## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

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| 6a Were                                                                                              | er of participants with a lete this item)                                                                                | account balances as of the end of | the plan year (defined bene-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | efit plans do not                                                                                                                                | 5c                            |                                                                                      | 15                                                                   |  |  |  |  |
| <b>6a</b> Were <b>b</b> Are ye                                                                       | eer of participants with a<br>lete this item)eall of the plan's assets<br>ou claiming a waiver of                        | account balances as of the end of the end of the end of the during the plan year invested in ethe annual examination and report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the plan year (defined bene<br>defined bene<br>defined beneder the plan was                                                                                                                                                                                                                                                                                                                                                                                                                                                        | efit plans do not  ctions.)ed public accountant (IQI                                                                                             | <b>5c</b>                     |                                                                                      | 15<br>15<br>X Yes No                                                 |  |  |  |  |
| 6a Were b Are you under                                                                              | er of participants with a<br>lete this item)e all of the plan's assets<br>ou claiming a waiver of<br>29 CFR 2520.104-46? | account balances as of the end of the end of the during the plan year invested in ethe annual examination and report (See instructions on waiver eligib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the plan year (defined bene-<br>ligible assets? (See instruct<br>t of an independent qualifie<br>ility and conditions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | efit plans do not<br>ctions.)ed public accountant (IQI                                                                                           | <b>5c</b>                     |                                                                                      | 15                                                                   |  |  |  |  |
| 6a Were b Are you under If you                                                                       | per of participants with a<br>lete this item)                                                                            | during the plan year invested in e<br>the annual examination and report<br>(See instructions on waiver eligib<br>ther line 6a or line 6b, the plan c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the plan year (defined bene-<br>defined bene-<br>defined bene-<br>defined bene-<br>the plan year (defined bene-<br>defined bene-<br>defined bene-<br>will year (defined bene-<br>defined bene-<br>will year (defined bene-<br>defined bene-<br>ption year (defined bene-<br>the year (defined bene-<br>the year (defined bene-<br>defined bene-<br>the year (defined bene-<br>defined bene-<br>the year (defined ben                                                                                                                                                                                                    | efit plans do not ctions.)ed public accountant (IQI                                                                                              | 5c<br>PA)                     | 5500                                                                                 | 15  X Yes No X Yes No                                                |  |  |  |  |
| 6a Were b Are you under If you                                                                       | per of participants with a<br>lete this item)                                                                            | account balances as of the end of the end of the during the plan year invested in ethe annual examination and report (See instructions on waiver eligib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the plan year (defined bene-<br>defined bene-<br>defined bene-<br>defined bene-<br>the plan year (defined bene-<br>defined bene-<br>defined bene-<br>will year (defined bene-<br>defined bene-<br>will year (defined bene-<br>defined bene-<br>ption year (defined bene-<br>the year (defined bene-<br>the year (defined bene-<br>defined bene-<br>the year (defined bene-<br>defined bene-<br>the year (defined ben                                                                                                                                                                                                    | efit plans do not ctions.)ed public accountant (IQI                                                                                              | 5c<br>PA)                     | 5500                                                                                 | 15<br>15<br>X Yes No                                                 |  |  |  |  |
| comp 6a Were b Are younder If you c If the                                                           | er of participants with a<br>lete this item)                                                                             | during the plan year invested in e<br>the annual examination and report<br>(See instructions on waiver eligib<br>ther line 6a or line 6b, the plan c<br>t plan, is it covered under the PBG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the plan year (defined bene-<br>defined bene-<br>defined assets? (See instruc-<br>t of an independent qualifier<br>ility and conditions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | efit plans do not ctions.)ed public accountant (IQI and must instead use ERISA section 4021)?.                                                   | Form                          | 5500.  Yes No sestablished.                                                          | 15  X Yes No X Yes No Not determined                                 |  |  |  |  |
| comp 6a Were b Are you under If you c If the Caution: A Under pen SB or Sche                         | lete of participants with a lete this item)                                                                              | account balances as of the end of the end of the end of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returnment per penalties set forth in the instructed signed by an enrolled actuary, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the plan year (defined bene-<br>defined bene-<br>bene-<br>defined bene-<br>bene-<br>defined bene-<br>bene-<br>defined bene-<br>bene-<br>defined bene-<br>bene-<br>bene-<br>defined bene-<br>defined | efit plans do not ctions.)ed public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep    | Form see is coort, in         | 5500.  Yes No established.  Cluding, if applica                                      | 15  X Yes No X Yes No Not determined                                 |  |  |  |  |
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| comp 6a Were b Are you lif you c If the Caution: A Under pen SB or Sche belief, it is                | per of participants with a lete this item)                                                                               | account balances as of the end of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a solete.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the plan year (defined bene- ligible assets? (See instruct of an independent qualifier illity and conditions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | efit plans do not ctions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report | Form see is coort, in , and t | 5500.  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| comp 6a Were b Are you under If you c If the Caution: A Under pen SB or Sche belief, it is SIGN HERE | per of participants with a lete this item)                                                                               | account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a solete.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the plan year (defined bene- struction of an independent qualifier illity and conditions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | efit plans do not  ctions.)                                                                                                                      | Form ase is coort, in , and t | 5500.  Yes No established.  cluding, if applicate to the best of my                  | 15  X Yes No X Yes No Not determined  able, a Schedule knowledge and |  |  |  |  |
