Fo	rm 5500-SF	Short Form Annual Re	eturn/Report o enefit Plan	of Small Employ	yee	e OMB Nos. 1210-0110 1210-0089				
	artment of the Treasury rnal Revenue Service	B This form is required to be filed	0	2013						
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 1		ctions 6057(b) and 6058		This Form is Open to Public				
Pension E	enefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.	Inspection				
Part I		entification Information		and anding 1	0/04/00	40				
_	lar plan year 2013 or fisca				2/31/20					
	turn/report is for:		the final return/report	an (not multiemployer)	L	a one-participant plan				
B This re	turn/report is:		•	n/report (less than 12 m	onthe)					
C Check	box if filing under:		automatic extension			DFVC program				
Cileck		special extension (enter description			L	Bi vo program				
Part II	Basic Plan Inform	nation —enter all requested information								
1a Name					р	hree-digit lan number PN) ▶ 001				
					· · · ·	ffective date of plan 01/01/2004				
	ponsor's name and addre		mployer Identification Number EIN) 35-2202172							
5106 S FAI	RFAX LANE	2c S	ponsor's telephone number 509-290-2653							
VERADALE	, WA 99037-8236				2d B	usiness code (see instructions) 621340				
3a Plana	administrator's name and	address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b A	dministrator's EIN				
STAR MANA	GEMENT, LLC	5106 S FAIRFA VERADALE, WA			3c 🗛	35-2202172 dministrator's telephone number				
name	e, EIN, and the plan numb	lan sponsor has changed since the la per from the last return/report.	st return/report filed fo	or this plan, enter the	4b ∈					
· · · ·	sor's name	the beginning of the plan year			4C P					
		the end of the plan year			5a 5b	23				
c Num	per of participants with ac	count balances as of the end of the pl	an year (defined bene	fit plans do not	5b 5c	21				
	,	luring the plan year invested in eligible								
		ne annual examination and report of a								
	,	See instructions on waiver eligibility an er line 6a or line 6b, the plan canno	,							
-		plan, is it covered under the PBGC ins								
		incomplete filing of this return/repo		,						
Under per SB or Sch	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	, I declare that I have	examined this return/rep	oort, incl	uding, if applicable, a Schedule				
SIGN	Filed with authorized/va	lid electronic signature.	10/15/2014	DALE STEVENS						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual signi	ng as plan administrator				
SIGN										
HERE	Signature of employe		Date		-	ng as employer or plan sponsor				
Preparer's		ne, if applicable) and address; include	room or suite number	r (optional)	Prepar	er's telephone number (optional)				
BREAK-TH	IRU BENEFITS, LLC	E 946				509-755-3767				
	H MULLAN ROAD, SUIT VALLEY, WA 99206	L 210								

Par	t III Financial Information	-									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear		
а	Total plan assets	7a	101262	3				1)86686		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	101262	3				1(86686		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)	3233	5							
	(3) Others (including rollovers)	8a(3)		-							
b	Other income (loss)	8b	11413	3							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-	-				-	46468		_
	Benefits paid (including direct rollovers and insurance premiums	00							10100		
	to provide benefits)	8d	7098	3							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	142	2							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							72405		
i	Net income (loss) (subtract line 8h from line 8c)	8i							74063		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instru	ictions	5:		
	2E 2G 2J 2R 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instruc	tions:			
Part	Part V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			v					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	-		10a		Х					
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					1100	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth										
•	insurance service, or other organization that provides some or all					х					
	instructions.)			10e							
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 year e	end.)	10g	Х					86	89
h	· · · · · · · · · · · · · · · · · · ·	•				х					
<u> </u>	2520.101-3.)			10h							
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											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	Π	No
11a	Enter the unpaid minimum required contribution for current year fr					11a		· I		<u>i – I – </u>	
12	Is this a defined contribution plan subject to the minimum funding		· · · ·				FRISAO	ТГ	Yes	X	No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 36		002 UI					
а	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instruc		, and e	_	ne date of			ng	
