## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

| Pe    | nsion Be | enefit Guaranty Corporation | ▶ Complete all entries in acc  | ordance with the instruc       | tions to the Form 5500    | 0-SF.   |                                | pootion            |
|-------|----------|-----------------------------|--|--------------------------------|---------------------------|---------|--------------------------------|--------------------|
| Pa    | rt I     | Annual Report I             | dentification Information  |                                |                           |         |                                |                    |
| For o | calenda  | ar plan year 2013 or fise   | cal plan year beginning 01/01/2  | 2013                           | and ending 1              | 2/31/2  | 2013                           |                    |
|       |          | urn/report is for:          | a single-employer plan   | a multiple-employer pl         | an (not multiemployer)    |         | a one-partici                  | pant plan          |
| В     | nis ret  | urn/report is:              | the first return/report  | the final return/report        |                           |         |                                |                    |
|       |          |                             | an amended return/report   | a short plan year return       | n/report (less than 12 mo | onths)  |                                |                    |
| C     | Check b  | oox if filing under:        | Form 5558  | automatic extension            |                           |         | DFVC progra                    | am                 |
| D-1   | .4 11    | Daria Diana Intern          | special extension (enter descri  | ,                              |                           |         |                                |                    |
|       | rt II    |                             | mation—enter all requested info  | rmation                        | 1                         | 41.     |                                | Ī                  |
|       |          | of plan                     | LL D.O. INIO PROFIT OLLABINO A   | ND 404/I/O DI ANI O TRIJO      | _                         | 10      | Three-digit plan number        |                    |
| WOLF  | STON     | E, PANCHOT & BLOCK          | H, P.S., INC. PROFIT SHARING A   | ND 401(K) PLAN & TRUS          | I                         |         | (PN) ▶                         | 001                |
|       |          |                             |  |                                |                           | 1c      | Effective date of              |                    |
|       |          |                             |  |                                |                           |         | 01/01                          | •                  |
|       |          | oonsor's name and add       | lress; include room or suite number CH, PS INC.  | r (employer, if for a single-  | employer plan)            | 2b      | Employer Identi<br>(EIN) 91-15 | fication Number    |
| 1111  | THIRD    | AVENUE, SUITE 1800          | n  |                                |                           | 2c      | Sponsor's telep                |                    |
| SEAT  | TLE, W   | VA 98101                    |  |                                |                           | 2d      | Business code                  | (see instructions) |
| 3a    | Plan ad  | dministrator's name and     | d address XSame as Plan Sponso   | or Name Same as Plan           | Sponsor Address           | 3b      | Administrator's                |                    |
|       |          |                             |  |                                |                           |         |                                |                    |
|       |          |                             |  |                                |                           | 3с      | Administrator's                | telephone number   |
|       |          |                             |  |                                |                           |         |                                |                    |
|       |          |                             |  |                                |                           |         |                                |                    |
|       |          |                             |  |                                |                           |         |                                |                    |
| 4     | 16 41    |                             | alan an an an an har alan an dairead dia an di   | tt   t                         | athia alaa aataatha       | 41.     |                                |                    |
|       |          |                             | plan sponsor has changed since the ber from the last return/report.                    | ne last return/report filed to | r this plan, enter the    | 4b      | EIN                            |                    |
|       |          | or's name                   | non the last retain report.  |                                |                           | 4c      | PN                             |                    |
|       | •        |                             | at the beginning of the plan year  |                                |                           | 5a      |                                | 23                 |
| _     |          |                             | at the end of the plan year  |                                | ŀ                         | 5b      |                                |                    |
|       |          |                             | account balances as of the end of the  |                                |                           | 30      |                                | 23                 |
|       |          |                             |  | . , ,                          | •                         | 5c      |                                | 23                 |
