For	m 5500-SF	Short Form Annual Re	/ee	OMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	e	2013							
	epartment of Labor enefits Security Administration	nd 4065 of the Employee ctions 6057(b) and 6058 code).		This Form is Open to Public Inspection						
Pension Be	enefit Guaranty Corporation	)-SF.	Inspection							
Part I         Annual Report Identification Information           For calendar plan year 2013 or fiscal plan year beginning         01/01/2013         and ending         12/31/2013										
For calenda	ar plan year 2013 or fisc	· · · · ·			2/31/2					
A This ret	urn/report is for:		a multiple-employer pl	an (not multiemployer)		a one-participant plan				
B This ret	urn/report is:	the first return/report	he final return/report							
		an amended return/report	short plan year return	n/report (less than 12 mo	onths	)				
C Check b	pox if filing under:	X Form 5558	automatic extension			DFVC program				
		special extension (enter description	)							
Part II	Basic Plan Inform	mation—enter all requested information	tion							
<b>1a</b> Name	•				1b	Three-digit				
PAGECOM F	RETIREMENT PLAN					plan number (PN) ▶ 001				
					1c	Effective date of plan				
						01/01/2012				
2a Plan sp PAGECOM,		ress; include room or suite number (en	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1976003				
4710 N.F. 4	TH ST., SUITE 103				2c	Sponsor's telephone number 425-445-7800				
RENTON, W					2d	Business code (see instructions) 517000				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN				
						Administrator's telephone number				
	<ul> <li>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.</li> <li>4b EIN</li> </ul>									
a Spons					4c					
		t the beginning of the plan year		4	5a	11				
		t the end of the plan year			5b	24				
	· ·	count balances as of the end of the pl			5c	24				
		during the plan year invested in eligible				·				
	•	he annual examination and report of a	•	,						
under	29 CFR 2520.104-46? (	(See instructions on waiver eligibility and	nd conditions.)	••••••	· · · · · · · · · ·					
lf you	answered "No" to eith	ner line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.				
C If the p	blan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No Not determined				
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	se is	established.				
Caution: A penalty for the late or incomplete filing of this return/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 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.										
HERE				JASON SURPRENAN	ANT					
				Enter name of individu	f individual signing as plan administrator					
SIGN										
HERE	Signature of employe	er/plan sponsor	Date Enter name of individual signing as employer			ining as employer or plan sponsor				
Preparer's		me, if applicable) and address; include			-	parer's telephone number (optional)				
	-									

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Enc	l of Y	ear	
а	Total plan assets	7a	7192	1				1	51984	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	7192	1				1	51984	
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b)	Total		
а	ntributions received or receivable from:			4						
	(1) Employers	8a(1)	0324	4	_					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		4						
	Other income (loss)	8b		4	_					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				83248	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	318	5						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3185	;
i	Net income (loss) (subtract line 8h from line 8c)	8i							80063	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	-,								
9a										
	2A 2E 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristic	Cod	es in tl	ne instruc	tions:		
Dor	Part V Compliance Questions									
10				,	Yes	No		A		
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in		103	NO		Ame	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b				(0)		х				
	on line 10a.)			10b		Х				
C	, , ,			10c						
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth		<b>,</b>							
	insurance service, or other organization that provides some or all instructions.)			10e		Х				
f				10f		Х				
g						Х				
9 h				10g						
	2520.101-3.)	•		10h		Х				
i	······································									
Dent	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part 11	Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
	5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		_		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	tion 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	nter th Day	e date of	the le Yea		ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year				.	12b				

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

Form 5500-SF	Short Form Annual I	yee		OMB Nos. 1210-011 1210-008				
Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe					2013		
Department of Labor Employee Benefits Security Administration Relirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				B(a) of	This Form i	s Open to Public		
Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance with the instru	ctions to the Form 550	Increation				
Part I Annual Report I For calendar plan year 2013 or fise	dentification Information cal plan year beginning 01/01/20	013	and ending	12/31/2	2013			
- ACCOUNT OF A STREET	X a single-employer plan		lan (not multiemployer)	12/01/2	a one-partici			
B This return/report is:	the first return/report	I the final return/report	(intermediation project)	5		Janic Plan		