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In a signed by an enrolled actuary, a collete.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the plan year (defined bene- struction of an independent qualifier illity and conditions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | efit plans do not  ctions.)                                                                                                                      | Form and t                    | 5500.  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Form 5500-SF 2013 Page **2** 

| Do             | rt III   Financial Information                                                                                                                                                                                                                      |              |                                       |          |          |          |           |          |              |        |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------|----------|----------|----------|-----------|----------|--------------|--------|
| <u>га</u><br>7 |                                                                                                                                                                                                                                                     |              | (a) Deninging of Ver                  |          | <u> </u> |          | /b\ F.    | f \      | <b>/</b>     |        |
|                | Plan Assets and Liabilities Total plan assets                                                                                                                                                                                                       | (7,5)        |                                       |          |          |          | (b) E     | nd of \  | ear<br>51479 | 0      |
| <u>а</u><br>b  | Total plan assets                                                                                                                                                                                                                                   | 010000       |                                       | -        |          |          |           | 01470    |              |        |
|                | Net plan assets (subtract line 7b from line 7a)                                                                                                                                                                                                     | 7b<br>7c     | 515068                                | 0        |          |          |           | 5        | 51479        | 0      |
| 8              | Income, Expenses, and Transfers for this Plan Year                                                                                                                                                                                                  | 70           |                                       |          |          |          | /h        |          |              |        |
| a              | Contributions received or receivable from:                                                                                                                                                                                                          |              | (a) Amount                            |          |          |          | u)        | ) Tota   |              |        |
|                | (1) Employers                                                                                                                                                                                                                                       | 400          |                                       |          |          |          |           |          |              |        |
|                | (2) Participants                                                                                                                                                                                                                                    | 8a(2)        | 13440                                 | 0        |          |          |           |          |              |        |
|                | (3) Others (including rollovers)                                                                                                                                                                                                                    | 8a(3)        |                                       |          |          |          |           |          |              |        |
| b              | Other income (loss)                                                                                                                                                                                                                                 | 8b           | 30852                                 | 1        |          |          |           |          |              |        |
| С              | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                                                                                                                                                                                | 8c           |                                       |          |          |          |           |          | 563616       | 6      |
| d              | Benefits paid (including direct rollovers and insurance premiums to provide benefits)                                                                                                                                                               | 8d           | 19950                                 | 6        |          |          |           |          |              |        |
| е              | Certain deemed and/or corrective distributions (see instructions)                                                                                                                                                                                   | 8e           |                                       |          |          |          |           |          |              |        |
| f              | Administrative service providers (salaries, fees, commissions)                                                                                                                                                                                      | 8f           |                                       |          |          |          |           |          |              |        |
| g              | Other expenses                                                                                                                                                                                                                                      | 8g           |                                       |          |          |          |           |          |              |        |
| h              | Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                                                       | 8h           |                                       |          |          |          |           |          | 19950        | 6      |
| <u>i</u>       | Net income (loss) (subtract line 8h from line 8c)                                                                                                                                                                                                   | 8i           |                                       |          |          |          |           |          | 36411        | 0      |
| j              | Transfers to (from) the plan (see instructions)                                                                                                                                                                                                     | 8j           |                                       |          |          |          |           |          |              |        |
| Pa             | rt IV Plan Characteristics                                                                                                                                                                                                                          |              |                                       |          |          |          |           |          |              |        |
| 9a             | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D 2R 2F                                                                                                                                                               | feature cod  | des from the List of Plan Chara       | acteris  | stic Co  | des in   | the inst  | ruction  | s:           |        |
| b              | If the plan provides welfare benefits, enter the applicable welfare for                                                                                                                                                                             | eature code  | es from the List of Plan Charac       | cteristi | ic Coc   | les in t | he instru | uctions  | :            |        |
| Par            | t V Compliance Questions                                                                                                                                                                                                                            |              |                                       |          |          |          |           |          |              |        |
