-	Form 5500-SF Short Form Annual Return/Report of Small Empl						OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employe			е	2	2013		
	Department of Labor Doyce Benefits Security Administration Diversion Structure Links for the Links of the Lin					This Form is	This Form is Open to Public Inspection		
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	lance with the instruc	tions to the Form 550	0-SF.		pection		
Part I		lentification Information							
For calenda	ar plan year 2013 or fisca	al plan year beginning 09/01/2013	}	and ending 1	2/31/	2013			
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
B This ret	turn/report is:	the first return/report	the final return/report						
	[	an amended return/report	mended return/report a short plan year return/report (less than 12 months)						
C Check	box if filing under:	× Form 5558	automatic extension		DFVC program				
		special extension (enter description	,						
Part II	Basic Plan Inform	mation—enter all requested informa	ation		_				
1a Name	•				1b	Three-digit plan number			
UNITED PYR	RUTECHNICS (USA), IN	IC. PROFIT SHARING PLAN				(PN) ►	001		
					1c	Effective date of	f plan		
						09/01/	/2009		
	ponsor's name and addre ROTECHNICS (USA), IN	ess; include room or suite number (er NC.	nployer, if for a single-	employer plan)	2b	Employer Identit (EIN) 46-27			
12400 NE 20	0TH STREET, SUITE 45				2c	Sponsor's telep			
BELLEVUE,					2d	Business code (see instructions)			
<b>3a</b> Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	325900 Administrator's EIN			
4 If the r	<ul> <li>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the</li> <li>4b EIN</li> </ul>								
	•	per from the last return/report.			4c PN				
<u> </u>	or's name	t the beginning of the plan year					8		
					5a 5b		6		
<ul> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the plan year (defined benefit plans do not</li> </ul>				50					
					5c		6		
	•	during the plan year invested in eligible	,	,			X Yes 🗌 No		
		ne annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No		
		her line 6a or line 6b, the plan canno							
-		plan, is it covered under the PBGC in			_		Not determined		
Caution: A	popalty for the late or	incomplete filing of this return/rep	ort will be assessed i	unloss rossonable cau			<u>.</u>		
							able a Schedule		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.	10/11/2014	THOMAS W. CHAN					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual si	aning as employe	r or plan sponsor		
Preparer's		me, if applicable) and address; include		-			number (optional)		

a       Total plan assets       7a       512346       667822         b       Total plan isabilities       7b       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       612346       567822         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       sa(1)       0       (c) Participants       62(2)       0         (a) Others (including relovers)       8a(2)       0       0       8420       0       8420       0         (b) Other income (ided) finances and insurance prentums       8d       8420       0       8420       0       8420       0       8420       0       0       94509       0       94509       0       94509       0       94509       0       94509       0       94       9205       9       94       90       9       94       90       9747       97476       9	a       Total pain sasks       7a       512345       567722         b       Total pain sasks (subtract line 7b from line 7a)       7c       612345       567722         c       None, Expenses, and Transfers for the Plan Year       (a) Amount       (b) Total       0         d       Contributions received or receivable from:       (a) (1) Employers       (b) Total       0       0         (3)       Other acome (loss)       8a(1)       0       0       0       0         (3)       Other acome (loss)       8a(2)       0       0       0       0       0         (5)       Total income (loss)       8b       84509       0 </th <th>7 Plan Assets and Liabilities</th> <th></th> <th>(a) Beginning of Yea</th> <th>r</th> <th></th> <th></th> <th>(b) End</th> <th>of Year</th> <th></th>	7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
Total pain statute         Total         Total         Solution	Instruction         Top         Call State         Control         Contracacteristico         Code is intructions         <	a Total plan assets	7a	51234	6				5878	22
8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable form:       Ba(1)       0         (a) Participants.       Ba(2)       0         (b) Employees       Ba(2)       0         (c) Other income (localing rollowers).       Ba(2)       0         (c) Other income (localing rollowers and insurance preniums       Ba       Ba         (c) Other income (localing rollowers and insurance preniums       Ba       Ba         (c) Charts (including rollowers and insurance preniums       Ba       Ba         (c) Charts (including rollowers and insurance preniums       Ba       Ba         (c) Charts (including rollowers and insurance preniums       Ba       Ba         (c) Charts (including rollowers and insurance preniums       Ba       0         (c) Charts (including rollowers and insurance preniums       Ba       0         (c) Other paperses (add lines 8d, 6e, 8f, and 8g)       Bh       00031         (c) Transfors to (from) the pain (see instructions)       Bg       0       0         (c) Transfors to (from) the pain (see instructions)       Bg       0       0         (c) Transfors to (from) the pain (see instructions)       Bg       0       0         (c) Transfors to (from)	8       income, Expanses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       5s(1)       0         (a) Daraticipants.       Ss(1)       0         (b) Other income (loss)       Ss(3)       0         b       Other income (loss)       Ss(3)       0         c       Total income (loss)       Ss(3)       0         c       Total income (loss)       Ss(4)       Ss(2)         c       Total income (loss)       Ss(4)       Ss(2)         c       Total income (loss)       Ss(4)       Ss(2)         c       Total expenses (loss (loss in structures)       Ss(4)       Ss(2)         c       Chain demond and/or corrective distributions (see instructures)       Ss(4)       Ss(2)         c       Chain demond and/or corrective distributions (see instructures)       Ss(4)       Ss(2)         c       Chain demond and/or corrective distributions (see instructures)       Ss(4)       Ss(4)       Ss(4)         c       Chain demond and/or corrective distributions (see instructures)       Ss(4)       Ss(4)       Ss(4)         c       Chain demond and/or corrective distructures       Ss(4)       Ss(4)       Ss(4)         c       Chain	<b>b</b> Total plan liabilities	7b		0					0
