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

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	O-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	al plan year beginning 05/01/2013		and ending 0	4/30/2	014	
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	oant plan
B This ret	turn/report is:	the first return/report the	ne final return/report				
		an amended return/report a	short plan year returr	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558 a a special extension (enter description)	utomatic extension		ļ	DFVC progra	am
Dort II	Pacia Plan Infor	mation—enter all requested informati					
Part II	I .	mation—enter all requested informati	on		1 h	There a 10 a 14	
1a Name	of plan RLSON, INC. 401(K) PR	OFIT SHARING DI ANI			10	Three-digit plan number	
KUT N. CAN	(LSON, INC. 401(K) PK	OFIT SHARING PLAN				(PN) ▶	002
						Effective date o	f plan
						05/01	
	ponsor's name and addr RLSON, INC.	ress; include room or suite number (em	ployer, if for a single-	employer plan)		Employer Identi (EIN) 91-08	fication Number 35440
PO BOX 725					2c	Sponsor's telep	
	D, WA 98292-0725				2d		(see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
4							
		olan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
	, ⊑in, and the plan num or's name	ber from the last return/report.			4c	PN	
		t the beginning of the plan year			5a	T	39
_		t the end of the plan year		ŀ	5b		37
C Numb	er of participants with ac	count balances as of the end of the pla	ın year (defined bene	fit plans do not	5c		35
	,	during the plan year invested in eligible		•			X Yes No
		he annual examination and report of an					X Yes No
		(See instructions on waiver eligibility an ner line 6a or line 6b, the plan cannot					N Tes □ NO
-		plan, is it covered under the PBGC insu			_		Not determined
C ii iiie p		plan, is it covered under the FBGC inst	irance program (see	ERISA SECTION 4021)?		res Livo L	Not determined
Caution: A	A penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is (established.	
SB or Sche		er penalties set forth in the instructions, I signed by an enrolled actuary, as well ete.					
SIGN	Filed with authorized/va	alid electronic signature.	08/25/2014	BRUCE CARLSON			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ıal sig	ning as employe	er or plan sponsor
Preparer's		me, if applicable) and address; include					number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear	
a	Total plan assets	07446					(5) 2.10		78528 ⁻	7
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	274482	7				2	785287	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	Total		
	Contributions received or receivable from:		(4) / 4110 4111				(2)			
	(1) Employers	8a(1)	7250	6						
	(2) Participants	8a(2)	4066	5						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	26850	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	881677	7
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	31848	7						
e	Certain deemed and/or corrective distributions (see instructions)	8e	200	7						
f	Administrative service providers (salaries, fees, commissions)	8f	2072	3						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							34121	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							4046	0
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 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es 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		Am	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X				
				100	X					300000
	, ,			10c						300000
d	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				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q	X					80810
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	notice or one of the	10i						
Part				101						
11	Is this a defined benefit plan subject to minimum funding requirem								1	
	5500) and line 11a below)								Yes	× 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,						<u> </u>			
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	enter th Day	ne date of	the le		ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			-		ı			
h	Enter the minimum required contribution for this plan year					12b	I			

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	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
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

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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).

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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	Annual Repor	t Identification Information	on				
For calend	lar plan year 2013 or	fiscal plan year beginning	05/01/	/2013	and ending	04/30/20	014
A This ref	turn/report is for:	X a single-employer plan	a multir	ple-employer pl	an (not multiemployer)	a one-parti	cipant plan
B This ref	turn/report is:	the first return/report	the fina	al return/report			
		an amended return/report	a short	plan year retur	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automa	atic extension		DFVC prog	ıram
		special extension (enter de	escription)				
Part II	Basic Plan Infe	ormation—enter all requested	information				
1a Name						1b Three-digit	
Roy 1	N. Carlson,	Inc. 401(k) Profit S	Sharing Pl	lan		plan number	
					ļ	(PN) ▶ 1c Effective date	of plan
						05/01/19	•
	sponsor's name and a N. Carlson, 1	ddress; include room or suite nur Inc .	mber (employer	r, if for a single-	employer plan)	2b Employer Ider (EIN) 91-08	ntification Number