| _     |          | ·                           | during the plan year invested in eli   | •                              | *                         |         |                                | X Yes No           |
| b     |          |                             | the annual examination and report  |                                |                           |         |                                | X Yes No           |
|       |          |                             | (See instructions on waiver eligibiling the line 6a or line 6b, the plan ca            |                                |                           |         |                                | A res [] No        |
|       | -        |                             | t plan, is it covered under the PBG0   |                                |                           | _       |                                | Not determined     |
|       | n the p  | nan is a delined benefit    | plant, is it covered under the FBGC  | o insurance program (see       | ERISA SECTION 4021)?      | □       | tes IIII                       | Not determined     |
| Caut  | tion: A  | penalty for the late o      | r incomplete filing of this return/  | report will be assessed u      | unless reasonable cau     | se is   | established.                   |                    |
| SBo   | r Śche   |                             | er penalties set forth in the instruct<br>d signed by an enrolled actuary, as<br>lete. |                                |                           |         |                                |                    |
| SIGN  | ,<br>N   | Filed with authorized/v     | valid electronic signature.  |                                |                           |         |                                |                    |
| HER   |          | Signature of plan ad        | Iministrator   | Date                           | Enter name of individu    | ıal sin | ıning as nlan adı              | ministrator        |
|       |          | Signature of plan ac        | anninguator  | Date                           | Litter flame of flatviol  | Jai Sig | griirig as piarr aur           | Tillistrator       |
| SIGN  |          |                             |  |                                |                           |         |                                |                    |
|       |          | Signature of employ         |  | Date                           | Enter name of individu    |         |                                |                    |
| Prep  | arer's   | name (including firm na     | ame, if applicable) and address; inc   | luae room or suite number      | (optional)                | Prep    | arer's telephone               | number (optional)  |
|       |          |                             |  |                                |                           |         |                                |                    |
|       |          |                             |  |                                |                           |         |                                |                    |
|       |          |                             |  |                                | •                         |         |                                |                    |
|       |          |                             |  |                                |                           |         |                                |                    |

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| Pa   | rt III   Financial Information   |             |                                |         |         |          |                    |                  |       |             |          |
|------|--|-------------|--------------------------------|---------|---------|----------|--------------------|------------------|-------|-------------|----------|
| 7    | Plan Assets and Liabilities  |             | (a) Beginning of Yea           | r       |         |          | (b) End o          | f Voor           |       |             |          |
|      | Total plan assets  | 7a          | (a) Beginning of Tea           |         |         |          | (b) Ella c         | 43240            | 005   |             |          |
|      | Total plan liabilities   | 7b          |                                |         |         |          |                    |                  | -     |             |          |
|      | Net plan assets (subtract line 7b from line 7a)  | 7c          | 430219                         | 4       | +       |          |                    | 43240            | 005   |             |          |
|      | Income, Expenses, and Transfers for this Plan Year   | 70          |                                | •       |         |          | (b) To             |                  |       |             |          |
|      | Contributions received or receivable from:   |             | (a) Amount                     |         |         |          | (b) To             | tai              |       |             |          |
|      | (1) Employers  | 8a(1)       | 1121                           | 3       |         |          |                    |                  |       |             |          |
|      | (2) Participants   | 8a(2)       | 6740                           | 0       |         |          |                    |                  |       |             |          |
|      | (3) Others (including rollovers)   | 8a(3)       |                                |         |         |          |                    |                  |       |             |          |
| b    | Other income (loss)  | 8b          | 85539                          | 5       |         |          |                    |                  |       |             |          |
| С    | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c          |                                |         |         |          |                    | 9340             | 08    |             |          |