a Combulations received or receivable form:       Sa(1)       0         (a) Endproyers       Sa(2)       0         (b) Others (including rollowers)       Sa(2)       0         (c) Total income (ide) lines Sa(1), Sa(2), Sa(3), and Sb)       Se       84509         (c) Total income (ide) (including direct rollowers and insurance premiums to provide burnel service provides (islatires, fees, commissions)       Se       0         (c) Total expenses (including rollowers)       Se       0       0         (c) Other expenses (including rollowers)       Se       Se       0       0         (c) Other expenses (including rollowers)       Se       Se       0       0         (c) Other expenses (in	a       Contributions received or receivable from:       ga(1)       0         (a)       Ditters (including rolevers)       Sa(2)       0         (b)       End(2)       0       0         (c)       Ditters (including rolevers)       Sa(3)       0       0         (c)       Ditters (including rolevers)       Sa(3)       0       0       0         (c)       Ditters (including rolevers)       Sa(3)       0       0       0       0         (c)       Ditters (including rolevers)       Sa(4)       Sa(4)       0       0 <td>C Net plan assets (subtract line 7b from line 7a)</td> <td>7c</td> <td>51234</td> <td>6</td> <td></td> <td></td> <td></td> <td>58782</td> <td>22</td>	C Net plan assets (subtract line 7b from line 7a)	7c	51234	6				58782	22
(1)       Dengloyers       Sa(1)       0         (2)       Participants       Sa(2)       0         (3)       Ohere (including colovers)       Sa(2)       0         (4)       Dentify and (including colovers)       Sa(2)       0         (5)       Ohere (including colovers)       Sa(2)       0         (6)       Dentify and (including colovers)       Sa(2)       0         (7)       Dentify and (including colovers)       Sa(2)       0         (8)       Extrain deema dardic corrective distributions (see instructions)       Sa(2)       0         (9)       Other expenses       Sa(1)       Sa(2)       0         (9)       Other expenses       Sa(2)       0       0         (1)       Transfors to (from) the plan (see instructions)       Sa(1)       0       0         (2)       Part IV       Plan Characteristics       Plan Characteristics       0       0         (2)       During the plan year:       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E ≤ 2 K × 30       0       Amount         (2)       During the plan year:       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characte	(1)       Employers       Ba(1)       0         (2)       Participants       Ba(2)       0         (3)       Other (noting for ployers)       Ba(3)       0         D       Other income (loss)       Ba       B4509         Contraining (add lines 54(1), 84(2), 84(3), and 80)       8c       8128       54609         Contraining (add lines 54(1), 84(2), 84(3), and 80)       8c       8128       54609         Contraining decided and/or corrective distributions (see instructions)       8d       8828       6         Q Other expenses       Sg       0       9       9         Total expenses       Sg       0       9       9         Total expenses       Sg       0       75476       9         Taradres to (from) the plan (see instructions)       Sg       0       75476         Taradres to (from) the plan (see instructions)       Sg       0       75476         Straining the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2£ 2.3 2.3 30       Anount         D       During the plan yar:       Yes       No       Anount         2.0       Was there a failure to transactions within y party-in-intereer(C) con nitrolude tranasactions reported an 10.0	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
(1)       DisplayIng       Ba(2)       0         (2)       Detra: (including collowers)       Ba(2)       0         (3)       Others (including collowers)       Ba(2)       0         (4)       Others (including collowers)       Ba(2)       0         (5)       Others (including collowers)       Ba       94509         (6)       Control (including collowers)       Ba       94509         (7)       Control (including collowers)       Ba       8420       8828         (7)       Control (including collowers)       Ba       8828       8828         (7)       Control (including collowers)       Ba       8828       90         (7)       Control (including collowers)       Ba       90       90         (7)       Control (including collowers)       Bg       0       90         (7)       Transfers to (from) the plan (see instructions)       Bg       0       90         (7)       Transfers to (from) the plan (see instructions)       Bg       0       90         (7)       Transfers to (from) the plan (see instructions)       Bg       0       0         (8)       If the plan provides pension benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the inst	(1)       DisplayEvent       Ba(2)       0         (2)       Participants       Ba(2)       0         (3)       Others (including rollowers)       Ba(3)       0         (3)       Others (including rollowers)       Ba(3)       0         (3)       Others (including rollowers)       Ba(3)       0         (4)       Others (including rollowers)       Ba(3)       0         (5)       Other second (add ines 8a(1), 8a(2), 8a(3), and 8b)       Bc       8a(3)         (6)       Cartai deemed and/or corrective distributions (see instructions)       Bg       0         (7)       Administrative service providers (salaries, fees, commissions)       Bf       205         (7)       Transfers (o (from) the plan (see instructions)       Bg       0       9033         (7)       Transfers (o (from) the plan (see instructions)       Bg       0       9033         (7)       Transfers (o (from) the plan (see instructions)       Bg       0       9033         (7)       Transfers (o (from) the plan (see instructions)       Bg       0       90         (7)       Transfers (o (from) the plan (see instructions)       Bg       0       90         (7)       Transfers (o (from) the plan (see instructions)       Bg       0									
