Form 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed		е	2013		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of		8(a) of This Form is Open to Pu Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in accord	lance with the instru	ctions to the Form 5500	0-SF.	Inspection	
	lentification Information			<u></u>		
For calendar plan year 2013 or fisca	· · · · · ·		<b>.</b>	2/31/2		
			olan (not multiemployer)		a one-participant plan	
<b>B</b> This return/report is:		the final return/report				
			rn/report (less than 12 mo	ontnsj		
C Check box if filing under:		automatic extension			DFVC program	
Dart II Daaia Dian Inform	special extension (enter description	,				
Part II         Basic Plan Inform           1a         Name of plan	nation—enter all requested informa	ation		1h	Three-digit	
BESTTECHSNW, INC. 401(K) PLAN					plan number	
					(PN) ▶ 001	
				1c	Effective date of plan 01/01/2005	
<b>2a</b> Plan sponsor's name and address BESTTECHSNW, INC.	ess; include room or suite number (er	mployer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 83-0419221	
4004 NE 4TH ST., 107-424				2c	Sponsor's telephone number 206-353-9422	
RENTON, WA 98056-4102				2d	Business code (see instructions) 541513	
3a Plan administrator's name and	address XSame as Plan Sponsor N	ame Same as Pla	n Sponsor Address	3b	Administrator's EIN	
				3c	Administrator's telephone number	
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la per from the last return/report.	ast return/report filed f	or this plan, enter the	4b	EIN	
a Sponsor's name				4c	PN	
	the beginning of the plan year			5a	7	
	the end of the plan year			5b	6	
	count balances as of the end of the p		•	5c	6	
	luring the plan year invested in eligibl				X Yes No	
<b>b</b> Are you claiming a waiver of the	ne annual examination and report of a See instructions on waiver eligibility a	an independent qualifi	ed public accountant (IQI	PA)		
	er line 6a or line 6b, the plan canne	,				
<b>C</b> If the plan is a defined benefit p	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No Not determined	
Caution: A penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is	established.	
	r penalties set forth in the instructions signed by an enrolled actuary, as we te.					
SIGN Filed with authorized/va	lid electronic signature.	09/29/2014	JALENE MARLER			
HERE Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator	
SIGN						
HERE Signature of employe		Date			ning as employer or plan sponsor	
Preparer's name (including firm nar	ne, if applicable) and address; include	e room or suite numbe	er (optional)	Prep	parer's telephone number (optional)	

Part III         Financial Information           7         Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year					
a Total plan assets	7a		(a) beginning of Year 318519			401402				
<b>b</b> Total plan liabilities	70 7b	89	1		89					
C Net plan assets (subtract line 7b from line 7a)	7c		317628			400511				
8 Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total						
a Contributions received or receivable from:						(6) 1	otai			
(1) Employers	8a(1)	32222	2							
(2) Participants	8a(2)	853	1							
(3) Others (including rollovers)	8a(3)									
<b>b</b> Other income (loss)	8b	5787	0							
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						98623	3		
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	0.4	1498	0							
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)	8d	1400	0							
-	8e	76	0	_						
f Administrative service providers (salaries, fees, commissions)	8f	10	0	_						
g Other expenses	8g						4574	0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1574 8288			
Net income (loss) (subtract line 8h from line 8c)     Transfers to (from) the plan (see instructions)	8i			-			0200,	3		
Part IV Plan Characteristics	8j									
Part V Compliance Questions										
Part V         Compliance Questions           10         During the plan year:				Yes	No		Amount			
			10a	Yes	No X		Amount			
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	ciary Correc (Do not inc	tion Program) lude transactions reported	10a 10b	Yes	-		Amount			
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul>	ciary Correc (Do not inc	tion Program) lude transactions reported		Yes	X		Amount	4005		
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<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc (Do not inc idelity bond, er persons b of the benefii ? of year end See instruction e required n -3 -3 ents? (If "Yes requirement as applicabl g amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X Scheccion 3	X X X X X X X X Iule SE	ERISA?	Yes			
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc (Do not inc idelity bond, er persons b of the benefii ? of year end See instructi e required n -3 ents? (If "Yes m Schedule requirement as applicabl g amortized	tion Program) lude transactions reported that was caused by fraud and that was caused by fraud and the plan? (See and the	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X Scheccion 3	X X X X X X X X Iule SE	ERISA?	Yes			