						2c Sponsor's tele (360) 629	ephone number
PO B	ox 725				İ	2d Business code	
Stan	wood			WA	98292-0725	484110	
3a Plan a	administrator's name a	and address XSame as Plan Spo	onsor Name	Same as Plan	Sponsor Address	3b Administrator's	s EIN
				_		3c Administrator	s telephone number
					ı		
4 If the r	name and/or FIN of th	ne plan enoneor has channed sine	ce the last retur	rn/report filed fo	or this plan enter the	Ah EINI	
		ne plan sponsor has changed sind umber from the last return/report.		rn/report filed fo	or this plan, enter the	4b EIN	
name				rn/report filed fo	or this plan, enter the	4b EIN 4c PN	
name a Spons	e, EIN, and the plan nu sor's name			,			39
name a Spons 5a Total	e, EIN, and the plan no sor's name number of participant	umber from the last return/report.	ar			4c PN	39 37
name a Spons 5a Total a b Total a c Numb	e, EIN, and the plan no cor's name number of participant number of participant per of participants with	umber from the last return/reports	ar	ur (defined bene	fit plans do not	4c PN 5a	37 35
name a Spons 5a Total a b Total a c Numb compl	e, EIN, and the plan number of participant number of participant per of participants with plete this item)	s at the beginning of the plan years at the end of the plan year	arof the plan yea	ur (defined bene	fit plans do not	4c PN 5a 5b 5c	37
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are younder	e, EIN, and the plan no cor's name number of participant number of participants per of participants with elete this item)	s at the beginning of the plan years at the end of the plan years account balances as of the end ets during the plan year invested in fine annual examination and refer (See instructions on waiver eligible.	ar	s? (See instruction qualifier ditions.)	fit plans do not tions.)d public accountant (IQI	4c PN 5a 5b 5c	37 35
name a Spons 5a Total a b Total a c Numb compl 6a Were b Are younder if you	e, EIN, and the plan number of participant number of participant over of participants with plete this item)	s at the beginning of the plan years at the end of the plan years n account balances as of the end ets during the plan year invested in of the annual examination and report (See instructions on waiver eligeither line 6a or line 6b, the plan	ar of the plan yea in eligible assets port of an indep igibility and contain cannot use f	ar (defined bene as? (See instruction on the control of the contro	fit plans do not tions.)d public accountant (IQI	4c PN 5a 5b 5c PA) Form 5500.	37 35 X Yes No
name a Spons 5a Total a b Total a c Numb compl 6a Were b Are younder if you	e, EIN, and the plan number of participant number of participant over of participants with plete this item)	s at the beginning of the plan years at the end of the plan years account balances as of the end ets during the plan year invested in fine annual examination and refer (See instructions on waiver eligible.	ar of the plan yea in eligible assets port of an indep igibility and contain cannot use f	ar (defined bene as? (See instruction on the control of the contro	fit plans do not tions.)d public accountant (IQI	4c PN 5a 5b 5c PA) Form 5500.	37 35 X Yes No
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are younder if you c If the p	e, EIN, and the plan number of participant number of participant over of participant over of participants with elete this item)	s at the beginning of the plan years at the end of the plan years n account balances as of the end ets during the plan year invested in of the annual examination and report (See instructions on waiver eligeither line 6a or line 6b, the plan	of the plan yea in eligible assets port of an indep igibility and con- an cannot use f	ar (defined bene as? (See instruction of the control of the contro	tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c PN 5a 5b 5c PA) Form 5500. No	37 35 X Yes No X Yes No
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan number of participant number of participant per of participant per of participant per of participants with the plan's asset ou claiming a waiver or 29 CFR 2520.104-46 a answered "No" to oplan is a defined beneate of perjury and cedule MB completed at true, correct, an experience of the plan is a defined beneate of perjury and cedule MB completed at true, correct, an experience of the plan is a defined beneate of the perjury and cedule MB completed at true, correct, an experience of the plan is a defined beneated the period of the plan is a defined beneated the p	s at the beginning of the plan years at the end of the plan years at the end of the plan year account balances as of the end ets during the plan year invested in of the annual examination and refer (See instructions on waiver elignether line 6a or line 6b, the plan effit plan, is it covered under the per incomplete filing of this retother penalties set forth in the instand signed by an enrolled actuary	of the plan yea in eligible assets port of an indep igibility and cono in cannot use f PBGC insurance turn/report will	s? (See instruction of the content qualified ditions.)	tions.)	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Port, including, if apple	37 35 X Yes No X Yes No Not determined