|      | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d          | 91219                          | 7       |         |          |                    |                  |       |             |          |
| е    | Certain deemed and/or corrective distributions (see instructions)  | 8e          |                                |         |         |          |                    |                  |       |             |          |
| f    | Administrative service providers (salaries, fees, commissions)   | 8f          |                                |         |         |          |                    |                  |       |             |          |
| g    | Other expenses   | 8g          |                                |         |         |          |                    |                  |       |             |          |
|      | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h          |                                |         |         |          |                    | 912              | 197   |             |          |
| ī    | Net income (loss) (subtract line 8h from line 8c)  | 8i          |                                |         |         |          |                    | 218              | 311   |             |          |
| j    | Transfers to (from) the plan (see instructions)  | 8j          |                                |         |         |          |                    |                  |       |             |          |
| Pai  | t IV Plan Characteristics  | _ <u> </u>  |                                |         |         |          |                    |                  |       |             |          |
| 9a   | If the plan provides pension benefits, enter the applicable pension 2F 2E 2J 3D  | feature co  | des from the List of Plan Char | acteris | stic Co | des in   | the instructi      | ons:             |       |             |          |
| b    | If the plan provides welfare benefits, enter the applicable welfare fe   | eature cod  | es from the List of Plan Chara | cterist | ic Coc  | les in t | he instructio      | ns:              |       |             |          |
| _    |  |             |                                |         |         |          |                    |                  |       |             |          |
| Par  |  |             |                                |         |         |          | 1                  |                  |       |             |          |
| 10   | During the plan year:  |             |                                |         | Yes     | No       | ,                  | Amoun            | t     |             |          |
|      | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu  | ıciary Corr | ection Program)                | 10a     |         | X        |                    |                  |       |             |          |
|      | Were there any nonexempt transactions with any party-in-interest on line 10a.)   | `           | •                              | 10b     |         | X        |                    |                  |       |             |          |
| С    | Was the plan covered by a fidelity bond?   |             |                                | 10c     | X       |          |                    |                  | 50    | 00000       | 0        |
| 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   |             |                                |         |         |          |                    |                  |       |             |          |
|      | insurance service, or other organization that provides some or all   |             | ' '                            | 40      |         | X        |                    |                  |       |             |          |
|      | instructions.)   |             |                                | 10e     |         | X        |                    |                  |       |             |          |
| f    | Has the plan failed to provide any benefit when due under the plan   | n?          |                                | 10f     |         |          |                    |                  |       |             |          |
| g    | Did the plan have any participant loans? (If "Yes," enter amount a   | s of year e | end.)                          | 10g     |         | X        |                    |                  |       |             |          |
| h    | If this is an individual account plan, was there a blackout period? (2520.101-3.)  | •           |                                | 10h     |         | X        |                    |                  |       |             |          |
| i    | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10      |             |                                | 10i     |         |          |                    |                  |       |             |          |
| Part | VI Pension Funding Compliance  |             |                                |         |         |          | •                  |                  |       |             |          |
| 11   | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   |             |                                |         |         |          |                    | Пу               | es D  | No          | 0        |
| 112  | Enter the unpaid minimum required contribution for current year fr   |             |                                |         |         | 11a      |                    |                  | Ľ     |             |          |
| 12   | · · · · · · · · · · · · · · · · · · ·  |             | ,                              |         |         |          | EDISA2             | ПУ               | es >  | No          | <u> </u> |
| 14   | Is this a defined contribution plan subject to the minimum funding   |             |                                | OI SE   | CHOIL   | JUZ UI   | LRISA!             | Ц'               | /     | INC         | _        |