	an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check box if filing under:	K Form 5558	automatic extension	· · · · ·		DFVC progra			
	special extension (enter descript					1.11		
Part II Basic Plan Infor	mation-enter all requested infom	5						
1a Name of plan	a dan dan da		1111 - 112 -	1b	Three-digit			
PAGECOM RETIREMENT PLAN				54246	plan number	001		
				1-	(PN)	1.0.1		
				10	Effective date or 01/01/2			
2a Plan sponsor's name and add AGECOM, INC.	ress; include room or suite number (	(employer, if for a single-	employer plan)		Employer Identii (EIN) 91-197			
					Sponsor's telep (425) 44	hone number		
710 N.E. 4TH ST., SUITE 103 ENTON, WA 98059				2d	Business code ( 517000	see instructions)		
3a Plan administrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	=IN		
				30	Administrator's t	elephone number		
4 If the name and/or EIN of the	plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the		Administrator's t	elephone number		
<ul> <li>If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> </ul>	plan sponsor has changed since the ber from the last return/report.	e last return/report filed fo	or this plan, enter the		EIN	elephone number		
a Sponsor's name 5a Total number of participants a	ber from the last return/report.			4b	EIN	elephone number		
a Sponsor's name 5a Total number of participants a	ber from the last return/report.			4b 4c	EIN	11		
a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with a	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of the	plan year (defined bene	ifit plans do not	4b 4c 5a 5b	EIN	11 24		
<ul> <li>name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants a</li> <li>b Total number of participants a</li> <li>c Number of participants with a complete this item)</li> </ul>	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of the	e plan year (defined bene	fít plans do not	4b 4c 5a 5b 5c	EIN PN	11 24 24		
<ul> <li>name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants a</li> <li>b Total number of participants a</li> <li>c Number of participants with a complete this item)</li></ul>	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o	plan year (defined bene ible assets? (See instruc f an independent gualifie	fit plans do not tions.)	4b 4c 5a 5b 5c	EIN PN	11 24 24 X Yes [] N		
<ul> <li>name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants a</li> <li>b Total number of participants a</li> <li>c Number of participants with a complete this item)</li></ul>	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility	plan year (defined bene ble assels? (See instruc f an independent qualifie y and conditions.)	efit plans do not tions.) d public accountant (IQ	4b 4c 5a 5b 5c PA)	EIN PN	11 24 24 X Yes [] N		
<ul> <li>name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants a</li> <li>b Total number of participants a</li> <li>c Number of participants with a complete this item)</li></ul>	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi- the annual examination and report o (See instructions on waiver eligibility her Ine 6a or line 6b, the plan can	plan year (defined bene ble assets? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF	ifit plans do not tions,) d public accountant (IQ and must instead use	4b 4c 5a 5b 5c PA)	EIN PN	11 24 24 X Yes N X Yes N		
<ul> <li>name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants a</li> <li>b Total number of participants a</li> <li>c Number of participants with a complete this item)</li></ul>	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi- the annual examination and report o (See instructions on waiver eligibility her Ine 6a or line 6b, the plan can plan b it covered under the PBGC	plan year (defined bene ible assels? (See instruc f an independent qualifie y and conditions.) inot use Form 5500-SF insurance program (see	efit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? .	4b 4c 5a 5b 5c PA) Form	EIN PN 5500. Yes    No	11 24 24 X Yes 🗌 No		
<ul> <li>name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants a</li> <li>b Total number of participants a</li> <li>c Number of participants with a complete this item)</li></ul>	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi- the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan is it covered under the PBGC r incomplete filing of this return/re	plan year (defined bene ible assets? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed	ofit plans do not tions,) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau	4b 4c 5a 5b 5c PA) Form use is e	EIN PN 5500. Yes No Postablished.	11 24 24 X Yes No X Yes No Not determined		
<ul> <li>name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants a</li> <li>b Total number of participants a</li> <li>c Number of participants with a complete this item)</li></ul>	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi- the annual examination and report o (See instructions on waiver eligibility her Ine 6a or line 6b, the plan can plan is it covered under the PBGC r incomplete filing of this return/re- er penalties set forth in the instruction d signed by an enrolled actuary, as	plan year (defined bene ible assels? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ons. I declare that I have	efit plans do not tions.) ed public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau	4b 4c 5a 5b 5c PA) Form	EIN PN S500. Yes No	11 24 24 X Yes No X Yes No Not determined		
