SEATTLE, V					2d	Business code (see instructions 522292			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's EIN			
		blan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN			
	or's name				4c	PN			
		t the beginning of the plan year			5a	a 1			
		t the end of the plan year			5b		21		
		ccount balances as of the end of the p			5c		9		
		during the plan year invested in eligible					X Yes No		
b Are yo	ou claiming a waiver of th	he annual examination and report of a	an independent qualifie	ed public accountant (IQI	PA)				
		(See instructions on waiver eligibility a ner line 6a or line 6b, the plan canno					X Yes No		
-		plan, is it covered under the PBGC ins					Not determined		
		•		,			Not determined		
		incomplete filing of this return/rep					Lis - Oshadula		
SB or Sche		er penalties set forth in the instructions I signed by an enrolled actuary, as we ete.							
SIGN	Filed with authorized/va	alid electronic signature.	07/24/2014	JOHN P. RADER					
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sic	uning as employe	r or plan sponsor		
Preparer's		me, if applicable) and address; include			Preparer's telephone number (optional)				

Pa	t III Financial Information		-								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Enc	l of Y	ear		
а	Total plan assets	7a	7806	5				1	35514		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	7806	5	1			35514			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T			Total			
а	Contributions received or receivable from:			_							
	(1) Employers	8a(1)	3836								
	(2) Participants	8a(2)	5856	2							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2148	7							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			1	18412		
d	Benefits paid (including direct rollovers and insurance premiums	8d	5556	з							
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e	540								
- -			040	0							
	Administrative service providers (salaries, fees, commissions)	8f									
<u> </u>	Other expenses	8g			_						
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-				60963		
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_				57449		_
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2K 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 fe		os from the List of Plan Chara	etorieti	o Cod	os in t	o instruc	tions			
N	In the plan provides wenare benefits, enter the applicable wenare to			SIGNSIN	000	C3 11 U		0013.			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
a		tions withi	n the time period described in			X					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		Х					
b	, , , , , , , , , , , , , , , , , , , ,	•		4.01		Х					
	on line 10a.)			10b		Х					
C	, , ,			10c		~					
d		•	-	40-1		Х					
	or dishonesty?			10d							
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					V					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?					V					
	2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h		Х					
i	If 10h was answered "Yes," check the box if you either provided th										
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part								-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or sec	ction 3	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th Day	e date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
	Enter the minimum required contribution for this plan year					12b					

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	

	m 5500-SF	Short Form Annual Ret	urn/Report of nefit Plan	f Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	This form is required to be filed up	e	2013		
	partment of Labor nefits Security Administration	tions 6057(b) and 6058 ide).	B(a) of	orm is Open to Public		
	nefil Guaranty Corporation	Complete all entries in accordant	ce with the instruct	ions to the Form 550	0-SF.	Inspection
Part I	Annual Report Ic or plan year 2013 or fisc	lentification Information al plan year beginning 01/01/2013		and analtan 3	10/04/0040	
					12/31/2013	
	urn/report is for: t	- · · · · · · · · · · · · · · · · · · ·	nulliple-employer pla e final return/report	in (not multiemployer)	a one-pa	articipant plan
		an amended return/report a s	hort plan year return	report (less than 12 m	onths)	
C Check b	ox if filing under:	d 🛱	tomatic extension		DFVC p	rogram
	J I	special extension (enter description)				logian
Part II	Basic Plan Inform	mation—enter all requested information	n			
1a Name o					1b Three-digit	
FAIRPLAY R	RETIREMENT PLAN				plan numb (PN) ▶	
					1c Effective di	ale of plan /01/2011
2a Plan sp FAIRPLAY F	oonsor's name and addr INANCIAL, INC.	ess; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b Employer I	dentification Number -0793793
						lelephone number 6) 618-9513
SEATTLE, W	SITY ST., SUITE 1200				2d Business c	ode (see instructions)
	Normal Procession of the second s	address XSame as Plan Sponsor Nam	e Same as Plan	Sponsor Address	3b Administrat	2292
					SD Administrat	OFS EIN
4 If the n	ame and/or EIN of the p EIN, and the plan num	plan sponsor has changed since the last ber from the last return/report.	return/report filed for	r this plan, enter the	4b EIN	
a Sponso	9 N. 73M				4c PN	
5a Total n	number of participants a	t the beginning of the plan year			5a	14
b Total n	number of participants a	t the end of the plan year			5b	21
		ccount balances as of the end of the plan				9
		during the plan year invested in eligible a				X Yes No
b Are vo	ou claiming a waiver of t	he annual examination and report of an (See instructions on waiver eligibility and	independent qualifie	d public accountant (IO	PA)	
lf you	answered "No" to eith	her line 6a or line 6b, the plan cannot	use Form 5500-SF a	and must instead use	Form 5500.	