| a    | (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 beir |             |                                | ctions  | and e   | enter th | I<br>ne date of th | e letter         | rulin | a           |          |
|      | granting the waiver.   | -           |                                |         | ,       | Day      |                    | e letter<br>Year |       | <del></del> |          |
| If   | you completed line 12a, complete lines 3, 9, and 10 of Schedule  | e MB (For   | m 5500), and skip to line 13.  |         | 1       |          | 1                  |                  |       |             |          |
| b    | Enter the minimum required contribution for this plan year   |             |                                |         |         | 12b      |                    |                  |       |             |          |

| Page | 3 - | 1 |
|------|-----|---|
|------|-----|---|

| 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      |                         |        |       |
| <u>e</u> | 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                   | lo     |       |
|          | 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.) | to       |                         |        |       |
|          | I3c(1) Name of plan(s):  | 13c(2) E | IN(s)                   | 13c(3) | PN(s) |
|          |  |          |                         |        |       |
| Part     | VIII Trust Information (optional)  |          |                         |        |       |
|          | Name of trust<br>LFSTONE, PANCHOT & BLOCH, P.S., I   |          | rust's EIN<br>272281819 |        |       |

## Form 5500-SF

Department of the Treasury Internal Revenue Service

## 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 section 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public

| Employ    | ree Benefits Security Administration                           | Inspection   |   |  |  |
|-----------|--|--|---|--|--|
| Pen       | aion Banasis Guaranty Corporation                              | ► Complete all entries in accorda  | ence with the Instruct                            | lons to the Form 5500-SF.                        |  |
| Par       | Annual Report lo   | dentification information  |   |  |  |
|           | lendar plan year 2013 or fisca                                 | ai plan year beginning   | 01/01/2013  | and ending                                       | 12/31/2013   |
| _         | ls return/report is for:                                       | the first return/report  | a multiple-employer pla<br>he final return/report | ·  | a one-participant plan                               |
|           | Ī  | an amended return/report   | short plan year return                            | /report (less than 12 months                     | 3)   |
| C Ch      | neck box if filing under:                                      | x Form 5558  | automatic extension                               |  | DFVC program   |
| <b>.</b>  |  | ======================================   | ١   |  |  |
| P#870330  | <u> </u>   |  |   | <del></del>                                      |  |
|           |  | mation — enter all requested inform  | тапол   | 11   | Three-digit  |
|           | Name of plan   | & Bloch, P.S., Inc. Profit   | - Sharing and A                                   |  | plan number<br>(PN) ▶ 001                            |
| •         | VOLIBIONE, PANCHOE   | a Brock, F.S., Inc. Fronz  | , granting com to                                 | 10   | Effective date of plan<br>01/01/1991                 |
| 2a        | Plan sponsor's name and add                                    | iress; include room or suite number (er<br>& Bloch, PS Inc.                            | nployer, if for a single-                         | employer plan) 2                                 | D Employer Identification Number<br>(EIN) 91-1504890 |
|           |  | Out to 1900  |   | 20   | Sponsor's telephone number<br>(206) 682-3840         |
|           | 1111 Third Avenue,   |  |   | 2  | Business code (see instructions)<br>541110           |
| US :      | Seattle  | WA 98101   | N [ ] C B   | I Concers Address 3                              | b Administrator's EIN                                |
| 3а і      | Plan administrator's name an                                   | d address X Same as Plan Sponsor   | Name [ ] Same as P                                | ian Sporisor Address                             | D Williamstern a Sua                                 |
|           |  |  |   | 3  | C Administrator's telephone number                   |
| 4         | if the name and/or EIN of the<br>name, EIN, and the plan num   | pian sponsor has changed since the to<br>ber from the last return/report.              | st return/report filed fo                         | r this plan, enter the 4                         | b ein  |
|           | Sponsor's name   |  |   | 4  | C PN   |
|           |  | at the beginning of the plan year  | ~   | <u> 5</u>  | a 23   |
| b         | Total number of participants                                   | at the end of the plan year  |   | <u>5</u>   | b 23   |
| C         |  | account balances as of the end of the p  |   |  | <u>c</u> 23  |
| 6a        |  | during the plan year invested in eligible  |   |  | X Ye≰  No  |
|           | Are you daiming a waiver of under 29 CFR 2520,104-46?          | the annual examination and report of a<br>(See instructions on waiver aligibility a    | in independent qualifie<br>and conditions.)       | d public accountant (IQPA)                       | X Yes ☐No  |
| c         | if you answered "No" to eit<br>if the plan is a defined benefi | ther line 6a or line 6b, the plan canno<br>It plan, is it covered under the PBGC in    | st use Form 5500-SF :<br>surance program (see     | end must instead use For<br>ERISA section 4021)? | Yes No Not determined                                |