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	s 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 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) which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s):   1:	3c(2) EIN	(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	sťs EIN	

Porter Source Program     Description     Descriptin     Descriptin     Descriptin     De										
2013     2013     This return to server the provide sections 104 and 405 of the Employee of the interma Revenue Code (the Code).     Partial and conserver Control to the form is required to be ling under sections 05/09 and 4005/04.     This return to the provide the interma Revenue Code (the Code).     Partial and conserver Control to the form 560-05.     Partial and conserver Control to the form 560-05.     Complete all entries in accordance with the instructions 05/09 and 4005/04.     A This return/eport is for:         A nine return/eport is for in a mended return/eport is for a single-employer plan (to it multile) for the plan is return/eport is for an amended return/eport is for a single-employer plan (to it multiple) for the plan is return/eport is for a single set the chass in the plan is return/eport is for a single set the chass in the plan is return/eport is for a single set the chass in the plan is return/eport is for a single set the chass in the plan is return/eport is for a single set the chass in the plan is return/eport is for a single set the chass is the plan is return/eport is for a single set the chass is the plan is return/eport is the plan is return is return in the set the plan is return/eport is the plan is return in the set the plan is return/eport is the plan is return/eport is the plan is return is return is return in the set th				f Small Employ	/ee	OMB Nos. 1210-0110 1210-0089				
Every werket books Analyzing         The Internal Revenue Code (the Code).         This Form Is Open 15 Point Is accordance with the instructions to the Form 5500-SF.           Part II.         Annual Report Is Complete all on this instructions to the Form 5500-SF.         This return/eport Is Complete all on this instructions to the Form 5500-SF.         This return/eport Is Complete all on this instructions to the Form 5500-SF.           Part II.         Annual Report Is Complete all on this instructions to the Form 5500-SF.         In a multiple-employer plan (not multiemployer) Is complete all on the instructions (and ending Is A 231/2013)           C Check bax if films under:         Prom 5563         automatic extension         DPVC program           B This return/eport Is Complete all on the instructions (and edscription)         Ib Three-digit plan thermation-enter all requested information         Ib Three-digit plan thermation (and edscription)           Part III.         Basic Plan Information-enter all requested information         Ib Three-digit plan thermation (and edscription)         Do 1           2a Fina spensaria name and address, include room or suite number (employer, if for a single-employer plan)         BESTECHBANN, INC.         2b Employer definition Number (EMD) and 3D -413/221           24 UN NB 4THI ST., 107-424         ZG Spansor Address         3D Administrator's inlephone number 2066 -4102         Sc Administrator's inlephone number 2066 -4102           3a Plan administrator's name and address [Board B and sponsor Name [Basma on Spansor Address]         3D Admininistra		This form is required to be filed u	under sections 104 a							
PartII       Annual Report Identification Information       For calendar plan year 2013 of Read plan year beginning       0.1/01/2013       and ending       12/31/2013         A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-particlpant plan         B This return/report is       in the first etun/report       a horder description       DFVC program         C Check box if filing under:       Form 5568       automatic extension       DFVC program         B This return/report is       in an encoder distributive plan (not multiemployer)       a bort plan year interview (see the plan not plan year interview) (see the plan year interview) (see the plan year interview)       DFVC program         PartIII       Basic Plan Information—enter all requested information       1       The These-digit (see the plan year interview)         24 Plan sonstor's name and address; include room or sule number (employer, if for a single-employer plan)       2       Employer Identification Number (see the plan year interview)         24 OVA NE 4 TH ST., 107-424       2       Borne and address; include room or sule number (see the interview)       3       Administrator's tall address interview (see the interview)         33 Plan administrator's name and address; include room or sule number (see the interview)       3       Administrator's tall address interview)         4       If the name and/or EN of the plan sponser has changed since the isst retur	Employee Benefits Security Administration	the Internal R	Revenue Code (the C	ode).		This Form is Open to Public Inspection				