(a) Others (including relevers)       Ba(2)       0         b Other income (doad) increase (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8c       84509         c Total income (doad) lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8c       84509         c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8c       84509         c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8c       8c         c Cartain demaid and/or corrective distibutions (see instructions)       8d       8c       8c         g Other expenses       8g       0       1       1         g Other expenses (add lines 86, 8c, 8f, and 8g)       8h       0033       1         i Transfers to (from) the plan (see instructions)       8g       0       1       1         g Other expenses       8g       0       1	(b) Other income (local)       Be(3)       0         (c) Other income (local)       Be(2)       0         (c) Other income (local)       Be(2)       0         (c) Other opconec       Be(3)       0         (c) Other plan provides pension benefits, enter the applicable welfare feature code	(1) Employers	, í			_				
by Other (notice) (notice) (notice)       Bit       84509         c Total income (dos)       Ba(2), and B)       Be       84509         c Total income (dot lines Ba(1), Ba(2), Ba(2), Ba(3), and B)       Be       84       8623         e Certain deemed and/or corrective distributions (see instructions)       Be       0       0         f dennistrative service providers (statines, fees, commissions)       Bf       2005         g Other expenses       Bg       0       0         f density in the service providers (statines, fees, commissions)       Bf       90033         g Other expenses       Bg       0       75476         g Intro Characteristics       Bg       0       75476         g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       215         g If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       216         g Was there a failure to transmit to the plan any participant contributions within the time period described in total       10a       X         g Was there a failure to transmit to the plan any participant contributions within the time period described in total       10a       X       20         g Other expenses any nonexempt transacotins with any partyl-in-interest? (Do not in	b) Other income (loss)       Bib       84509       84509         c) Total income (dod lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8628         c) Total income (did lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8228         e) Certain deemed and/or corrective distributions (see instructions)       8c       0         f) Administrative service providers (salaries, fee, commissions)       8d       8228         g) Other expenses       8g       0         f) Total expenses (add lines 8d, 8e, 8f, and 8g)       8d       9033         f) Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       9033         f) Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       9033         f) Total expenses (add lines 8d, 8e, 8f, and 8g)       8j       0         Part IV       Plan Characteristics       8j       0         B) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2e CF 2J 2K 30       2K CF 2D 31-122 (See instructions and Duc Suburtary fichal cary Correction Program)       10a       X         0       D Uning the plan year       Yea       No       Amount         4       Was there a failure to transmit to the plan any participant contributions within the time period described in flag)       X       2       2 <t< td=""><td>(2) Participants</td><td></td><td></td><td>-</td><td>_</td><td></td><td></td><td></td><td></td></t<>	(2) Participants			-	_				
Content income (add lines 8a(1), 8a(2), 8a(3), and 8b)	C Total incente       Set       84509         Benefits paid (including direct rollovers and insurance preniums to provide benefits).       86       0         G Endard Consended and or corrective distributions (see instructions).       8e       0         F Administrative service providers (salaries, fees, commissions)		8a(3)		-	_				
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	d Benefits paid (including direct roliovers and insurance premiums to provide benefits)			8450	9	_				
Bdd       86d       8628         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (statifies, fees, cormissions)       8f       205         g       Other expenses	to provide benefits)       8d       8d2         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       205         g Other expenses       8g       0       9033         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       9033         h Total expenses (dott) (new 6d, 8d, 8d, 8d, 8d, 8d, 9d, 9d)       9033       76476         j Transfers to (from) the plan (see instructions)       8i       9d)       9d)         Part IV       Plan Characteristics       9g       0       76476         g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2t 2 2 3 4 3 0       0         Part IV       Compliance Questions       10       During the plan syst:       Yes       No       Amount         a Was there a failure to transmit to the plan any part/ipin-interest? (Do not include transchore prodets       10b       X       10c       X       10c       X       2         10       During the plan ave a loss, whether or not reinbursed by the plan's fdelity bond, that was caused by faul       10d       X       2       2         10       During the plan have a loss, whether or not reinbursed by the plan's fdelity bond;		8c			_			8450	)9
e Certain deemed and/or corrective distributions (see instructions)	e Cartain deemed and/or corrective distributions (see instructions)       Be       0         f Administrative service providers (salaries, fees, commissions)       8f       205         g Other expenses (add lines 86.8e, 8f, and 8g)       8g       0         i Net income (loss) (subtract line 8h from line 8c)       8i       9033         i Net income (loss) (subtract line 8h from line 8c)       8i       75476         j Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       90         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2fe 2 J       2K       30         b If the plan provides weffare benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions:         2fe 2 J       2K       30         D During the plan year:       Yes       No         A was there a failure to transmit to the plan any participant contributions within the time period describent in the 25 CFR 2510-3102? (Sei instructions and DOL's Volumary Fiduciany Correction Program)       10a       X         c Was the fean covered by a fidelity bond?       10c       X       20       20         d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud o		8d	8828	3					