| Cer       | tion: A penalty for the late                                   | or incomplete filing of this return/re   | port will be assessed                             | uniess reasonable cause                          | is established.                                      |
| Und<br>SB | toe namelties of narium and of                                 | ther penalties set forth in the instruction<br>and signed by an enrolled actuary, as w | a Lideclare that I have                           | examined this return/report                      | , including, if applicable, a Schedule               |
| S         | Edwin &  | Woodward   | 10/2/2014   | Edwin G. Woodward                                |  |
| 7.70      | RE Signature of plan adm                                       | inistrator   | Date  | Enter name of individual si                      | gning as plan administrator                          |
| 7 2 3     |  |  |   |  |  |
| 1         | ERE Signature of employe                                       | riplan sponsor   | Date  | Enter name of individual s                       | gning as employer or plan sponsor                    |
|           |  | name, if applicable) and address; inclu  | de room or suite numb                             | er (optional)                                    | reparer's telephone number (optional)                |
|           |  |  |   |  |  |

| l par   | Financial Information  |   |                                    |                |        |               |                |                   |  |
|---------|--|---|------------------------------------|----------------|--------|---------------|----------------|-------------------|--|
|         |  |   | (a) Beginning of Year              |                |        |               | (b) End of '   | /ear              |  |
|         | tal plan assets  | 7a  | 4,302,19                           | 4              |        |               | 4              | ,324,005          |  |
|         | tel plan ligbilities   | 7b  |                                    |                |        |               |                |                   |  |
|         | rt plan assets (subtract line 7b from line 7a)   | 7c  | 4,302,19                           | 4              |        |               | 4              | ,324,005          |  |
| 8 Inc   | come, Expenses, and Transfers for this Plan Year   |   | (a) Amount                         |                |        |               | (b) Tota       | ıl                |  |
|         | intributions received or receivable from:  | Data\   | 11,21                              | 3              |        |               |                |                   |  |
|         | Employers  | Ba(1)   | 67,40                              |                |        |               |                |                   |  |
|         | Participants   | Ba(2)   |                                    |                |        | 11.7 m        |                |                   |  |
|         | Others (Including rokovers)  | 8a(3)<br>8b                                       | 855,39                             | 5              |        |               |                |                   |  |
| -       | tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c  |                                    |                |        | 2 500 2       |                | 934,008           |  |
|         | anefits paid (including direct rollovers and insurance premiums  | , <del>, , , , , , , , , , , , , , , , , , </del> |                                    | 1251           |        | erew.         | NEW MINISTER   | AND A DESCRIPTION |  |
| to      | provide benefits)  | 8d  | 912,19                             | 7              |        |               |                |                   |  |
| e Ce    | ertain deemed and/or corrective distributions (see instructions)   | Be .  |                                    |                |        |               |                |                   |  |
| f Ac    | iministrative service providers (salaries, fees, commissions)  | 8f  | , , ,                              |                |        |               |                |                   |  |
| g O     | her expenses   | 8g  |                                    | V17-182-112-11 | 7      |               |                |                   |  |
| h To    | otal expenses (add lines 8d, 8e, 8f, and 8g)   | 8h  |                                    |                |        |               |                | 912,197           |  |
|         | et Income (loss) (subtract line 8h from line 8c)   | . 8i  |                                    |                |        |               |                | 21,811            |  |
| j Tr    | ansfers to (from) the plan (see instructions)  | 8]  |                                    |                |        | den a         |                |                   |  |
| Pari    | V Plan Characteristics   |   |                                    |                |        |               |                |                   |  |
|         | the plan provides pension benefits, enter the applicable pension fe  | sature code                                       | es from the List of Plan Characte  | riatic         | Code   | s in the      | e instruction: | B:                |  |
|         | 2F 2B 2J 3D  |   |                                    |                |        |               |                |                   |  |
| b If    | the plan provides welfare benefits, enter the applicable welfare fee   | ature code  | s from the List of Plan Character  | istic (        | Codes  | In the        | instructions   |                   |  |
| P P A P | Part V Compliance Questions  |   |                                    |                |        |               |                |                   |  |