For determine plan year 2013 or flead plan year beginning       0.1/01/2013       and ending       1.2/31/2013         A This returnine to for:       B a single-employer plan       a will be determine to the final returnine point       a one-participant plan         B This returnine to for:       B a single-employer plan       b for final returnine point       a one-participant plan         C Check box if fing under:       From 5556       B abort plan year returnine point       DFVC program         B This returnine to the final returnine point       B a bort plan year returnine point       DFVC program         B This returnine to the final returnine point       B abort plan year returnine point       DFVC program         B This returnine to the final returnine point       B abort plan year returnine point       DFVC program         B Septime Channel and address; include room or suite number (employer, if for a single-employer plan)       DFVC program         SESTECCINSW, TRC.       VA       98056-4102       22         3a Plan administrator's name and address; banged since the last returnine port filed for this plan, enter the name, EN, and the plan number from the last returnine port filed for this plan, enter the name, EN, and the plan number from the last returnine port of participants at the end of the plan year       5a         5a       D totin runber of participants at the end of the plan year       5a         5a       D totot number of participants at the end of th	Part I Annual Report Ic				-011					
B       In the first return/report       In a mended return/report       In a mended return/report         C       Check bax if filing under:       In a mended return/report       In a mended return/report         C       Check bax if filing under:       In a mended return/report       In a mended return/report         R       Anama of plan       DFVC program         B       Special extension (enter description)         Partill       Basic Plan Information—enter all requested information         10       Effective data of plan         21       Plan sapensar's name and address; include room or suite number (employer, if for a single-employer plan)         22       EBSTTECHSINN, INC.         4004       NE 4TH ST., 107-424         206       Special cate mature (employer, if for a single-employer plan)         21       EBSTTECHSINN, INC.         22       Basing administrator's cite         23       Plan administrator's cite         24       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the rate of participants with account basines as of the end of the plan year         25       Total number of participants with account basines as of the end of the plan year         26       Number of participants with account basines as of the end of the plan year (defined bonefit plans do not sec      <			01/2013	and ending		12/31/2013				
C Check box if filing under an amended return/report advance details box if filing under box if filing un	A This return/report is for:	X a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-participant plan				
C Check box if filing under:       Form 5558       automatic extension       DFVC program         Partill       Basic Plan Information—enter all requested information       1b       Three-digiter (RN) + (RN	B This return/report is:	the first return/report th	ne final return/report							
Becial extension (enter description)      Part III     Basic Plan Information—enter all requested Mormation     BestTechenNW, Inc. 401(K) Plan     BestTechenNW, Inc. 401(K) Plan     Cellective orate or plan     Dot     Cellective orate or plan     Coll     Cellective orate or plan     Coll     Cellective orate or plan     Coll     Cellective orate orate     Cellective orate or plan     Coll     Cellective orate orate     Cellective     Cellective orate orate     Cellective     Cellect	l	an amended return/report	short plan year returr	/report (less than 12 mo	nths)	_				
Part III       Basic Plan Information—enter all requested Information         1a Name of plan       D         Best TechnsWr, Inc. 401 (K) Plan       ID         22. Plan sponsor's name and address; include noom or sulle number (employer, if for a single-employer plan)       ID         23. Plan sponsor's name and address; include noom or sulle number (employer, if for a single-employer plan)       ID       Three-digit plan number (ENN 93-04102231         24. Out NE 4 TH ST., 107-424       25. Desployer (employer)       26. Desployer (employer)       27. Desployer (employer)         33. Plan administrator's name and address @Same as Plan Sponsor Name       @Same as Plan Sponsor Address       30. Administrator's EIN         34. If the name and/or EIN of the plan sponsor has changed since the last return/report.       40. EIN       32. Administrator's telephone number         4. If the name and/or EIN of the plan sponsor has changed since the last return/report.       5a.       5b.         54. Total number of participants at the edginning of the plan year       5a.       5b.         55. Complete this temp.       5c.       5b.       5c.         56. Were all of the plan's set the engineling of the plan year (edfined benefit plan do not)       5c.       5c.         56. Were all of the plan's set the engineling of the plan year meeted in eligible assets? (See instructions).       @ Yes [] I       More all of the plan'sset during the plan year meeted in eligible assets? (S	C Check box if filing under:	X Form 5558	ulomatic extension			DFVC program				
