For	m 5500-SF	Short Form Annual Re	yee		OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	nd 4065 of the Employe	e.	2013					
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal F	ctions 6057(b) and 6058	a) of	This Form i	s Open to Public			
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Inspection			
Part I		entification Information				•			
For calenda	ar plan year 2013 or fisca	_		and ending 1	2/31/2	2013			
A This ret	turn/report is for:	X a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-partici	oant plan		
B This ret	turn/report is:	the first return/report X the	ne final return/report						
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)	)			
C Check	box if filing under:	¥_ Form 5558 a	utomatic extension			DFVC progra	DFVC program		
	<u>[</u>	special extension (enter description)							
Part II		mation—enter all requested informati	on						
1a Name	of plan IC. 401(K) PLAN				1b	Three-digit plan number			
DUTEINZ, IN	C. 401(K) PLAN					(PN) ►	001		
					1c	Effective date o	f plan		
						04/30			
<b>2a</b> Plan sport		ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b		fication Number 54434		
11245 SE 6	TH STREET, SUITE 120	)			2c	Sponsor's telep 206-905			
BELLEVUE, WA 98004					2d	Business code (see instructions 541519			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN			
						Administrator 3	elephone number		
4 If the r	name and/or EIN of the p	blan sponsor has changed since the las	st return/report filed for	or this plan, enter the	4b	EIN			
		per from the last return/report.							
	or's name	t the beginning of the plan year			4c	PN			
		t the beginning of the plan year t the end of the plan year			5a				
		count balances as of the end of the pla			5b		0		
					5c		0		
6a Were	all of the plan's assets of	during the plan year invested in eligible	assets? (See instruc	tions.)			🗙 Yes 🗌 No		
		he annual examination and report of an					X Yes 🗌 No		
		(See instructions on waiver eligibility an her line 6a or line 6b, the plan cannot					X Yes No		
-		plan, is it covered under the PBGC inst					Not determined		
		r incomplete filing of this return/reporter penalties set forth in the instructions,					able, a Schedule		
SB or Sche		signed by an enrolled actuary, as well							
SIGN	Filed with authorized/va	alid electronic signature.	10/14/2014	STEPHANIE REAP					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe		Date	Enter name of individu	ual sig	ining as employe	r or plan sponsor		
Preparer's		me, if applicable) and address; include					number (optional)		

Pa	t III Financial Information	-								
7	an Assets and Liabilities (a) Beginning of			/ear (b) End of Ye					ear	
а	Total plan assets	7a	30220	0			)			
b	Total plan liabilities	7b	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	30220	1	0					)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) <sup>-</sup>	Fotal		
а	Contributions received or receivable from:	80(1)								
	(1) Employers	8a(1) 8a(2)								
	(2) Participants     (including rollovers)	8a(3)								
	Other income (loss)	8b	1895	6						
	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-					18956	
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d	32057	5						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	58.	2						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						(	321157	7
	Net income (loss) (subtract line 8h from line 8c)	8i						-	302201	
<u> </u>	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instru	ctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instruc	tions.		
	······································									
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribu		•	10-		х				
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a						
N	on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			V				
	or dishonesty?	•	•	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		Х				
	If this is an individual account plan, was there a blackout period?			ivg		~				
	2520.101-3.)	· · · · · · · · · · · · · · · · · · ·		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided th			40:						
Dest	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part 11		onto? //f m	Voo " ooo instructions and	nlata	Sch		) (Earra	1		
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	× No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)							
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of	the le Yea		ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.							