|         | During the plan year:  |   |                                    |                | Yes    | No            | A              | mount             |  |
| 8       | Was there a failure to transmit to the plan any participant contribu<br>29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidur | clary Corre                                       | ction Program)                     | 10a            |        | х             |                |                   |  |
|         | Were there any nonexempt transactions with any party-in-interest on line 10s.)   |   |                                    | 10b            |        | Ж             |                |                   |  |
|         | Was the plan covered by a fidelity bond?   |   |                                    | 10c            | X      |               |                | 500,000           |  |
|         | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?   |   |                                    | 10d            |        | х             |                |                   |  |
| 0       | Were any fees or commissions paid to any brokers, agenta, or off insurance service, or other organization that provides some or all    | of the ben  | efits under the plan? (See         |                |        | ×             |                |                   |  |
|         | instructions.)   |   |                                    | 10e            | -      | <del></del>   |                |                   |  |
| f       | Has the plan failed to provide any benefit when due under the pla  | <u></u>   |                                    | 10f            | ļ      | х             |                |                   |  |
| 9       | Did the plan have any participant loans? (If "Yes," enter amount a   | es of year o                                      | and.)                              | 10g            |        | ж             |                |                   |  |
| h       | If this is an individual account plan, was there a blackout period? 2520.101-3.)   | (See instr  | uctions and 29 CFR                 | 10h            |        | х             |                |                   |  |
| i       | If 10h was enswered "Yes," check the box if you either provided t<br>exceptions to providing the notice applied under 29 CFR 2520.10   | the require                                       | d notice or one of the             | 101            |        |               |                |                   |  |
| Pari    | VI. Pension Funding Compliance   |   |                                    |                |        |               |                |                   |  |
| 11      | Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)   | nents? (II '                                      | "Yes," see instructions and comp   | dete           | Sched  | ule SB        | (Form          | Yes X No          |  |
| 11a     | Enter the unpaid minimum required contribution for current year t  | from Scheo  | dule SB (Form 5500) line 39 🙃      |                | .,,,,  | 112           |                |                   |  |
| 12      | is this a defined contribution plan subject to the minimum funding   | tednjteur   | ents of section 412 of the Code of | ¥ 880          | tion 3 | )2 of E       | RISA?          | Yes X No          |  |
|         | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below   | v, as applic                                      | cable.)                            |                |        |               | ,              | 1-11 "            |  |
| a<br>   | granting the walver  |   | Мо                                 | tiona,<br>oth  | and e  | nter th<br>Da | e date of the  | Year              |  |
| lf y    | you completed line 12a, complete lines 3, 9, and 10 of Schedu  | le MB (Fo   | rm 5500), and skip to line 13.     |                | -      |               |                |                   |  |
| b       | Enter the minimum required contribution for this plan year   |   | ····                               |                |        | 12b           |                |                   |  |

|       | •   |  |                      |          |          |       |
|-------|---|--|----------------------|----------|----------|-------|
|       | Form 5500-SF 2013 Page 3  | <u>-                                      </u> |                      |          |          |       |
| 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 signegative amount)  | <u> </u>                                       |                      | 12d      |          |       |
| е     | Will the minimum funding amount reported on line 12d be met by the funding deadline?  | ************                                   |                      |          | Yes      | □ No  |
| Part  | VII Plan Terminations and Transfers of Assets   |  |                      |          |          |       |
| 13a   | Has a resolution to terminate the plan been adopted in any plan year?   |  | ******               |          | es X     | No    |
|       | If "Yes," enter the amount of any plan assets that reverted to the employer this year   |  | <del>,,,,,,,,,</del> | 13a      |          |       |
| b     | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?   | , or brought unde                              | r the co             | ontrol   |          | ☐ Yes |
| С     | If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.) | s), identify the pla                           | an(s) to             | 1        |          |       |
| 1     | I3c(1) Name of pian(s):   |  | 13                   | c(2) EIN | (s)      | 13c(3 |
|       |   |  |                      |          |          |       |
|       |   |  |                      |          |          |       |
| Part  | VIII. Trust Information (optional)  | 1  |                      |          |          |       |
| 14a r | Name of trust   |  |                      | 14b T    | rust's E | IN    |
|       |   |  |                      | I        |          |       |