1a Name of plan       1b Times-diplan         Best Te chesNW, Inc. 401 (K) Plan       1b Times-diplan         1c Endewise distances       001         2a Plan sponsor's name and address; include room or suile number (employer, if for a single-employer plan)       2b Employer Identification Number (EMPLoY Plan)         2b StrittecHSNW, INC.       2b Employer Identification Number (EMPLoY Plan)       2b Employer Identification Number (EMPLoY Plan)         2d 004 NE 4TH ST., 107-424       2c Sponsor's telephone number (EMPLoY Plan)       2c Sponsor's telephone number (EMPLoY Plan)         3d Plan administrator's name and address @Same as Plan Sponsor Name       @Same as Plan Sponsor Address       3b Administrator's telephone number (EMPLoY Plan)         3d If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report.       3b Administrator's telephone number (ENN)         3d I obtain number of participants at the beginning of the plan year       5a       5b         3d C Number of participants with account blances as of the end of the plan year (defined benefit plans do not complete this liet).       5a         3d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes ] f         3d Administrator's telephone enviole       5a         3d C Administrator in the plan year invested in eligible assets? (See instructions.)       Yes ] f         3		special extension (enter description)								
BestTechsNW, Inc. 401 (K) Plan       plan number       oli         22 Plan sponsor's name and address; include room or sulle number (employer, if for a single-employer plan)       2b Employer identification Number (EM) 83 - 0419221         23 Plan sponsor's name and address; include room or sulle number (employer, if for a single-employer plan)       2b Employer identification Number (EM) 83 - 0419221         4004 NE 4TH ST., 107-424       2c Sponsor's lephone number 206-353 - 9422         24 Business codic (see instructions)       3b Administrator's EIN         33 Plan administrator's name and address @Same as Plan Sponsor Name       Same as Plan Sponsor Address         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5 Total number of participants at the beginning of the plan year       5a         5 Total number of participants at the end of the plan year invested in eligible assets? (See instructions).       5c         56 Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions).       St Yes ] 1         14 Urder analities a defined benefit plan, set in the start of number of participants at the end of the plan year invested in eligible assets? (See instructions).       St Yes ] 1         56 Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions).       St Yes ] 1         57 Are you alalying a waiter of the number fine plan year	Part II Basic Plan Inform	nation-enter all requested information	on							
2a Ptan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (END 63 - 0419221         2b Employer identification Number (END 63 - 0419221       2b Employer identification Number (END 63 - 0419221         4004 NE 4TH ST., 107-424       2c Sponsor's telephone number (206 - 353 - 9422         2d Business code (see Instructions)       3b Administrator's telephone number (206 - 353 - 9422         2d Business code (see Instructions)       3c Administrator's telephone number (206 - 353 - 9422         3d Plan administrator's name and address @Game as Plan Sponsor Name @Game as Plan Sponsor Address       3b Administrator's telephone number (206 - 353 - 9422         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4c PN         5       5a Intel number of participants at the end of the plan year       5b         6       Number of participants at the end of the plan year invested in eligible associal of an independing uselike of the annual scenarcitons on waiver eligibility and conditions, waiver eligibility and conditions, waiver eligibility and conditions, waiver eligibility and conditions, and signed by an annoled actival, as well as the leader of the remained of the scenarce of moled actival, as well as the elastine worked and signed by an annoled actival, as well as the elastine return report well as the elastine report for this return/report, and to the bean address, include and ender the PBGC Insurance program (see ERISA section 4021)?		l(K) Plan				plan number				