If	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedul			נח <u> </u>		Day		Yea	II		-
-	Enter the minimum required contribution for this plan year					12b					

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

Form 5500-SF	Short Form Annual Ret		Small Employ	ee		DMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Servico	Be This form is required to be filed ur	nefit Plan	4065 of the Employee		2	013
Department of Labor Employee Bonefits Security Administration	Retirement Income Security Act of 19	74 (ERISA), and sections row and section of the code (the code (the code))	ions 6057(b) and 6058(a) of		s Open to Public
Pension Benefit Guaranty Corporation	Complete all entries In accordant			-SF.	ins	pection
Part I Annual Report Id	entification information					
For calendar plan year 2013 or fisca	al plan year beginning 01/0	1/2013	and ending		12/31/2013	
A This return/report is for:	🤹 a single-employer plan 🛛 📋 a i	multiple-employer ple	n (not multiemployer)	ĺ	a one-pertici	pant plen
B This return/report is:] the first return/report	e final return/report				
Ī	an amended return/report a s	short plan year return/	report (less than 12 mo	nths)		
C Check box if filing under:	X Form 5558	utomatic extension			DFVC progra	9m
	special extension (enter description)					
Part II Basic Plan Inform	nation-enter all requested information	on				
1a Name of plan				1b	Three-digit plan number	
STAR MANAGEMENT, LLC	401K PROFIT SHARING PL	AN			(PN)	001
					Effective date of 01/01/200	
22 Plan conteor's name and edd	ess; include room or suite number (emp	ployer, if for a single-	employer plan)			ification Number
STAR MANAGEMENT, LLC					(EIN) 35-22	
5106 S FAIRFAX LANE				2c	Sponsor's tele	
5400 0 11111111				2đ		(see instructions)
VERADALE	WA 99037-8236				621340	
3a Plan administrator's name and	l address Same as Plar, Sponsor Nar	me 🔲 Same as Plan	Sponsor Address	36	Administrator's	
STAR MANAGEMENT, LLC				3c		tolephone number
5106 S FAIRFAX LANE VERADALE	WA 99037-8236				509-290-2	653
	plan sponsor has changed since the las	t return/report filed fo	r this plan enter the	Ah	EIN	
name, EIN, and the plan num S Sponsor's name	ber from the last return/report.	a returnineport meorie	a tina piant enter trie		PN	
	t the beginning of the plan year			52		
5a Total number of participants a	It the beginning of the plan year			5a 5b		23
5a Total number of participants a b Total number of participants a	at the end of the plan year			5b		23
 5a Total number of participants a b Total number of participants a c Number of participants with a 	• • •	an year (defined bene	fit plans do not			21
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this Item). 6a Were all of the plan's essets 	It the end of the plan year ccount balances as of the end of the plan during the plan year invested in eligible	an year (defined bene assets? (See instruct	fit plans do not tions.)	5b 5c		21
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this Itam). 6a Were all of the plan's essets b Are you claiming a waiver of the plants and th	It the end of the plan year ccount balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an	an year (defined bene assets? (See instruct n independent qualifie	fit plans do not tions.) d public eccountant (IQ	5b 5c PA)		21
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this Itam). 6a Were all of the plan's essets b Are you claiming a waiver of under 29 CFR 2520.104-467 	It the end of the plan year ccount balances as of the end of the plan during the plan year invested in eligible	an year (defined bene assets? (See instruct n independent qualifie nd conditions.)	fit plans do not tions.) d public eccountant (IQ	5b 5c PA)		21 16 X Yes [] No
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this ltem). 6a Were all of the plan's essets b Are you claiming a waiver of i under 29 CFR 2520.104-46? If you answered "No" to eit 	It the end of the plan year ccount balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an (See instructions on walver eligibility an	an year (defined bene assets? (See instruct nindependent qualifie nd conditions.) t use Form 5500-SF	fit plans do not tions.) d public eccountant (IQ and must instead use	5b 5c PA) Form	5500.	21 16 X Yes [] No
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this ltem). 6a Were all of the plan's essets b Are you claiming a waiver of i under 29 CFR 2520.104-46? if you answered "No" to eit c If the plan is a defined benefit 	at the end of the plan year ccount balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an (See instructions on walver eligibility an her line 6a or line 6b, the plan cannot plan, is it covered under the PBGC Inst	an year (defined bene assets? (See instruct n independent qualifie nd conditions.) t use Form 5500-SF urance program (see	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)?	5b 5c PA) Form	5500.]Yes. ∏No	21 16 X Yes [] No X Yes [] No