| 10             | During the plan year:                                                                                                                                                                                                                               |              |                                       |          | Yes      | No       |           | Am       | ount         |        |
| а              | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu                                                                                                                 |              |                                       | 10a      | Χ        |          |           |          |              | 56152  |
| b              | Were there any nonexempt transactions with any party-in-interest on line 10a.)                                                                                                                                                                      |              |                                       | 10b      |          | X        |           |          |              |        |
|                | Was the plan covered by a fidelity bond?                                                                                                                                                                                                            |              |                                       | 10c      | X        |          |           |          |              | 500000 |
| d              | Did the plan have a loss, whether or not reimbursed by the plan's                                                                                                                                                                                   | fidelity bor | nd, that was caused by fraud          | 10d      |          | X        |           |          |              | 000000 |
| —е             | or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth                                                                                                                                                                    |              |                                       | .00      |          |          |           |          |              |        |
|                | insurance service, or other organization that provides some or all                                                                                                                                                                                  | of the bene  | efits under the plan? (See            |          |          | X        |           |          |              |        |
|                | instructions.)                                                                                                                                                                                                                                      |              |                                       | 10e      |          |          |           |          |              |        |
| f              | Has the plan failed to provide any benefit when due under the plan                                                                                                                                                                                  | n?           |                                       | 10f      |          | Х        |           |          |              |        |
| 9              | Did the plan have any participant loans? (If "Yes," enter amount as                                                                                                                                                                                 | s of year e  | nd.)                                  | 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)                                                                                                                                                        |              |                                       |          |          |          |           |          | Yes          | X No   |
| 112            | Enter the unpaid minimum required contribution for current year for                                                                                                                                                                                 |              |                                       |          |          | 11a      |           | <u> </u> |              |        |
| 12             | Is this a defined contribution plan subject to the minimum funding                                                                                                                                                                                  |              |                                       |          |          |          | FRISAS    | Г        | Yes          | X No   |
| -14            |                                                                                                                                                                                                                                                     |              |                                       | , UI 3E  | outil .  | OUZ UI   | LINOA     | _        | . 03         |        |
|                | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling |              |                                       |          |          |          |           |          |              |        |
| а              |                                                                                                                                                                                                                                                     | -            | · · · · · · · · · · · · · · · · · · · |          | , and e  | _        | ie uale i |          |              | g      |
|                | granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedule                                                                                                                                                               | <u></u>      | Mon                                   |          | , and e  | Day      |           | of the I |              |        |

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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code)

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

|            | ension E                              | denetit Guaranty Corporation | ► Complete all entries in accorda                                                        | ince with the instru     | ctions to the Form 550   | 00-SF.       |                                       |                  |
|------------|---------------------------------------|------------------------------|------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------|---------------------------------------|------------------|
|            | art i                                 |                              | Identification Information                                                               |                          |                          |              | -                                     |                  |
| <u>For</u> | calend                                | lar plan year 2013 or fi     | scal plan year beginning 01                                                              | /01/2013                 | and ending               |              | 12/31/201                             | 3                |
|            |                                       | turn/report is for:          |                                                                                          |                          | lan (not multiemployer)  |              | a one-particip                        | ant plan         |
| В          | This re                               | turn/report is:              |                                                                                          | he final return/report   |                          |              |                                       | -                |
|            |                                       |                              |                                                                                          | short plan year retur    | n/report (less than 12 m | onths)       |                                       |                  |
| C          | Check                                 | box if filing under:         |                                                                                          | utomatic extension       |                          |              | DFVC progra                           | m                |
|            |                                       |                              | special extension (enter description                                                     | <u></u>                  |                          |              |                                       |                  |
| Pa         | art II                                | Basic Plan Info              | rmation—enter all requested informati                                                    | ion                      |                          | T            |                                       |                  |
| 1a         | Name                                  | of plan                      |                                                                                          |                          |                          |              | ree-digit                             |                  |