BESTTECHSNW, INC.       (EIN) B3-0419221         4004 NE 4TH ST., 107-424       26-353-9422         205-352-9422       22         206 and the set of the plan sponsor has changed since the last return/report filed for this plan, enter the mane, EIN, and the plan number from the last return/report filed for this plan, enter the mane, EIN, and the plan number from the last return/report.       3b Administrator's EIN         3c       Administrator's name and address.       Same as Plan Sponsor Address       3b Administrator's EIN         3c       Administrator's telephone number       5a       5a         3c       Administrator's telephone number       5a       5b         3c       Administrator's EIN       3c       Administrator's EIN         3d       Total number of participants at the beginning of the plan year       5a       5b         3d       Total number of participants with account balances as of the end of the plan year       5a       5b         3d       Were all of the plans sponsor name result indigibility and conditions.       Xes in the plan is addined benefit plan, is it covered under the Plan year       5a         3d       Total number of participants with a plan year invested in eligibility and conditions.       Xes in the plan is addined benefit plan, is it covered under the PBC Insurance program (see ERISA section 4021)?       Yes in the plan is addined benefit plan, is it covered under the PBC Insurance program (see ERISA section 4021)? <td></td> <td></td> <td></td> <td>-</td> <td>1c</td> <td>Effective date of plan</td>				-	1c	Effective date of plan				
4004 NE 4TH ST., 107-424       206-353-9422         RENTON       WA       98056-4102         3a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         3b       Administrator's telephone number       3c       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b       Administrator's telephone number         5a       5b       5c       5c         5c       Sa       5b       5c         5c       5c       5c       5c         5a       5c       5c <td></td> <td>ess; include room or suite number (emp</td> <td>bloyer, if for a single-</td> <td>employer plan)</td> <td></td> <td></td>		ess; include room or suite number (emp	bloyer, if for a single-	employer plan)						
RENTON       WA       98056-4102       541513         3a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's EIN         3a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report.       a Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year       5a       5b       5c         c       Number of participants at the end of the plan year       5c       5c       5c         6a       Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes []       N       Yes []       N         1       You camplete this item)       Yes or line 6b, the plan cannot use Form 5500-55 and must instead use Form 5500.       C       If the plan is a defined benefit plan, is it covered under the PBGC Insurance program (see ERISA section 4021)?       Yes []       N       Not determined         Caution: A penality for the late or incomplete filling of this roturn/report will be assessed unless reasonable cause is established.       Not determined       Not determined         Stor Scheduk BS completed and signed by an ennoled acluary, as well	4004 NE 4TH ST., 107-	-424				206-353-9422				
33 Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         3a       Plan administrator's telephone number       4b       EIN         3a       Total number of participants at the beginning of the plan year       4c       PN         5a       Total number of participants at the end of the plan year       5a         5b       Sc       5c         5a       Station and report of an independent qualified public accountant (IQPA)       X Yes []         1b       Are you claiming a valver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes []         1c       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	DENMON									
3c       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         3 Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year       5a         5a       Total number of participants at the end of the plan year       5a         5       Sb       5c         6       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         5a       Sb       5c         5a       Sc       Sc         5a       Sc				Canada Address						
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         3       A sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year       5a         5b       Complete this item)       5a         5a       Sb       5b         5a       Sb       5c         5a       Sc       5c         5a       Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions:       See instructions:         5a       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA)       See in the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       See in No         5b       Stockedule MB completed and signed by an enrolled actuary, as well as the electronic vorsion of this return/report, including, if applicable, a Schedule MB completed and signed by an enrolled actuary, as well as the electronic vorsion of this		audress Asame as Plan Sponsor Nan	ne Moane as Plan	Sponsor Address	20	Administrator s EIN				