h	Enter the minimum required contribution for this plan year					12b				

C	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	. X Y	′es	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF		Short Form Annual F	yee		OMB Nos. 1210-0110 1210-0089			
Dep Inte	artment of the Treasury arral Revenue Servico This form is required to be filed under sections 104 and 4065 of the Emplo				ê	2013		
Employee	Department of Labor Benefits Security Administration	Retirement Income Security Act o	of 1974 (ERISA), and se al Revenue Code (the	ections 6057(b) and 6058 Code)	B(a) o	This Form i	s Open to Public	
Pension B	Benefil Guaranty Corporation	➤ Complete all entries in accor	rdance with the instru	uctions to the Form 550	0-SF.	Ins	pection	
Part I		Identification Information				<b>1</b>		
For calend	dar plan year 2013 or fis	scal plan year beginning (	01/01/2013	and ending		12/31/201	.3	
	eturn/report is for:	X a single-employer plan		plan (not multiemployer)		a one-particip	oant plan	
B This re	eturn/report is:	the first return/report	5					
		an amended return/report	a short plan year retu	m/report (less than 12 m	onths	)		
C Check	box if filing under:	X Form 5558	Form 5558 automatic extension				m	
		special extension (enter description	on)					
Part II	Basic Plan Info	rmation—enter all requested inform	nation				· · · · · · · · · · · · · · · · · · ·	
1a Name	of plan				1b	Three-digit		
Doye	nz, Inc. 401()	<) Plan				plan number		
						(PN) 🕨	001	
					10	Effective date of 04/30/2010		
2a Plans	soonsor's name and add	dress; include room or suite number (e	emolover, if for a single	-employer plan)	26			
	nz, Inc.		anpioyor, in for a airigit	remployer plan)	20	Employer Identif (EIN) 51-065		
					2c	Sponsor's telepi		
1124	5 SE 6th Stree	et, Suite 120			0.1	(206) 905-		
Bell	AVIIO		F2 7)	98004	20	Business code ( 541519	see instructions)	
		d address XSame as Plan Sponsor N			21	Administrator's E		
		plan sponsor has changed since the I	last return/report filed f	or this plan, enter the	4b	EIN	a	
	, EIN, and the plan num or's name	nber from the last return/report.			4c	PN		
5a Total	number of participants a	at the beginning of the plan year						
						1	· · · · · · · · · · · · · · · · · · ·	
	er of participants with a				5a 5b		1{	
		at the end of the plan year	plan year (defined ben	efit plans do not	5a 5b			
compi 6a Were	ete this item) all of the plan's assets	account balances as of the end of the p during the plan year invested in eligib	plan year (defined ben ble assets? (See instruc	efit plans do not	5a 5b 5c		(	
compi 6a Were b Are yo	lete this item) all of the plan's assets ou claiming a waiver of	account balances as of the end of the p during the plan year invested in eligib the annual examination and report of a	plan year (defined ben le assets? (See instruc an independent qualifie	efit plans do not ctions.)	5a 5b 5c		X Yes No	
compi 6a Were b Are yo under	elete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	account balances as of the end of the p during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility	plan year (defined ben le assets? (See instruc an independent qualific and conditions.)	efit plans do not ctions.) ed public accountant (IQF	5a 5b 5c PA)			
compi 6a Were b Are yo under If you	lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit	ccount balances as of the end of the p during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan cann	plan year (defined ben ble assets? (See instruc an independent qualific and conditions.)	efit plans do not ctions.) ed public accountant (IQF and must instead use I	5a 5b 5c <sup>5</sup> A) Form	5500.	X Yes No	
comp 6a Were b Are yo under If you c If the p	lete this item) all of the plan's assets ou claiming a walver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit	ccount balances as of the end of the p during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan cann t plan, is it covered under the PBGC in	plan year (defined ben le assets? (See instruc an independent qualific and conditions.)	efit plans do not ctions.) ed public accountant (IQF and must instead use I ERISA section 4021)?	5a 5b 5c PA) Form	5500. Yes [] No []	X Yes No	
compi 6a Were b Are you under If you c If the p Caution: A	lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit penalty for the late o	account balances as of the end of the p during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan cann t plan, is it covered under the PBGC in r incomplete filing of this return/rep	plan year (defined ben ble assets? (See instruct an independent qualifie and conditions.)	efit plans do not ctions.) ed public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cau	5a 5b 5c PA) Form se is	5500. Yes No Destablished.	X Yes No X Yes No Not determined	
compl 6a Were b Are you under If you C If the p Caution: A Juder pena SB or Sche	lete this item) all of the plan's assets ou claiming a walver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit A penalty for the late o alties of perjury and oth	account balances as of the end of the p during the plan year invested in eligib the annual examination and report of a (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cann t plan, is it covered under the PBGC in r incomplete filing of this return/rep er penalties set forth in the instructions d signed by an enrolled actuary, as we	plan year (defined ben ble assets? (See instruct an independent qualifie and conditions.)	efit plans do not ctions.) ed public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cau examined this return/reo	5a 5b 5c •A) Form se is	5500. Yes No established.	Yes No Yes No Not determined	
