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

Part I		Identification Informat	tion								
For calend	lar plan year 2013 or fi		01/01/2013		and ending	ing 12/31/2013					
A This re	turn/report is for:	X a single-employer plan	ar	multiple-employer pl	an (not multiemployer)	er) a one-participant plan					
B This re	turn/report is:	the first return/report	the	e final return/report		_					
		an amended return/repor	rt a s	hort plan year returr	/report (less than 12 m	onths)				
C Check box if filling under:							DFVC program				
	3	special extension (enter									
Part II	Basic Plan Info	rmation—enter all requeste		n							
1a Name		The state of the s	ou illionnado			1b	Three-digit				
	•	NCOME SECURITY PLAN					plan number				
						L_	(PN) ▶	003			
						1C	Effective date o	of plan /2012			
2a Plan s	nonsor's name and ad	dress; include room or suite n	number (empl	lover if for a single-	emnlover nlan)	2h	Employer Identi				
	MECHANICAL, INC	areas, morado ream or care m	idinibor (ompi	oyor, ii for a oiligio	omployer plant	25		346885			
						2c	Sponsor's telep	hone number			
1331 120TH	HAVE NE						425-45				
BELLEVUE	, WA 98005					2d	Business code ((see instructions)			
							23710				
		nd address Same as Plan S		_	Sponsor Address	3b	Administrator's	EIN 354793			
ENEFITGU	ARD, LLC		EAST 1200 S M, UT 84097-	OUTH #1272 -1272		3c		telephone number			
			, • . • . • . • . •				877-860				
1 15 41- 0						41-					
		e plan sponsor has changed s		return/report filed to	r this plan, enter the	40	EIN				
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN											
	•	inber nom the last return/repo	,, .			4c	PN				
a Spons	sor's name	at the beginning of the plan y				4c 5a	PN	9			
a Spons 5a Total	sor's name number of participants		/ear			+	PN	9			
a Spons5a Totalb Total	or's name number of participants number of participants	at the beginning of the plan y	/ear			5a 5b	PN	11			
a Spons5a Totalb Totalc Number comp	sor's name number of participants number of participants per of participants with lete this item)	at the beginning of the plan y at the end of the plan year account balances as of the en	rearnd of the plan	year (defined bene	fit plans do not	5a 5b 5c		11			
a Spons5a Totalb Totalc Number comp6a Were	sor's name number of participants number of participants per of participants with elete this item)	at the beginning of the plan y at the end of the plan year account balances as of the en	rearnd of the plan	year (defined bene ssets? (See instruct	fit plans do not	5a 5b 5c		11			
 a Spons 5a Total b Total c Number comp 6a Were b Are y 	number of participants number of participants over of participants with elete this item)	at the beginning of the plan y at the end of the plan year account balances as of the ends during the plan year invested f the annual examination and	rearnd of the pland in eligible a report of an i	year (defined bene ssets? (See instructions)	fit plans do not ions.)d public accountant (IQ	5a 5b 5c		11			
 a Spons 5a Total b Total c Number comp 6a Were b Are younder 	number of participants number of participants over of participants with elete this item)	at the beginning of the plan y at the end of the plan year account balances as of the en	rear and of the plan d in eligible a report of an i eligibility and	ssets? (See instruction independent qualifier conditions.)	fit plans do not tions.)d public accountant (IQ	5a 5b 5c		11 11 X Yes No			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you	sor's name number of participants number of participants our of participants with elete this item) e all of the plan's assets ou claiming a waiver o or 29 CFR 2520.104-46 u answered "No" to e	at the beginning of the plan y at the end of the plan year account balances as of the end of the plan year invested for the annual examination and of the instructions on waiver of the annual examination on waiver of the instructions on waiver of the annual examination on waiver of the plan y at the plan y at the plan year investor.	d in eligible a report of an ieligibility and lan cannot u	ssets? (See instruct ndependent qualifie conditions.)see Form 5500-SF	fit plans do not ions.)d public accountant (IQ	5a 5b 5c PA)	n 5500.	11 11 X Yes No			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the	sor's name number of participants number of participants over of participants with elete this item) e all of the plan's assets ou claiming a waiver o or 29 CFR 2520.104-46 u answered "No" to e plan is a defined benef	at the beginning of the plan y at the end of the plan year	d in eligible a report of an ieligibility and lan cannot ue PBGC insur	ssets? (See instruct ndependent qualifie conditions.)use Form 5500-SF rance program (see	fit plans do not cions.)	5a 5b 5c PA)	1 5500. Yes No	11 X Yes No X Yes No			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the	sor's name number of participants number of participants over of participants with elete this item) e all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46 u answered "No" to e plan is a defined benef	at the beginning of the plan y at the end of the plan year	d in eligible a report of an ieligibility and olan cannot ue PBGC insureturn/report	ssets? (See instruction in the property of the	fit plans do not ions.) d public accountant (IQ and must instead use ERISA section 4021)?	5a 5b 5c PA) Form	n 5500. Yes No established.	