|            |                                       |                              | IC CLINIC, P.S. SEC. 401                                                                 | (K)                      |                          |              | an number<br>'N) ▶                    | 002              |
|            | PLAN                                  |                              |                                                                                          |                          | fective date of          |              |                                       |                  |
|            |                                       |                              |                                                                                          |                          |                          |              | 2/15/1987                             |                  |
|            |                                       |                              | dress; include room or suite number (em                                                  | ployer, if for a single- | employer plan)           | 2b En        | nployer Identifi                      | cation Number    |
|            | SPOK                                  | ANE PSYCHIATR                | IC CLINIC, P.S.                                                                          |                          |                          |              | IN) 91-155                            |                  |
|            |                                       |                              |                                                                                          |                          |                          |              | oonsor's teleph<br>509) 455-          |                  |
|            | 105                                   | W. EIGHTH, SU                | ITE 6055                                                                                 |                          |                          | <u>·</u>     | · · · · · · · · · · · · · · · · · · · | ee instructions) |
|            | SPOK                                  | ANE                          |                                                                                          | WA                       | 99204                    | •            | 21112                                 | ee manuchons)    |
| 3a         | Plan a                                | dministrator's name ar       | nd address XSame as Plan Sponsor Nar                                                     |                          | Sponsor Address          | <b>3b</b> Ad | lministrator's E                      | IN               |
|            |                                       |                              | _                                                                                        |                          |                          | <u> </u>     |                                       |                  |
|            |                                       |                              |                                                                                          |                          |                          | 3C Ad        | lministrator's te                     | lephone number   |
|            |                                       |                              |                                                                                          |                          |                          |              |                                       |                  |
|            |                                       |                              |                                                                                          |                          |                          |              |                                       |                  |
|            |                                       |                              |                                                                                          |                          |                          |              |                                       |                  |
| 4.         |                                       |                              | e plan sponsor has changed since the las                                                 | t return/report filed fo | or this plan, enter the  | 4b Ell       | N                                     |                  |
| _          |                                       |                              | mber from the last return/report                                                         |                          |                          | 4            |                                       |                  |
|            |                                       | or's name                    | at the beginning of the plan was                                                         |                          |                          | 4c PN        | <u> </u>                              |                  |
|            |                                       |                              | at the beginning of the plan year                                                        |                          |                          | 5a           |                                       | 14               |
|            |                                       |                              | at the end of the plan year                                                              |                          |                          | 5b           |                                       | 15               |
|            |                                       | •                            | account balances as of the end of the pla                                                | • •                      | •                        | 5c           |                                       | 15               |
| 6a         | Were                                  | all of the plan's assets     | s during the plan year invested in eligible                                              | assets? (See instruc     | tions.)                  |              |                                       | X Yes No         |
| b          |                                       |                              | the annual examination and report of an                                                  |                          |                          |              |                                       | ₩ Vaa □ Na       |
|            |                                       |                              | ? (See instructions on waiver eligibility an<br>ther line 6a or line 6b, the plan cannot | •                        |                          |              |                                       | X Yes No         |
| c          | -                                     |                              | it plan, is it covered under the PBGC insu                                               |                          |                          |              |                                       | Not determined   |
|            |                                       |                              |                                                                                          |                          | <u> </u>                 |              |                                       |                  |
|            |                                       |                              | or incomplete filing of this return/repor                                                |                          |                          |              |                                       |                  |
|            |                                       |                              | ner penalties set forth in the instructions, and signed by an enrolled actuary, as well  |                          |                          |              |                                       |                  |
|            |                                       | true, correct, and comp      |                                                                                          |                          |                          | ,            |                                       | g                |
| SIG        | NI.                                   |                              | 99 C -                                                                                   |                          | DAVID BOT                |              |                                       | <del></del>      |
| HER        |                                       | 0                            |                                                                                          | 5.02. 1                  |                          |              |                                       |                  |
| ·          | · · · · · · · · · · · · · · · · · · · | Signature of plan a          | dministrator                                                                             | Date 7 30 14             | Enter name of individu   | ual signin   | g as plan admi                        | nistrator        |
| SIG        |                                       |                              |                                                                                          |                          |                          |              |                                       |                  |