comp 6a Were b Are you under If you C If the p Caution: A Juder pena SB or Sche belief, it is t	ete this item) all of the plan's assets ou claiming a walver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit A penalty for the late o alties of perjury and othe adule MB completed and	account balances as of the end of the p during the plan year invested in eligib the annual examination and report of a (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cann t plan, is it covered under the PBGC in r incomplete filing of this return/rep er penalties set forth in the instructions d signed by an enrolled actuary, as we	plan year (defined ben de assets? (See instruct an independent qualific and conditions.)	efit plans do not ctions.) ed public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable caus examined this return/report,	5a 5b 5c •A) Form 	5500. Yes No established.	Yes No X Yes No Not determined	
compl 6a Were b Are you under If you C If the p Caution: A Juder pena SB or Sche belief, it is t	lete this item) all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit blan is a defined benefit penalty for the late o alties of perjury and oth adule MB completed and true, correct, and completed	account balances as of the end of the p during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan cann t plan, is it covered under the PBGC in r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as we lete.	plan year (defined bene le assets? (See instruct an independent qualifie and conditions.)	efit plans do not ctions.) ad public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cause examined this return/report, Sion of this return/report, Ashutosh Tiwar	5a           5b           5c           PA)           Form              se is           ort, in and t           Y	5500. Yes No established. cluding, if applica o the best of my l	X       Yes       No         X       Yes       No         Not determined         ble, a Schedule         cnowledge and	
compl Sa Were b Are you under If you C If the p Caution: A Juder pena SB or Sche belief, it is the SIGN: HERE	lete this item) all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit blan is a defined benefit penalty for the late o alties of penjury and oth adule MB completed and true, correct, and completed Signature of plan ad	account balances as of the end of the p during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan cann t plan, is it covered under the PBGC in r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as we lete.	plan year (defined bene ble assets? (See instruct an independent qualified and conditions.)	efit plans do not ctions.) ad public accountant (IQF and must instead use I PERISA section 4021)? unless reasonable cause examined this return/report, Ashutosh Tiwar Enter name of individu	5a 5b 5c PA) Form Se is ort, in and t y y	5500. Yes No established. cluding, if applica o the best of my l	X Yes No X Yes No Not determined	
comp 6a Were b Are you under If you C If the p Caution: A Junder pena SB or Sche belief, it is I SIGN: HERE	lete this item) all of the plan's assets bu claiming a walver of 29 CFR 2520.104-46? answered "No" to eit blan is a defined benefit plan is a defined benefit adule MB completed and true, correct, and completed Signature of plan ad	Account balances as of the end of the p during the plan year invested in eligib the annual examination and report of a (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cann t plan, is it covered under the PBGC in r incomplete filing of this return/rep er penalties set forth in the instructions d signed by an enrolled actuary, as we lete.	plan year (defined benches assets? (See instruct an independent qualific and conditions.)	efit plans do not ctions.) ad public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cause examined this return/report, Sion of this return/report, Ashutosh Tiwar Enter name of individu Ashutosh Tiwar	5a 5b 5c PA) Form 	5500. Yes No established. cluding, if applica to the best of my l	Yes No Yes No Not determined	
comp Sa Were b Are you under If you C If the p Caution: A Juder pena SB or Sche belief, it is t SIGN HERE SIGN HERE	lete this item) all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit blan is a defined benefit A penalty for the late o alties of perjury and oth dule MB completed and true, correct, and compl Signature of plan ad Signature of employ	Account balances as of the end of the p during the plan year invested in eligib the annual examination and report of a (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cann t plan, is it covered under the PBGC in r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as we tete.	plan year (defined ben ble assets? (See instruct an independent qualifie and conditions.) tot use Form 5500-SF insurance program (see coort will be assessed s, I declare that I have ell as the electronic ver I0/I3/2014- Date I0/I3/2014- Date Date	efit plans do not ctions.)	5a 5b 5c PA) Form Se is ort, in and t y y al sig y al sig	5500. Yes No established. cluding, if applica to the best of my l ning as plan adm	Yes No Yes No Not determined ble, a Schedule cnowledge and inistrator	