f       Administrative service providers (salaries, fees, commissions)       8f       205         g       Other expenses       8g       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       90333         i       Net income (toss) (subtract line 8h from line 8c)       8i       9033         j       Transfers to (from) the plan (see instructions)       8j       0         g       0       0       9033         all the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2J       2K       3D         9a       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       10a       X         10       During the plan year:       Yes       No       Amount         all was there a failure to transmit to the plan any party-in-interest? (Do not include transactions reported in 10a       X       20         2 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       20         c       Was there a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or nitenotestrations, instrance serivce, or otheroinganization that provides some or all of	f       Administrative service providers (selaries, fees, commissions)       8f       205         g       Other expenses.       8g       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       9033         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       9033         j       Transfers to (from) the plan (see instructions)       8i       76476         j       Transfers to (from) the plan (see instructions)       8i       0         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2J       2K       3D         10b       Uring the plan year:       Yes       No         a       Was there a falure to transmit to the plan any participant contributions within the time period described in on inice 10a.       X       20         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       20         0       During the plan year:       10c       X       20       21         0       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on on ine 10a.       10a       X       20         0       Uthe plan have a loss, whether or not reinbursed by			(	)					
g       Other expenses       8g       0         h       Total expenses (add lines 8d, 8e, 6f, and 8g)       8h       9033         i       Net income (loss) (subtract line 8h from line 8c)       8i       9033         j       Transfers to (from) the plan (see instructions)       8i       9033         Part IV       Plan Characteristics       8i       9033         g       0       9033         Part IV       Plan Characteristics       8i       9033         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2.1 2K 3D         D       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2         D       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2         C       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a.)       10a       X       2         C       Was the plan covered by a fidelity bond?       Go <th< td=""><td>g       Other expenses       8g       0         h       Total expenses (add lines 8d, 4e, 8f, and 8g)       8h       9033         i       Net income (loss) (subtract line 8h from line 8c)       8i       75476         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       9j       0         Part IV       Plan Characteristics       9j       0         D       If the plan provides pension benefits, enter the applicable version feature codes from the List of Plan Characteristic Codes in the instructions:       2t 2 / 2 / 3 0       0         Part V       Compliance Questions       Yes       No       Amount         0       Using the plan year       Yes       No       Amount         2 0 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fluiciary Correction Program)       10a       X       20         0       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).       10b       X       20         C       Was the plan covered by a fidelity bond?       10c       X       20       20         0       Were there any nonexempt transactions with any party-sin-interest? (Do not include transactions reported on line 10a).       10b       X       20</td><td></td><td></td><td>205</td><td>5</td><td></td><td></td><td></td><td></td><td></td></th<>	g       Other expenses       8g       0         h       Total expenses (add lines 8d, 4e, 8f, and 8g)       8h       9033         i       Net income (loss) (subtract line 8h from line 8c)       8i       75476         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       9j       0         Part IV       Plan Characteristics       9j       0         D       If the plan provides pension benefits, enter the applicable version feature codes from the List of Plan Characteristic Codes in the instructions:       2t 2 / 2 / 3 0       0         Part V       Compliance Questions       Yes       No       Amount         0       Using the plan year       Yes       No       Amount         2 0 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fluiciary Correction Program)       10a       X       20         0       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).       10b       X       20         C       Was the plan covered by a fidelity bond?       10c       X       20       20         0       Were there any nonexempt transactions with any party-sin-interest? (Do not include transactions reported on line 10a).       10b       X       20			205	5					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       9033         i       Net income (loss) (subtract line 8h from line 8c)       8i       75476         j       Transfers to (from) the plan (see instructions)       9j       0         Part IV       Plan Characteristics       9j       0         State 2.1       2K 3D       0       1         Part IV       Compliance Questions       1       1         O       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2         Part IV       Compliance Questions       10       10a       X         O       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on ine 10a.)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reprint 10b       X       20         C       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reprint 10b       X       20         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fau.       10d       X       20         d	h       Total expenses (add lines 8d, 8e, 8f, and 8g)       9033         i       Net income (icos) (subtract line 8h from line 8c)       8i       75476         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       9j       0         Data       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2z       2J       2K 3D         Data       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2et 2J       2K 3D         Part V       Compliance Questions       10 <td< td=""><td></td><td></td><td>(</td><td>)</td><td></td><td></td><td></td><td></td><td></td></td<>			(	)					