a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants at the end of the plan year       5b         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xere source in the annual examination and report of an independent qualified public accountant (IQPA)       Xeres [Veres]         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xeres [Veres]       Xeres [Veres]         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Xeres [Veres]       Xeres [Veres]       Xeres [Veres]       Xeres [Veres]         if you answord "No" to either line 6a or line 6b, the plan cannot use Form 5500.5c and must instead use Form 5500.       Keres [No]       Not determined         Caution: A penalty for the lato or incomplete filing of this roturn/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Signature of employer/plan sponsor       Date </th <th>· · · · · · · · · · · · · · · · · · ·</th> <th></th> <th>t return/report filed fo</th> <th>r this plan, enter the</th> <th>4b</th> <th></th>	· · · · · · · · · · · · · · · · · · ·		t return/report filed fo	r this plan, enter the	4b					
b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes       Xes         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xes       Xes       Xes         under 29       CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       Xes	· · · · · ·	er from the last return/report.		Ī	4c	PN				
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5a Total number of participants at	the beginning of the plan year			5a	7				
complete this item)       5c         Sa       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       It         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       It         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       It         b       Are you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       It         caution: A penalty for the late or incomplete filing of this roturn/report will be assessed unless reasonable cause is established.       Jinder penalties of parjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sign       Image: Standard and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sign       Standard and ministrator       Date       Enter name of individual signing as plan administrator         Sign       Signatur	b Total number of participants at	the end of the plan year			5b	6				
Sa       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Signature of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Signature of employer/plan sponsor         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Signature of employer/plan sponsor       Image: Signature of employer/plan sponsor         c       If we plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Ves is individual signing as employer or plan sponsor         c       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Ves is is individual signing as employer or plan sponsor         C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Image: Ves is is individual signing as plan administrator         caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Image: Ves is is is is is covered under the instructions, is declare that I have examined this return/report, including, if applicable, a Schedule belief, it is true, correct, and complete.         Signature of plan administrator       Image: Ves is is is is is include a cause; is is is is include room or suite number (optional)         If the plan is including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone					50	6				
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions on waiver eligibility and conditions.)					50					
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       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 plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       If yes No       Not determined         Caution: A penalty for the late or incomplete filing of this roturn/report will be assessed unless reasonable cause is established.       If yes is the examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         sign       Image: Signature of plan administrator       Date         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)					PA)					
c       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined         Caution: A penalty for the lato or incomplete filling of this return/report will be assessed unless reasonable cause is established.         Under penalties of parjury and other penaltiles set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule BB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and seller, it is true, correct, and complete.         Sign       9	under 29 CFR 2520.104-46? (	See Instructions on waiver eligibility and	d conditions.)							
