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

Pei	nsion Be	nefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.		peotion
Pa	rt I	Annual Report I	dentification Information					
For c	alenda	ar plan year 2013 or fis	cal plan year beginning 01/01/	/2013	and ending 1	2/31/2	2013	
		urn/report is for:	a single-employer plan		olan (not multiemployer)		a one-partici	pant plan
В	his reti	urn/report is:	the first return/report	the final return/report				
			an amended return/report	H	n/report (less than 12 m	onths)		
C c	heck b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
	.4 11	Daria Dian Inter	special extension (enter descri	•				
Par			mation—enter all requested inf	ormation		141		T
		of plan				10	Three-digit plan number	
JVVAC	UNSU	JLTING 401(K) PLAN					(PN) ▶	001
						1c	Effective date o	f plan
							01/01	•
		oonsor's name and add MAN AND ASSOCIAT	dress; include room or suite number ES, INC.	er (employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 91-19	fication Number 94204
7426 9	SE 27T	TH STREET, STE 100				2c	Sponsor's telep	
MERC	ER IS	LAND, WA 98040				2d	Business code 6	(see instructions)
3a 1	Plan ad	dministrator's name and	d address XSame as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b	Administrator's	
						3с	Administrator's	telephone number
			plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b	EIN	
		EIN, and the plan num or's name	nber from the last return/report.			4c	PN	
	•		at the beginning of the plan year			5a		7
_			at the end of the plan year			5b		14
С	Numbe	er of participants with a	account balances as of the end of	the plan year (defined ben	efit plans do not	5c		12
		•	during the plan year invested in e					X Yes No
_		·	the annual examination and repor	•	*			M 165 146
			(See instructions on waiver eligib					X Yes No
	If you	answered "No" to eit	ther line 6a or line 6b, the plan o	annot use Form 5500-SF	and must instead use	Form	5500.	
C	If the p	lan is a defined benefit	t plan, is it covered under the PBG	GC insurance program (see	ERISA section 4021)? .		Yes No	Not determined
Caut	ion: A	nenalty for the late o	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	ısa is	established	
Unde SB o	er pena r Sche	alties of perjury and oth	er penalties set forth in the instructed as signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/rep	oort, in	cluding, if applic	
SIGN	1	Filed with authorized/v	valid electronic signature.	09/10/2014	ROBERT BOEHM			
HER	E	Signature of plan administrator Date Enter name of individ			ual sig	ıning as plan adr	ministrator	
SIGN	ı			24.0		uu. 0. <u>9</u>	,g ao pian aa	·····otratio
HER	E	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Prep	arer's i		ame, if applicable) and address; in					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	l of Y	ear		_
a	Total plan assets	7a		128321			(2) 2.10		32277	9	_
	Total plan liabilities	7b	151	1518				400			
	Net plan assets (subtract line 7b from line 7a)	7c	12680	126803			322379			_	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		-			Total			_
	Contributions received or receivable from:		(a) runount				(2)	· Ota.			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	17220	00							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2704	-6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						•	199246	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	151	8							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	215	2							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							367)	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							19557	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2G 2F 2A	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Δm	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		X		7411	ount		_
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					_
_					X						_
				10c						160000)
	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					1540)
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end)	10g		Χ					_
h		(See instru	ictions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10ii							
Daw		1-3		101							
Part	<u> </u>		Van II ann inntervetions and ann		Cabaa	J. J. C.) /Farms	T			_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				<u>.</u>				Yes	No)
	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e 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 bein granting the waiver.		Mon	th	, and e	enter th Day	ne date of	the le		ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					ı				_
l-	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	t 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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

Part I	Annual Report	Identification Information			
For calenda	ar plan year 2013 or f	iscal plan year beginning	01/01/2013	and ending	12/31/2013
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-participant plan
B This ret	urn/report is:	the first return/report	the final return/report		
		an amended return/report	a short plan year return	report (less than 12 m	onths)
C Check t	oox if filing under:	X Form 5558	automatic extension		DFVC program
		special extension (enter desc	ription)		
Part II	Basic Plan Info	ormation—enter all requested in	formation		
1a Name	of plan				1b Three-digit
JWA Co	nsulting 401	(k) Plan			plan number 001
					1c Effective date of plan
					01/01/2012
		ddress; include room or suite numb	er (employer, if for a single-	employer plan)	2b Employer Identification Number
Joan W	ellman and As	ssociates, Inc.			(EIN) 91-1994204
7426 51	E 27th Street	Ste 100			2c Sponsor's telephone number 206-329-2064
,120 DI	a z / cii bereet	., 566 100			2d Business code (see instructions)
Mercer	Island	WA 98040			541600
3a Plan a	dministrator's name a	ind address Same as Plan Spon	sor Name XSame as Plan	Sponsor Address	3b Administrator's EIN
					3c Administrator's telephone number
					Administrator's telephone number
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	r this plan, enter the	4b EIN
a Spons		imber from the last return/report.			4c PN
		s at the beginning of the plan year.		•••••••	5a
b Total r	number of participant	s at the end of the plan year			5b 14
		account balances as of the end of			Fo. 15
					5c
	•	ts during the plan year invested in e of the annual examination and repo	•		
		6? (See instructions on waiver eligit			
If you	answered "No" to	either line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form 5500.
C If the p	olan is a defined bene	efit plan, is it covered under the PBC	GC insurance program (see	ERISA section 4021)?	Yes No Not determined
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	ıse is established.
Under pena	alties of perjury and o	ther penalties set forth in the instru	ctions, I declare that I have	examined this return/rep	port, including, if applicable, a Schedule
	edule MB completed a true, correct, and com		as well as the electronic vers	sion of this return/report	, and to the best of my knowledge and
VIII TO THE REAL PROPERTY.	0.1	100		l- , ,	
SIGN HERE	Kohu	NBrel-	9/9/14	Robert Boehm	
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN					
HERE		oyer/plan sponsor	Date		ual signing as employer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address; in	nclude room or suite numbe	r (optional)	Preparer's telephone number (optional)