11 X Yes No X Yes No Not determined			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the Caution: A Under pen SB or Sch	sor's name number of participants number of participants over of participants with elete this item) e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46 a answered "No" to e plan is a defined beneficial and the properties of perjury and ot edule MB completed a	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/reportenstructions, I	ssets? (See instruction of the conditions.)see Form 5500-SF ance program (see will be assessed in declare that I have declared the latest that I have declared th	fit plans do not ions.)	5a 5b 5c PA) Form	n 5500. Yes No established. Including, if applic	11 X Yes No X Yes No Not determined			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the Caution: A Under pen SB or Sch	number of participants number of participants number of participants with elete this item)	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/reportenstructions, I	ssets? (See instruction of the conditions.)see Form 5500-SF ance program (see will be assessed in declare that I have declared the latest that I have declared th	fit plans do not ions.)	5a 5b 5c PA) Form	n 5500. Yes No established. Including, if applic	11 X Yes No X Yes No Not determined			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the Caution: A Under pen SB or Sch belief, it is	number of participants number of participants number of participants with plete this item)	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/reportenstructions, I	ssets? (See instruction of the conditions.)see Form 5500-SF ance program (see will be assessed in declare that I have declared the latest that I have declared that I have declared the latest th	fit plans do not ions.)	5a 5b 5c PA) Form use is port, int, and	n 5500. Yes No established. Including, if applic	11 X Yes No X Yes No Not determined			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the Caution: A Under pen SB or Sch	number of participants number of participants number of participants with plete this item)	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/reportenstructions, I	ssets? (See instruction dependent qualifie conditions.)use Form 5500-SF ance program (see swill be assessed and declare that I have does the electronic version of the conditions of the second of the conditions of the condit	fit plans do not tions.)	5a 5b 5c PA) Form use is	n 5500. Yes No established. Including, if applic to the best of my	11 X Yes No X Yes No Not determined Table, a Schedule knowledge and			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the Caution: A Under pen SB or Sch belief, it is	number of participants number of participants number of participants with plete this item)	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/reportenstructions, I	ssets? (See instruct ndependent qualifie conditions.)see Form 5500-SF ance program (see will be assessed to declare that I have as the electronic vers	fit plans do not ions.)	5a 5b 5c PA) Form use is	n 5500. Yes No established. Including, if applic to the best of my	11 X Yes No X Yes No Not determined Table, a Schedule knowledge and			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the Caution: A Under pen SB or Sch belief, it is	number of participants number of participants number of participants with plete this item)	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/reportenstructions, I	ssets? (See instruction independent qualifier conditions.)	fit plans do not cions.)	5a 5b 5c Form PA) use is port, in t, and	n 5500. Yes No established. Including, if applic to the best of my	11 X Yes No X Yes No Not determined Table, a Schedule v knowledge and			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	number of participants number of participants number of participants with plete this item)	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/report nstructions, I ary, as well a	ssets? (See instruction independent qualifier conditions.)	fit plans do not cions.)	5a 5b 5c Form PA) use is port, in t, and	a 5500. Yes No sestablished. Including, if applicate to the best of my	11 X Yes No X Yes No Not determined Table, a Schedule or knowledge and ministrator er or plan sponsor			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	number of participants number of participants number of participants with plete this item)	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/report nstructions, I ary, as well a	ssets? (See instruction independent qualifier conditions.)	fit plans do not cions.)	5a 5b 5c Form PA) use is port, in t, and	a 5500. Yes No sestablished. Including, if applicate to the best of my	11 X Yes No X Yes No Not determined Table, a Schedule v knowledge and			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	number of participants number of participants number of participants with plete this item)	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/report nstructions, I ary, as well a	ssets? (See instruction independent qualifier conditions.)	fit plans do not cions.)	5a 5b 5c Form PA) use is port, in t, and	a 5500. Yes No sestablished. Including, if applicate to the best of my	11 X Yes No X Yes No Not determined Table, a Schedule or knowledge and ministrator er or plan sponsor			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	number of participants number of participants number of participants with plete this item)	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/report nstructions, I ary, as well a	ssets? (See instruction independent qualifier conditions.)	fit plans do not cions.)	5a 5b 5c Form PA) use is port, in t, and	a 5500. Yes No sestablished. Including, if applicate to the best of my	11 X Yes No X Yes No Not determined Table, a Schedule or knowledge and ministrator er or plan sponsor			
a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	number of participants number of participants number of participants with plete this item)	at the beginning of the plan y at the end of the plan year	d in eligible a report of an i eligibility and olan cannot ue PBGC insureturn/report nstructions, I ary, as well a	ssets? (See instruction independent qualifier conditions.)	fit plans do not cions.)	5a 5b 5c Form PA) use is port, in t, and	a 5500. Yes No sestablished. Including, if applicate to the best of my	11 X Yes No X Yes No Not determined Table, a Schedule v knowledge and ministrator er or plan sponsor			