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan no sor's name number of participant number of participants over of participants with elete this item) e all of the plan's asse ou claiming a waiver of 29 CFR 2520.104-46 u answered "No" to o plan is a defined bene A penalty for the late alties of perjury and o edule MB completed a	s at the beginning of the plan year s at the end of the plan year	of the plan yea in eligible assets port of an indep igibility and cono in cannot use f PBGC insurance turn/report will	s? (See instruction of the content qualifier ditions.)	tions.)	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Port, including, if apple	37 35 X Yes No X Yes No Not determined
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are younder If you c If the of Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan number of participant number of participant per of participant per of participant per of participants with the plan's asset ou claiming a waiver or 29 CFR 2520_104-46 a answered "No" to plan is a defined beneficial ties of perjury and cedule MB completed at true, correct, an expensive per or 20 CFR 2520_104-46 answered "No" to plan is a defined beneficial ties of perjury and cedule MB completed at true, correct, an expensive per or 20 CFR 2520_104-46 and 2520_104-46 answered "No" to plan is a defined beneficial ties of perjury and cedule MB completed at true, correct, an expensive per or 20 CFR 2520_104-46 and 2520_104-46 answered "No" to plan is a defined beneficial ties of perjury and cedule MB completed at true, correct, and control ties	s at the beginning of the plan year sat the end of the plan year	of the plan yea in eligible assets port of an indep igibility and cone in cannot use for PBGC insurance turn/report will tructions, I dedi y, as well as the	r (defined bene ss? (See instruction of the condent qualifier ditions.)	tions.) and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Dort, including, if appl, and to the best of n	37 35 X Yes No X Yes No Not determined icable, a Schedule hy knowledge and
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan notice or's name number of participant number of participant per of participants with lete this item)	s at the beginning of the plan year sat the end of the plan year	of the plan yea in eligible assets eport of an indep igibility and con- in cannot use for cannot	s? (See instruction of the content o	tions.)	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Dort, including, if appl, and to the best of n	37 35 X Yes No X Yes No Not determined icable, a Schedule hy knowledge and
name a Spons 5a Total of b Total of c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan notice or's name number of participant number of participant over of participants with lete this item)	s at the beginning of the plan years at the end of the plan years at the end of the plan year account balances as of the end ets during the plan year invested in of the annual examination and refer (See instructions on waiver elignether line 6a or line 6b, the plan effit plan, is it covered under the period of the penalties set forth in the instand signed by an enrolled actuary administrator	of the plan yea in eligible assets port of an indep igibility and cone in cannot use for turn/report will tructions, I dedi y, as well as the	r (defined bene se? (See instruction of the content qualified ditions.)	tions.)	4c PN 5a 5b 5c PA) Form 5500. Yes No use is established. Fort, including, if apply, and to the best of n	37 35 X Yes No X Yes No Not determined icable, a Schedule hy knowledge and
name a Spons 5a Total a b Total a c Numb compl 6a Were b Are younder If you c If the a Under pens SB or Sche belief, it is SIGN HERE	e, EIN, and the plan notor's name number of participant number of participant our of participants with elete this item) e all of the plan's asse ou claiming a waiver of 29 CFR 2520.104-46 u answered "No" to plan is a defined bene A penalty for the late alties of perjury and cledule MB completed at true, correct, and con Signature of plan Signature of plan	s at the beginning of the plan year sat the end of the plan year	of the plan yea in eligible assets port of an indep igibility and consum cannot use for the period of the period o	r (defined bene ss? (See instruction of the content qualified ditions.)	tions.)	4c PN 5a 5b 5c PA) Form 5500. See is established. Fort, including, if apply, and to the best of n sual signing as plan a	37 35 X Yes No X Yes No Not determined icable, a Schedule hy knowledge and
name a Spons 5a Total a b Total a c Numb compl 6a Were b Are younder If you c If the a Under pens SB or Sche belief, it is SIGN HERE	e, EIN, and the plan notor's name number of participant number of participant our of participants with elete this item) e all of the plan's asse ou claiming a waiver of 29 CFR 2520.104-46 u answered "No" to plan is a defined bene A penalty for the late alties of perjury and cledule MB completed at true, correct, and con Signature of plan Signature of plan	s at the beginning of the plan years at the end of the plan year account balances as of the end ets during the plan year invested in of the annual examination and refer (See instructions on waiver elignether line 6a or line 6b, the plan effit plan, is it covered under the poor incomplete filing of this retrother penalties set forth in the instand signed by an enrolled actuary administrator	of the plan yea in eligible assets port of an indep igibility and consum cannot use for the period of the period o	r (defined bene ss? (See instruction of the content qualified ditions.)	tions.)	4c PN 5a 5b 5c PA) Form 5500. See is established. Fort, including, if apply, and to the best of n sual signing as plan a	37 35 X Yes No X Yes No Not determined icable, a Schedule hy knowledge and dministrator yer or plan sponsor