<ul> <li>name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants a</li> <li>b Total number of participants a</li> <li>c Number of participants with a complete this item)</li></ul>	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi- the annual examination and report o (See instructions on waiver eligibility her Ine 6a or line 6b, the plan can plan is it covered under the PBGC r incomplete filing of this return/re- er penalties set forth in the instruction d signed by an enrolled actuary, as	e plan year (defined bene ible assets? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ins, I declare that I have well as the electronic ver	offit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report	4b 4c 5a 5b 5c PA) Form use is e port, inc , and to	EIN PN S500. Yes No established. cluding, if applica o the best of my	11 24 24 X Yes No X Yes No Not determined		
<ul> <li>name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants a</li> <li>b Total number of participants at</li> <li>c Number of participants with at complete this item)</li></ul>	at the beginning of the plan year at the end of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi- the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan is it covered under the PBGC r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as v etc.	plan year (defined bene ible assets? (See instruc f an independent qualifie y and conditions.) inot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver	offit plans do not tions.) ad public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report	4b 4c 5a 5b 5c PA) Form use is e port, ind , and to	EIN PN Final State	11 24 24 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name, EIN, and the plan num         a Sponsor's name         5a Total number of participants a         b Total number of participants a         c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi- the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan is it covered under the PBGC r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as v etc.	e plan year (defined bene ible assets? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ins, I declare that I have well as the electronic ver	offit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report	4b 4c 5a 5b 5c PA) Form use is e port, ind , and to	EIN PN Final State	11 24 24 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can glan is it covered under the PBGC r incomplete filing of this return/re er denalties set forth in the instruction d signed by an enrolled actuary, as y etc.	plan year (defined bene ible assets? (See instruc f an independent qualifie y and conditions.) <b>inot use Form 5500-SF</b> insurance program (see <b>eport will be assessed</b> ons, I declare that I have well as the electronic ver	sfit plans do not tions,) ed public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report sion of this return/report	4b 4c 5a 5b 5c PA) Form use is e port, ind and to ual sign	EIN PN Fing as plan adm	11 24 24 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name, EIN, and the plan num         a Sponsor's name         5a Total number of participants a         b Total number of participants a         c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her Ine 6a or line 6b, the plan can plan is it covered under the PBGC r incomplete filing of this return/re er denalities set forth in the instruction d signed by an enrolled actuary, as we tet.	plan year (defined bene ible assels? (See instruc f an independent qualifie y and conditions.) inot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver	efit plans do not tions.) ed public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report × J Enter name of individ Enter name of individ	4b 4c 5a 5b 5c PA) Form use is e port, ind , and to ual sign	EIN PN PN 5500. Yes No established. Cluding, if applica o the best of my O(CNAN ning as plan adm ning as employed	11 24 24 X Yes N X Yes N Not determined able, a Schedule knowledge and ninistrator		
name, EIN, and the plan num         a Sponsor's name         5a Total number of participants a         b Total number of participants a         c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can glan is it covered under the PBGC r incomplete filing of this return/re er denalties set forth in the instruction d signed by an enrolled actuary, as y etc.	plan year (defined bene ible assels? (See instruc f an independent qualifie y and conditions.) inot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver	efit plans do not tions.) ed public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report × J Enter name of individ Enter name of individ	4b 4c 5a 5b 5c PA) Form use is e port, ind , and to ual sign	EIN PN PN 5500. Yes No established. Cluding, if applica o the best of my O(CNAN ning as plan adm ning as employed	11 24 24 X Yes N X Yes N Not determined able, a Schedule knowledge and ninistrator		
name, EIN, and the plan num         a Sponsor's name         5a Total number of participants a         b Total number of participants a         c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her Ine 6a or line 6b, the plan can plan is it covered under the PBGC r incomplete filing of this return/re er denalities set forth in the instruction d signed by an enrolled actuary, as we tet.	plan year (defined bene ible assels? (See instruc f an independent qualifie y and conditions.) inot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver	efit plans do not tions.) ed public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report × J Enter name of individ Enter name of individ	4b 4c 5a 5b 5c PA) Form use is e port, ind , and to ual sign	EIN PN PN 5500. Yes No established. Cluding, if applica o the best of my O(CNAN ning as plan adm ning as employed	11 24 24 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator		