|            |                                       | Signature of emplo           |                                                                                          | Date                     | Enter name of individu   |              |                                       |                  |
| rep        | arer s                                | name (including firm n       | ame, if applicable) and address; include r                                               | oom or suite number      | г (ориолаг)              | Prepare      | rs telephone n                        | umber (optional) |
|            |                                       |                              |                                                                                          |                          |                          |              |                                       |                  |
|            |                                       |                              |                                                                                          |                          |                          |              |                                       |                  |
|            |                                       |                              |                                                                                          |                          |                          |              |                                       | -                |

| Pa       | rt III Financial Information                                                                                                                                                                |                           |                                                          |                   |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------|-------------------|--------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 7        | Plan Assets and Liabilities                                                                                                                                                                 |                           | (a) Beginning of Ye                                      | ar                |              |                      | (b) End of Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| а        | Total plan assets                                                                                                                                                                           | 7a                        | 5,15                                                     |                   | 30           |                      | 5,514,790                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| b        | Total plan liabilities                                                                                                                                                                      | 7b                        |                                                          |                   |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| С        | Net plan assets (subtract line 7b from line 7a)                                                                                                                                             | 7c                        | 5,15                                                     | 0,68              | 30           |                      | 5,514,790                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| 8        | Income, Expenses, and Transfers for this Plan Year                                                                                                                                          |                           | (a) Amount                                               |                   |              | (b) Total            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| а        | Contributions received or receivable from:                                                                                                                                                  | 0=(4)                     | 12                                                       | 0,69              | 35           | - ,                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|          | (1) Employers                                                                                                                                                                               | 8a(1)<br>8a(2)            |                                                          | $\frac{0,0}{4,4}$ |              | ٠                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|          | (2) Participants(3) Others (including rollovers)                                                                                                                                            | 8a(3)                     |                                                          |                   | <del>-</del> |                      | A Comment of the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| <u> </u> | Other income (loss)                                                                                                                                                                         | 8b                        | 30                                                       | 8,52              | 21           | <del>- 196 - 1</del> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                                                                                                                        | 8c                        |                                                          |                   | $\dashv$     |                      | 563,616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|          | Benefits paid (including direct rollovers and insurance premiums                                                                                                                            |                           |                                                          |                   |              |                      | Taraba a Banas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|          | to provide benefits)                                                                                                                                                                        | 8d                        | 19                                                       | 9,50              | 06           | 1 . 1                | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|          | Certain deemed and/or corrective distributions (see instructions)                                                                                                                           | 8e                        |                                                          |                   |              | · ~· ,               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|          | Administrative service providers (salaries, fees, commissions)                                                                                                                              | 8f                        |                                                          | _                 | <u> </u>     |                      | Control of the state of the sta |  |  |
|          | Other expenses                                                                                                                                                                              | 8g                        | ,                                                        |                   | -            |                      | 100 505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|          | Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                               | 8h                        |                                                          |                   | +            |                      | 199,506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|          | Net income (loss) (subtract line 8h from line 8c)                                                                                                                                           | 8i                        |                                                          | 1                 |              |                      | 364,110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|          | Transfers to (from) the plan (see instructions)                                                                                                                                             | 8j                        |                                                          | -                 |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|          | t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 3D 2R 2F  If the plan provides welfare benefits, enter the applicable welfare fe |                           |                                                          |                   |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|          | V Compliance Questions                                                                                                                                                                      |                           |                                                          |                   |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 10       | During the plan year:                                                                                                                                                                       |                           |                                                          |                   | Yes          | No                   | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| а        | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu                                                         |                           |                                                          | 10a               | х            |                      | 56,152                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| b        | Were there any nonexempt transactions with any party-in-interest on line 10a.)                                                                                                              |                           |                                                          | 10b               |              | Х                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| С        | Was the plan covered by a fidelity bond?                                                                                                                                                    |                           |                                                          | 10c               | х            |                      | 500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| d        | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?                                                                                                            |                           |                                                          | 10d               |              | х                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| е        |                                                                                                                                                                                             | er persons<br>of the bene | s by an insurance carrier,<br>efits under the plan? (See | 10e               |              | х                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| f        |                                                                                                                                                                                             |                           |                                                          | 10f               |              | Х                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| g        | Did the plan have any participant loans? (If "Yes," enter amount as                                                                                                                         | s of vear e               | end.)                                                    | 10g               |              | х                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| h        |                                                                                                                                                                                             | See instru                | ctions and 29 CFR                                        | 10h               |              | х                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| i        | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101                                                        | e required                | I notice or one of the                                   | 10i               |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Part     | VI Pension Funding Compliance                                                                                                                                                               |                           |                                                          |                   |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 11       | Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)                                                                                            |                           |                                                          |                   |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 11a      | Enter the unpaid minimum required contribution for current year fro                                                                                                                         |                           |                                                          |                   |              | 11a                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 12       | Is this a defined contribution plan subject to the minimum funding                                                                                                                          |                           |                                                          |                   |              | 302 of               | ERISA? Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|          | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,                                                                                                                         |                           |                                                          |                   |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|          | If a waiver of the minimum funding standard for a prior year is being granting the waiver.                                                                                                  | g amortize                | ed in this plan year, see instruc                        |                   | and e        | enter th<br>Day      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| lf y     | ou completed line 12a, complete lines 3, 9, and 10 of Schedule                                                                                                                              | MB (For                   | m 5500), and skip to line 13.                            |                   |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| b        | b Enter the minimum required contribution for this plan year                                                                                                                                |                           |                                                          |                   |              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |

|      | Form 5500-SF 2013 130118 Page                                                                                                                                | 3 -                                 |               |           |             |       |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------|-----------|-------------|-------|
|      | 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 negative amount)                                                      | minus sign to the left of a         | 12d           |           |             |       |
| е    | Will the minimum funding amount reported on line 12d be met by the funding deadling                                                                          |                                     |               | Yes       | No          | N/A   |
| Part |                                                                                                                                                              |                                     |               | <u> </u>  | <del></del> |       |
| 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                                                                        |                                     | . 13a         |           |             |       |
| b    | Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?                                                       | other plan, or brought under the    | control       | <u></u>   | Yes         | No No |
|      | If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.) | other plan(s), identify the plan(s) | to            |           |             |       |
| 1:   | 3c(1) Name of plan(s):                                                                                                                                       | 1                                   | 3c(2) El      | N(s)      | 13c(3)      | PN(s) |
|      |                                                                                                                                                              |                                     |               | ·         |             |       |
| Part | VIII Trust Information (optional)                                                                                                                            | <u> </u>                            |               |           | <u> </u>    |       |
|      | lame of trust                                                                                                                                                |                                     | <b>14b</b> Tr | ust's EIN |             |       |