name a Spons 5a Total a b Total a c Numb compl 6a Were b Are younder If you c If the a Under pens SB or Sche belief, it is SIGN HERE	e, EIN, and the plan notor's name number of participant number of participant our of participants with elete this item) e all of the plan's asse ou claiming a waiver of 29 CFR 2520.104-46 u answered "No" to plan is a defined bene A penalty for the late alties of perjury and cledule MB completed at true, correct, and con Signature of plan Signature of plan	s at the beginning of the plan years at the end of the plan year account balances as of the end ets during the plan year invested in of the annual examination and refer (See instructions on waiver elignether line 6a or line 6b, the plan effit plan, is it covered under the poor incomplete filing of this retrother penalties set forth in the instand signed by an enrolled actuary administrator	of the plan yea in eligible assets port of an indep igibility and consum cannot use for the period of the period o	r (defined bene ss? (See instruction of the content qualified ditions.)	tions.)	4c PN 5a 5b 5c PA) Form 5500. See is established. Fort, including, if apply, and to the best of n sual signing as plan a	37 35 X Yes No X Yes No Not determined icable, a Schedule hy knowledge and dministrator yer or plan sponsor
name a Spons 5a Total a b Total a c Numb compl 6a Were b Are younder If you c If the a Under pens SB or Sche belief, it is SIGN HERE	e, EIN, and the plan notor's name number of participant number of participant our of participants with elete this item) e all of the plan's asse ou claiming a waiver of 29 CFR 2520.104-46 u answered "No" to plan is a defined bene A penalty for the late alties of perjury and cledule MB completed at true, correct, and con Signature of plan Signature of plan	s at the beginning of the plan years at the end of the plan year account balances as of the end ets during the plan year invested in of the annual examination and refer (See instructions on waiver elignether line 6a or line 6b, the plan effit plan, is it covered under the poor incomplete filing of this retrother penalties set forth in the instand signed by an enrolled actuary administrator	of the plan yea in eligible assets port of an indep igibility and consum cannot use for the period of the period o	r (defined bene ss? (See instruction of the content qualified ditions.)	tions.)	4c PN 5a 5b 5c PA) Form 5500. See is established. Fort, including, if apply, and to the best of n sual signing as plan a	37 35 X Yes No X Yes No Not determined icable, a Schedule by knowledge and dministrator yer or plan sponsor

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear		
а	Total plan assets	7a	2,74		7				2,78	5,2	87
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	2,74	4,827	7				2,78	5,2	87
8	Income, Expenses, and Transfers for this Plan Year	ali, mara	(a) Amount				(b)	Total			
а	Contributions received or receivable from:		7) F0/							
	(1) Employers	8a(1)		2,506 0,669	+-	1 24					
	(2) Participants	8a(2)	4	J, 663	╬	- 11					
	(3) Others (including rollovers)		26	3,506	+			-			
	Other income (loss)				-				20	1 6	77
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		•	╀				30	1,6	- / /
u	to provide benefits)	8d	31	3,487	7						
е	Certain deemed and/or corrective distributions (see instructions)	8e		2,007	7						
f	Administrative service providers (salaries, fees, commissions)	8f	2	0,723	3			*			
g	Other expenses	. 8g			1		1				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1225	П				34	1,2	17
i	Net income (loss) (subtract line 8h from line 8c)	8i	and the second						4	0,4	60
j	Transfers to (from) the plan (see instructions)	8j			Т		** .				
Pa	rt IV Plan Characteristics										
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х				30	0,0	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
е		ner persons b	by an insurance carrier, s under the plan? (See	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 end	4.)	10g	Х					30,8	310
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructi	ions and 29 CFR	10g		Х					
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 required n	otice or one of the	10i							
Part		10					L				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Tr	Yes	冈	 No
112	Enter the unpaid minimum required contribution for current year fi					11a					
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	TF	Yes	X	No
-12-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			. 0. 360	-a-011	502 UI		<u> </u>		<u> </u>	
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized	in this plan year, see instru		and e	enter the	ne date of	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
h	Enter the minimum required contribution for this plan year				. T	12b					

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	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 resunegative amount)	ult (enter a minus sign to the left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the fundi		1	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?			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, transfe of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the pla	n(s) to		
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a !	Name of trust		14b T	rust's EIN	