C If the p	olan is a defined benefit	plan, is it covered under the PBGC insu	rance program (see l	ERISA section 4021)?	Yes No	Not determined
Caution: A	penalty for the late or	r incomplete filing of this return/repor	t will be assessed u	Inless reasonable car	use is established	
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instructions, I signed by an enrolled actuary, as well	declare that I have e	examined this returning	nort including if a	policoble o Schedula
SIGN	× Ablan	al talk	17/15/14	X VOIFAL I	P. RADCH	2
HERE						
	Signature of plan ad	ministrator	Date	Enter name of individ	dat orgining as plat	n administrator
SIGN	Signature of plan ad	ministrator	Date	Enter name of individ	idar orgining ao pia	n administrator
HERE	Signature of employ	er/plan sponsor	Dale	Enter name of individ	lual signing as em	ployer or plan sponsor
HERE Preparer's	Signature of employ name (including firm na		Date oom or suite number	Enter name of individ (optional)	lual signing as em	

	t III Financial Information				-				
7	Plan Assets and Liabilities		(a) Beginning of Year	r		(b) End o	of Year		
а	Total plan assets	7a	78065	5		1		514	
b	Total plan liabilities	7b							
С	Nel plan assets (subtract line 7b from line 7a)	7c	78065	i			1355	i14	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) To	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	38363						
	(2) Participants	8a(2)	58562	2					
	(3) Others (including rollovers)	8a(3)			1			-	
b	Other income (loss)	8b	21487	,					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)				101	1184	12	
d	Benefits paid (including direct rollovers and insurance premiums								
	lo provide benefils)	<u>8d</u>	55563					-	
	Certain deemed and/or corrective distributions (see instructions)	. 8e	5400)				11 - 1111	
f	Administrative service providers (salaries, fees, commissions)	<u>8f</u>						-	
<u>_g</u>	Other expenses	- 8g			ļ				
	Total expenses (add lines 8d, 8e, 8f, and 8g)						609	963	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	TICS CONTRACTOR				·	574	149	
	Transfers to (from) the plan (see instructions)	- 8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteristi	c Codes ir	n the instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature con	es from the List of Plan Charac	Iorictio	Codee in	(ho instruction			
-		601010 000		ACTISTIC.	Codes In	ine instructio	ons:		
Par	t V Compliance Questions								
10	During the plan year:			-		1)ie		
	Builing the plan year.				Yes No	1 3	Amoun	t	
a	Was there a failure to transmit to the plan any participant contribu	utions withi	n lhe time period described in rection Program)		Yes No		Amoun	t	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest	uciary Cor t? (Do not	rection Program)	10a	X		Amoun	t	
k	Was there a failure to transmit to the plan any participant contribu 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.)	uciary Cor t? (Do not	rection Program) include transactions reported	10a 10b	x		Amoun	t	
k	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Cor t? (Do not	rection Program) include transactions reported	10a	X		Amoun	t	
k	 Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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? 	uciary Con t? (Do not s fidelity bo	rection Program) include transactions reported nd, that was caused by fraud	10a 10b	x		Amoun	t	
k	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 ot insurance service, or other organization that provides some or all 	uciary Cor t? (Do not s fidelity bo her persor l of the ber	rection Program) include transactions reported and, that was caused by fraud is by an insurance carrier, nefits under the plan? (See	10a 10b 10c 10d	x x x x x		Amoun	t	
 e	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interess 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 ot insurance service, or other organization that provides some or all instructions.) 	uciary Cor t? (Do not fidelity bo her persor l of the ber	rection Program) include transactions reported and, that was caused by fraud the by an insurance carrier, hefits under the plan? (See	10a 10b 10c 10d 10d	x x x x x x x		Amoun	t	
b c c e f	 Was there a failure to transmit to the plan any participant contribu 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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan 	uciary Cor t? (Do not s fidelity bo her persor l of the ber	rection Program) include transactions reported and, that was caused by fraud hs by an insurance carrier, hefits under the plan? (See	10a 10b 10c 10d 10d 10e 10f	x x x x x x x x x		Amoun	t	
b c c c f	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 ot 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 	uciary Cor t? (Do not fidelity bo her persor of the ber an? as of year	rection Program) include transactions reported and, that was caused by fraud his by an insurance carrier, hefits under the plan? (See and.)	10a 10b 10c 10d 10d	x x x x x x x		Amoun	t	
f	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) 	uciary Cor t? (Do not fidelity bo her persor of the ber an? as of year o (See instr	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, hefits under the plan? (See end.) uctions and 29 CFR	10a 10b 10c 10d 10d 10e 10f	x x x x x x x x x		Amoun	t	
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f	 Was there a failure to transmit to the plan any participant contribu 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.)	uciary Cor t? (Do not fidelity bo her persor of the ber an? (See instr (See instr	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, hefits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h	x x x x x x x x x x		Amoun	t	