Caution: A penalty for the late or incomplete filing of this roturn/report will be assessed unless reasonable cause is established.         Inder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, Including, if applicable, a Schedule BG or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and elief, it is true, correct, and complete.         IGN       9       9       01/9       JALENE MARLER         IERE       Signature of plan administrator       9       01/9       JALENE MARLER         IERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Ireparer's name (Including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)										
Under penalties of perjury and other penalties set forth In the instructions, I declare that I have examined this return/report, Including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and elief, it is true, correct, and complete.  Signature of plan administrator  IERE Signature of employer/plan sponsor  Preparer's name (Including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)	C is the plan is a defined benefit p	Jian, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	···· 📙	Yes No Not determined				
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and pelief, it is true, correct, and complete.         SIGN       9       9       0       9       0										
HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	SB or Schedule MB completed and	signed by an enrolled actuary, as well a	l declare that I have o as the electronic vers	examined this return/report, ion of this return/report,	ort, Ind and to	cluding, if applicable, a Schedule o the best of my knowledge and				
Signature of plan administrator         Date         Enter name of individual signing as plan administrator           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (Including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)		Marle	9 20/2014	JALENE MARLER						
Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)	Signature of plan adr	ninistrator	Date	Enter name of individu	al sigr	ning as plan administrator				
Preparer's name (Including firm name, if applicable) and address; include room or suite number (optional)  Preparer's name (Including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)										
	algoring as a set or or outprove			Enter name of individu	al sigr	ning as employer or plan sponsor				
for Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (201	<sup>a</sup> reparer's name (including firm nan	ne, if applicable) and address; include r	oom or suite number	(optional)	Prepa	irer's telephone number (optional)				
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (201										
	for Paperwork Reduction Act Notice a	and OMB Control Numbers, see the instruc	ctions for Form 5500-5	iF.		Form 5500-SF (2013)				

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Form 5500-SF 2013
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Page	2
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7 Plan Assets and Liabilities a Total plan assets				_				
3 Total plan sesate		(a) Beginning of Yea		_		(b) End	of Year	
	<b>7</b> a	3	1851					40140
b Total plan liabilities			89	-	_			89
C Net plan assets (subtract line 7b from line 7a)	7c		1762	8		1		40051
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				Constanting
a Contributions received or receivable from: (1) Employers	8a(1)		3222	112.4				
(2) Participants	8a(2)		853	10.04%				
(3) Others (including rollovers)	8a(3)		5787					
b Other income (loss)	8b	and the second	5/8/		hils of	anna an	14.1811到1月1	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	80		期间合约的				inel a state	9862
to provide benefits)	8d		1498	0				
e Certain deemed and/or corrective distributions (see instructions)	8e						自然的原则	
f Administrative service providers (salaries, fees, commissions)	8f		76	0			的建設品	
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		職	理想				1574
i Net income (loss) (subtract line 8h from line 8c)	81			5-70 1				8288
j Transfers to (from) the plan (see instructions)	8]			200	i dika			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
9a       If the plan provides pension benefits, enter the applicable pension         2A       2E       2F       2G       2J       2K       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare for         Part Mail       Compliance Questions								
10 During the plan year:				Yes	No	r	•	
<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> </ul>	tions within	the time period described in ection Program)	10a	108	x		Amoun	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	1? (Do not i	nclude transactions reported						
		***************************************	10b		х			
C vvas the plan covered by a fidelity bond?			_	x	x			4005
<ul> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> </ul>	fidelity bor	nd, that was caused by fraud	10c	x	x x			4005
	fidelity bor her persons of the ben	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	_	x				4005
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li></ul>	fidelity bor her persons of the ben	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c 10d	x	x			4005
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li></ul>	fidelity bor her persons of the ben in?	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c 10d 10e 10f	x	x x			4005
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li></ul>	fidelity bor her persons of the ben n? is of year e (See Instru	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.)	10c 10d 10e	x	x x x			4005
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.).</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an Individual account plan, was there a blackout period? 2520.101-3.).</li> <li>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</li> </ul>	fidelity bor her persons of the bench in? is of year e (See Instru- he required	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR	10c 10d 10e 10f 10g	x	x x x x x			4005
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.).</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an Individual account plan, was there a blackout period? 2520.101-3.).</li> <li>i If 10h was answered "Yes," check the box if you either provided the source of the plan the p</li></ul>	fidelity bor her persons of the bench in? is of year e (See Instru- he required	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR	10c 10d 10e 10f 10g 10h	x	x x x x x			4005
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li></ul>	fidelity bor her persons of the bend in? is of year e (See Instru- he required 1-3 herts? (if ")	nd, that was caused by fraud s by an insurance carrier, effts under the plan? (See nd.) ctions and 29 CFR I notice or one of the	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X	3 (Form	1	4005
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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?			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 of the PBGC?	the	control			Yes X No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	in(s)	to			
1	13c(1) Name of plan(s):	1	13c(2) EIN(s)			13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a Name of trust					N	
	*					