name, EIN, and the plan num         a Sponsor's name         5a Total number of participants a         b Total number of participants a         c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her Ine 6a or line 6b, the plan can plan is it covered under the PBGC r incomplete filing of this return/re er denalities set forth in the instruction d signed by an enrolled actuary, as we tet.	plan year (defined bene ible assels? (See instruc f an independent qualifie y and conditions.) inot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver	efit plans do not tions.) ed public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report × J Enter name of individ Enter name of individ	4b 4c 5a 5b 5c PA) Form use is e port, ind , and to ual sign	EIN PN PN 5500. Yes No established. Cluding, if applica o the best of my O(CNAN ning as plan adm ning as employed	11 24 24 X Yes No X Yes No Not determined Not determined able, a Schedule knowledge and		
name, EIN, and the plan num         a Sponsor's name         5a Total number of participants a         b Total number of participants a         c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her Ine 6a or line 6b, the plan can plan is it covered under the PBGC r incomplete filing of this return/re er denalities set forth in the instruction d signed by an enrolled actuary, as we tet.	plan year (defined bene ible assels? (See instruc f an independent qualifie y and conditions.) inot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver	efit plans do not tions.) ed public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report × J Enter name of individ Enter name of individ	4b 4c 5a 5b 5c PA) Form use is e port, ind , and to ual sign	EIN PN PN 5500. Yes No established. Cluding, if applica o the best of my O(CNAN ning as plan adm ning as employed	11 24 24 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator		

Pa	t III Financial Information								
7	Plan Assels and Liabilities		(a) Beginning of Yea	ur I		(b) End	of Yes		
а	Total plan assets	7a	7192				Sections	1984	
1223	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	7192	1			151	1984	
8	Income, Expenses, and Transfers for this Plan Year	0	(a) Amount			(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	83244	1	5787 - 10-				
•	(2) Participants	8a(2)			<del></del>			-	A COLUMN A
	(3) Others (including rollovers)	8a(3)						Note:	
b	Other income (loss)	8b	2	1		***		1	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					83	248	
d	Benefits paid (including direct rollovers and insurance premiums			-			0	240	
	to provide benefils)	8d				and a second back to			
	Certain deemed and/or corrective distributions (see instructions)	8e	and the second sec		-				
	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	3185	5					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					(	3185	
i	Net income (loss) (subtract line 8h from line 8c)	and the second se				SP11-57	80	0063	
<u> </u>	Transfers to (from) the plan (see instructions)	8j							
13 003129	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature cod	les from the List of Plan Chara	acteristic (	Codes in	the instruc	lions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	ooturo anda					12. 		
N		eature coue	is from the List of Plan Charac	cteristic C	odes in t	he instructi	ons:		
Par	V Compliance Questions						<del>ia.</del>		
10	During the plan year:			Ye	s No	<u>,</u>	Amou	nt	
								116	
а		tions within	the time period described in						
a b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Corre	ection Program)	10a	x				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre ? (Do not ir	ection Program) nclude transactions reported	10a 10b	x x				
b c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Corre ? (Do not ir	ection Program)	10a	x				
b  d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	uciary Corre ? (Do not ir fidelity bon	ction Program) nclude transactions reported d, that was caused by fraud	10a 10b	x x				
b  d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth	iciary Corre ? (Do not ir fidelity bon	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier.	10a 10b 10c	x x x				
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b c d e f g h i Part	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide.</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <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> <li>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>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.)</li> <li>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> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	iciary Corre (Do not ir fidelity bon her persons of the bene n? (See instruc- he required 1-3 hents? (If "Y	ection Program) nelude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the res," see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10i plete Sch	X X X X X X X X X X I I 11a				
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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 XI	10
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?	e control	T Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)	196	
14a Name of trust	14b Trust's EIN	