b c c c c c c c c c c c c c c c c c c c	 Was there a failure to transmit to the plan any participant contribu 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.)	uciary Cor t? (Do not fidelity bo her person of the ber an? as of year o (See instr the require 01-3	rection Program) include transactions reported and, that was caused by fraud his by an insurance carrier, hefits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10h	X X X X X X X X X X	B (Form		es [
t c c c f f <u>ç</u> t r i Par 11	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Cor t? (Do not fidelity bo her persor of the ber an? (See instr the require 01-3 nents? (If '	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, nefits under the plan? (See and.) uctions and 29 CFR d notice or one of the Yes," see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	X X X X X X X X X X Chedule S	B (Form			
t c c c f f f i i l l 11 11a	 Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Cor t? (Do not s fidelity bo her persor l of the ber an? (See instr the require 01-3 nents? (If '	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, hefits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com	10a 10b 10c 10d 10d 10f 10f 10g 10h 10h 10i	X X X X X X X X X Schedule S	B (Form	Y	es [
t c c c f f <u>ç</u> t r i Par 11	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Cor t? (Do not s fidelity bo her persor l of the ber an? as of year (See instr the require 01-3 from Schen g requirem	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, nefits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code	10a 10b 10c 10d 10d 10f 10f 10g 10h 10h 10i	X X X X X X X X X Schedule S	B (Form	Y		
t c c c f f f Par 11 11 11 12	 Was there a failure to transmit to the plan any participant contribut 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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 1f this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.) Is this a defined benefit plan subject to minimum funding requirent 5500) and line 11a below) Enter the unpaid minimum required contribution for current year fils this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the plan was the standard for a prior year is being the plan subject to the plan the plan year is being the plan year of the minimum funding standard for a prior year is being the plan year is being the plan year of the minimum funding standard for a prior year is being the plan year is being the plan year of the plan year is being the plan year of the plan year is being the plan year is being the plan year of the plan year is being the plan year is being the plan year is being t	uciary Cor t? (Do not s fidelity bo her persor l of the ber an? as of year of (See instr the require D1-3 from Scher g requirem v, as applic ing amortiz	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, nefits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code cable.) zed in this plan year, see instructions	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i 00 00 00 00 00 00 00 00 00	X X X X X X X X X X X X X X X A A A A A	B (Form		es [No
t c c c f f f Par 11 11 11 12 c	 Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Cor t? (Do not s fidelity bo her persor l of the ber an? as of year o (See instr (See instr)(See instr (See instr)(See	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, hefits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code cable.) red in this plan year, see instruc-	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i 00 00 00 00 00 00 00 00 00	X X X X X X X X X X X X X X X I I I I I	B (Form	Y	es [No
k cc cc f f Par 11 11 12 22	 Was there a failure to transmit to the plan any participant contribut 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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 1f this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.) Is this a defined benefit plan subject to minimum funding requirent 5500) and line 11a below) Enter the unpaid minimum required contribution for current year fils this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the plan was the standard for a prior year is being the plan subject to the plan the plan year is being the plan year of the minimum funding standard for a prior year is being the plan year is being the plan year of the minimum funding standard for a prior year is being the plan year is being the plan year of the plan year is being the plan year of the plan year is being the plan year is being the plan year of the plan year is being the plan year is being the plan year is being t	uciary Cor t? (Do not fidelity bo her persor of the ber an? as of year of (See instr the require 01-3 ments? (If ' from Scher g requirem v, as applic ing amortiz le MB (Fo	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, hefits under the plan? (See and.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code cable.) red in this plan year, see instructions mm 5500), and skip to line 13.	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i 10i cor sec ctions, a th	X X X X X X X X X X X X X X A A A A A A	B (Form		es [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					
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?		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?			Yes	X No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
				14b Trust's EIN			
		1					