$\overline{}$	rt III Financial Information				_					
7_	Plan Assets and Liabilities	BARRE	(a) Beginning of Yea	ır			(b) End of Year			
a	Total plan assets	7a	12	2832	1	322				
b	Total plan liabilities	7b		151	.8					
С	Net plan assets (subtract line 7b from line 7a)	7c	12	2680	3	32237				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а ——	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)	1'	7220	0	17.1				
	(3) Others (including rollovers)	8a(3)				SITE				
b	Other income (loss)	8b		2704	6					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					19924			
d	Benefits paid (including direct rollovers and insurance premiums			151	0					
_	to provide benefits)	8d		101	0					
	Certain deemed and/or corrective distributions (see instructions)	8e		015	0					
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	8f		215	2					
<u>g</u>	Other expenses	8g			100					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		200			367			
ᆣ	Net income (loss) (subtract line 8h from line 8c)	8i		OV.	Ш		19557			
J	Transfers to (from) the plan (see instructions)	8j			Jū	HE DI				
Pa	rt IV Plan Characteristics									
9a —-	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2G 2F 2A									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
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				
	on line 10a.)				Х	Х	16000			
C	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	fidelity bon	d, that was caused by fraud	10b 10c	Х	х	16000			
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	fidelity bon	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c	X					
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	fidelity bon ner persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10d 10d		х	16000			
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	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity bon ner persons of the bene n?s s of year er	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10d 10d		х				
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bon ner persons of the bene n?s of year er (See instruc-	by an insurance carrier, fits under the plan? (See	10d 10d 10e 10f		Х				
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e f g r	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bon her persons of the bene n? s of year er (See instruction he required 1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.)	10c 10d 10e 10f 10g 10h 10i	X	X X X X	154			
f g h	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bon her persons of the bene n? s of year er (See instruct he required 1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) btions and 29 CFR notice or one of the es," see instructions and com	10c 10d 10e 10f 10g 10h 10i	X	X X X X	154			
f g h	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bon ner persons of the bene n? s of year er (See instruct the required 1-3 tents? (If "Y	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) stions and 29 CFR notice or one of the es," see instructions and com	10c 10d 10e 10f 10g 10h 10i	X	X X X Adule SE	3 (Form Yes No			
f g h	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the plan subject to minimum for current year from the plan subjec	fidelity bon ner persons of the bene n? s of year er (See instruct the required 1-3 tents? (If "Y	d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) ctions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 ts of section 412 of the Code	10c 10d 10e 10f 10g 10h 10i	X	X X X Adule SE	3 (Form Yes No			
f	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for list has a defined contribution plan subject to the minimum funding	fidelity bon her persons of the bene n? s of year er (See instruct he required 1-3 rom Schedu requiremen as applica ng amortize	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) btions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 hts of section 412 of the Code ble.) d in this plan year, see instructions	10c 10d 10e 10f 10g 10h 10i	X Scheccion :	X X X X Itule SE	3 (Form Yes No			
f	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plath Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for ls 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 plan in the	fidelity bon her persons of the bene n? s of year er (See instruct he required 1-3 rem Schedu requiremen as applica ng amortize	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) btions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 hts of section 412 of the Code ble.) d in this plan year, see instructions and com	10c 10d 10e 10f 10g 10h 10i	X Scheccion :	X X X X A A A A A A A A A A A A A A A A	3 (Form Yes No			
6 e e e e e e e e e e e e e e e e e e e	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plath Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for ls 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 granting the waiver.	fidelity bon her persons of the bene n? s of year er (See instruct he required 1-3 hents? (If "Y rom Schedu requiremen as applica ng amortize e MB (Form	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) btions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 ats of section 412 of the Code ble.) d in this plan year, see instructions and skip to line 13.	10c 10d 10e 10f 10g 10h 10i plete	X Schection:	X X X X A A A A A A A A A A A A A A A A	3 (Form Yes No			

	Form 5500-SF 2013	Page 3 -			
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 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?	***************************************		Yes X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer th	nis year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)				1,000
1	3c(1) Name of plan(s):	1	3c(2) E	IN(s)	13c(3) PN(s)
-					
D4	VIII Tours Information (antique)	744			
-	VIII Trust Information (optional)		4.41		
14a	Name of trust		74D T	rust's EIN	