comp 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	lete this item) all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit blan is a defined benefit A penalty for the late o alties of perjury and oth dule MB completed and true, correct, and compl Signature of plan ad Signature of employ	Account balances as of the end of the p during the plan year invested in eligib the annual examination and report of a (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cann t plan, is it covered under the PBGC in r incomplete filing of this return/rep er penalties set forth in the instructions d signed by an enrolled actuary, as we lete.	plan year (defined ben ble assets? (See instruct an independent qualifie and conditions.) tot use Form 5500-SF insurance program (see coort will be assessed s, I declare that I have ell as the electronic ver I0/I3/2014- Date I0/I3/2014- Date Date	efit plans do not ctions.)	5a 5b 5c PA) Form Se is ort, in and t y y al sig y al sig	5500. Yes No established. cluding, if applica to the best of my l	Yes No X Yes No Not determined ble, a Schedule cnowledge and inistrator or plan sponsor	
comp 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	lete this item) all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit blan is a defined benefit A penalty for the late o alties of perjury and oth dule MB completed and true, correct, and compl Signature of plan ad Signature of employ	Account balances as of the end of the p during the plan year invested in eligib the annual examination and report of a (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cann t plan, is it covered under the PBGC in r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as we tete.	plan year (defined ben ble assets? (See instruct an independent qualifie and conditions.) tot use Form 5500-SF insurance program (see coort will be assessed s, I declare that I have ell as the electronic ver I0/I3/2014- Date I0/I3/2014- Date Date	efit plans do not ctions.)	5a 5b 5c PA) Form Se is ort, in and t y y al sig y al sig	5500. Yes No established. cluding, if applica to the best of my l ning as plan adm	Yes No X Yes No Not determined ble, a Schedule cnowledge and inistrator or plan sponsor	

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Form 5500-SF 2013 130118

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Page **2** 

Part III Financial Information							
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7 Plan Assets and Liabilities		(a) Beginning of Yea		_	(	b) End of Year	
a Total plan assets	7a	302	2,20	1			
b Total plan liabilities	7b			_			
C Net plan assets (subtract line 7b from line 7a)	7c	302	2,20	1			(
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	·
a Contributions received or receivable from: (1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b	18	3,95	6			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u> </u>					18,956
<b>d</b> Benefits paid (including direct rollovers and insurance premiums							
to provide benefits)	8d	320	),57	5			
e Certain deemed and/or corrective distributions (see instructions)	8e			_			
f Administrative service providers (salaries, fees, commissions)	<u>. 8f</u>		58	2			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						321,15
i Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>					(3)	02,201
j Transfers to (from) the plan (see instructions)	8j						
Part IV         Plan Characteristics           9a         If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D							<u> </u>
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	eature code	es from the List of Plan Charac	cterist		es in the	instructions:	
10 During the plan year:				Yes	No	Amour	t
<ul> <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> </ul>	tions withir iciary Corr	n the time period described in ection Program)	10a		x		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported					
			10b		x		
c Was the plan covered by a fidelity bond?			10b 10c	x	x		500,00
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud		х	x x		500,00
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other statements of the plan's plant to any brokers.</li> </ul>	fidelity bor	nd, that was caused by fraud	10c	x			500,00
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> </ul>	fidelity borner persons	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c	x	x x		500,00
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan's other organization.</li> </ul>	fidelity borner persons	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c 10d	X	x		500,00
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> </ul>	fidelity borner persons of the bene	nd, that was caused by fraud s by an insurance carrier, afits under the plan? (See	10c 10d 10e	X	x x		500,00
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or 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 a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> </ul>	fidelity bon her persons of the bene n? is of year of (See instru	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See end.)	10c 10d 10e 10f	X	x x x x		500,00
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C	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets	· · ·					
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes I	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	∏ No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	<u>_1</u>				
1	3c(1) Name of plan(s):	3c(2) E	- IN(s)	13c(3	) PN(s)		
					·		
Part	VIII Trust Information (optional)						
				14b Trust's EIN			