i       Net income (loss) (subtract line 8h from line 8c)	i       Net income (loss) (subtract line 8h from line 8c)								90	33
j       Transfers to (from) the plan (see instructions)	j       Transfers to (from) the plan (see instructions)	· · · · · · · · · · · · · · · · · · ·							754	76
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         O       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part IV       Plan Characteristics         39a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         22t       21       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         2art V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary Correction Program)				0					
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a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	a Was there a failure to transmit to the plan any participant contributions within the time period described in       10       X         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       100       X         b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10c       X         c Was the plan covered by a fidelity bond?       10c       X       21         d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       21         e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       21         f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	Part V Compliance Questions								
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or dishonesty? 10d   e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)   f Has the plan failed to provide any benefit when due under the plan?   g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   10d X   If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. If Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X If a waiver of the minimum funding a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year	or dishonesty?       10d       ^         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul>	iciary Correc ? (Do not inc	tion Program)			Х		Amount	
e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       ×         f       Has the plan failed to provide any benefit when due under the plan?       10f       ×         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       ×         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       ×         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       ×         Part VI       Pension Funding Compliance       10i       ×       10i       ×         112       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a       11a         112       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes vertices         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       a       I1a         12       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 let	e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	iciary Correc ? (Do not inc	tion Program)	10b		Х		Amount	
f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X         Part VI       Pension Funding Compliance       10i       Yes X         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes X         13       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes X         14       Is this a defined contribution plan subject to a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month Day Year	f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X         Part VI       Pension Funding Compliance       10i       Yes       Yes         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         12       Is this a defined contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes X         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Intervente date of the letter ruling granting the waiver.       Month         Day       Year       Month       Day       Year	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	iciary Correc ? (Do not inc fidelity bond	tion Program) clude transactions reported 	10b 10c		x x		Amount	
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Image: Set the plantate dry plantapeut router (in rec), effect different do of year end)	i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> </ul>	iciary Correct ? (Do not ind fidelity bond her persons to of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		× × × ×		Amount	
i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i         Part VI       Pension Funding Compliance       10i         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes ∑         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes ∑         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       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 granting the waiver.       Day Year	<ul> <li>i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3</li></ul>	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons to of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x x x x x		Amount	
Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes X         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes X         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       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 granting the waiver.       Month       Day Year	Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes x         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes x         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       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 granting the waiver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       12i       12i	<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan have and plan have any plan have and plan have any plan ha</li></ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		× × × × × × ×		Amount	
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C	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	<b>3c(1)</b> Name of plan(s): 13	8 <b>c(2)</b> EIN	l(s)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)		1				
14a	lame of trust	14b Trust's EIN					