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	Seginning of Year			(b) End of Year			
a	Total plan assets	7a	27435		321704					
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	27435	274358			321704			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) runount				(3)	Total		
	(1) Employers	8a(1)	2930	2						
	(2) Participants	8a(2)	11725	7						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	6035	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							206918	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15460	5						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	496	7						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							159572	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							47346	
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 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		. 00			AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corr	ection Program)	10a		X				
N	on line 10a.)	•	•	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ					500000
d				100						300000
u	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		. ,	10e		X				
f	instructions.) Has the plan failed to provide any benefit when due under the plan					X				
				10f		X				
9		•	•	10g		^				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
$\overline{}$	If 10h was answered "Yes," check the box if you either provided the									
	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	∏ No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			J. 50				- _		<u> </u>
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instru		, and e	enter th	ne date d	of the le		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Duy				
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))					
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a	Name of trust	l 4b 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).

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

	Complete all entries in accordan	ioo wiai ale maaac	aono to alo i omi ooo		
Part I Annual Report Identi		01/2013	and ending		12/31/2013
For calendar plan year 2013 or fiscal plan	,			- 8	
A This return report is for.			an (not multiemployer)		a one-participant plan
B This return/report is:	,	e final return/report		00 1397	
an	amended return/report a s	short plan year return	/report (less than 12 mg	onths)	_
C Check box if filing under:	rm 5558	itomatic extension		5	DFVC program
spe	ecial extension (enter description)				-
Part II Basic Plan Information	on—enter all requested information	n		050	
1a Name of plan				1b	Three-digit
BenefitGuard Retirement	Income Security Plan	1			plan number
				10	(PN) Effective date of plan
					01/01/2012
2a Plan sponsor's name and address; in	nclude room or suite number (emp	lover if for a single-	employer plan)	2h	Employer Identification Number
Bellevue Mechanical, Inc		loyer, ir for a single	cinployer plany		(EIN) 06-1646885
				2c	Sponsor's telephone number
1331 120th Ave NE					425-453-2140
				2d	Business code (see instructions)
Bellevue WA	98005				237100
3a Plan administrator's name and addre	ess Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's EIN
BenefitGuard, LLC				30	20-5354793 Administrator's telephone number
				100000000000000000000000000000000000000	877-860-2664
877 EAST 1200 SOUTH #127	12				877-800 2004
OREM UT	84097-1272				
4 If the name and/or EIN of the plan s	ponsor has changed since the last	return/report filed for	r this plan, enter the	4b	EIN
name, EIN, and the plan number fro	om the last return/report.			4-	511
a Sponsor's name				4c	T
5a Total number of participants at the b				5a	9
b Total number of participants at the e				5b	11
C Number of participants with account complete this item)	t balances as of the end of the plar	n year (defined bene	fit plans do not	5c	11
6a Were all of the plan's assets during					X Yes No
b Are you claiming a waiver of the and	nual examination and report of an	independent qualifie	d public accountant (IQ	PA)	п п
under 29 CFR 2520.104-46? (See in	instructions on waiver eligibility and	d conditions.)			X Yes ∐ No
If you answered "No" to either lin	ne 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.
c If the plan is a defined benefit plan, i	is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	∐	Yes No Not determined
Caution: A penalty for the late or incom	mplete filing of this return/repor	t will be assessed	unless reasonable cau	use is	established.
Under penalties of perium and other pen	palties set forth in the instructions. I	declare that I have	examined this return/rep	port, in	cluding, if applicable, a Schedule
SB or Schedule MB completed and signed belief, it is true, corrects and complete.	ed by an enrolled actuary, as well a	as the electronic ver	sion of this return/report	t, and t	to the best of my knowledge and
belief, it is true, contect, and complete.					
SIGN SAME	Lantes	7-21-14	SPENCER BARCLE	AY	
HERE Signature of plan adminis	trator	Date	Enter name of individ	ual sig	ning as plan administrator
SIGN					
LIEDE	an anangar	Date	Enter name of individ	ual sig	ning as employer or plan sponsor
Preparer's name (including firm name, if	applicable) and address; include r			Prep	arer's telephone number (optional)
. Toparor o mario (morating illiminario, il	The same of the sa				where a harmonic full transfer for R^{μ} , $W=\overline{M}$
				768	

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear	
a	Total plan assets	7a	````	7435	8		(10) =110			21704
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	2	7435	8				3	21704
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)		2930	_					
	(2) Participants	8a(2)	1	1725	57					
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		5035	9					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	06918
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	5460)5					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		496	57					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	.59572
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i								47346
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2J 2K 2T 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	les from the List of Plan Chara	cterist	ic Coc	les in t	he instruct	ions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		7		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х				
					Х				5	00000
	· · · · · · · · · · · · · · · · · · ·			10c	21					00000
d	or dishonesty?			10d		Х				
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		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
q	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3		10i						
Part	<u> </u>									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	No
_11a	Enter the unpaid minimum required contribution for current year from	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	or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	ne date of t	he le Yea		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
h	Enter the minimum required contribution for this plan year					12b				

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 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 unof 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 which assets or liabilities were transferred. (See instructions.)	plan(s)	to		
•	I3c(1) Name of plan(s):	1:	3 c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
	Name of trust		14b Tr	ust's EIN	

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