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this Itam). 6a Were all of the plan's essets b Are you claiming a waiver of a under 29 CFR 2520.104-467 if you answered "No" to eit c If the plan is a defined banefit Caution: A penalty for the late o Under penalties of perjury and other 	at the end of the plan year ccount balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an (See instructions on walver eligibility an her line 6a or line 6b, the plan cannot plan, is it covered under the PBGC inst r incomplete filling of this return/repo er penalties set forth in the instructions, d signed by an enrolled actuary, as well	an year (defined bene assets? (See instruct n independent qualifie nd conditions.) t use Form 5500-SF urance program (see <u>ort will be assessed</u> I declare that I have	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/rej	5b 5c PA) Form	S500. Yes No established. ncluding, if appli	21 16 X Yes No X Yes No Not determined
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this ltem) 6a Were all of the plan's essets b Are you claiming a waiver of a under 29 CFR 2520.104-45? If you answered "No" to eit c If the plan is a defined benefit Caution: A penalty for the late o Under penalties of perjury and othe SB or Schedule MB completed annobellef, it is true, correct, and completed and set of the state of the set of the	at the end of the plan year ccount balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an (See instructions on walver eligibility an her line 6a or line 6b, the plan cannot plan, is it covered under the PBGC inst r incomplete filling of this return/repo er penalties set forth in the instructions, d signed by an enrolled actuary, as well	an year (defined bene assets? (See instruct n independent qualifie nd conditions.) t use Form 5500-SF urance program (see <u>ort will be assessed</u> I declare that I have	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/rej	5b 5c PA) Form	S500. Yes No established. ncluding, if appli	21 16 X Yes No X Yes No Not determined
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this ltem). 6a Were all of the plan's essets b Are you claiming a waiver of under 29 CFR 2520.104-45? If you answered "No" to eit c If the plan is a defined benefit Caution: A penalty for the late of Under penalties of perjury and othe SB or Schedule MB completed ambellef, it is true, correct, and completed and complete	At the end of the plan year	an year (defined bene assets? (See instruct n independent qualifie d conditions.) t use Form 5500-SF urance program (see ort will be assessed of I declare that I have of as the electronic ven	fit plans do not tions.) d public eccountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	5b 5c PA) Form We is port, in , and fer	S500. Yes No established. Including, if applito to the best of m	21 16 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this item) 6a Were all of the plan's essets b Are you cleiming a waiver of under 29 CFR 2520.104-467 if you answered "No" to eit c If the plan is a defined benefit Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed and bellef, it is true, correct, and completed and bellef, it is true, correct, and completed and bellef. 	At the end of the plan year	an year (defined bene assets? (See instruct independent qualifie independent qualifie ind conditions.) t use Form 5500-SF urance program (see ort will be assessed in I declare that I have of as the electronic ven	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this retum/report sion of this retum/report Stephen Schae	5b 5c PA) Form (see is cort, in c, and fer usl si	S500. Yes No established. Including, if applito to the best of m	21 16 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this item) 6a Were all of the plan's essets b Are you claiming a waiver of a under 29 CFR 2520.104-467 if you answered "No" to eit c If the plan is a defined benefit Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed and bellef, it is true, correct, and completed and bellef, it is true, correct, and completed and bellef. 	At the end of the plan year	an year (defined bene assets? (See instruct independent qualifie ind conditions.)	fit plans do not tions.) d public eccountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report sion of this return/report Stephen Schae Enter name of individ	5b 5c PA) Form () vse is cort, in () and fer usl si fer	5500. Yes No established. ncluding, if appliton to the best of m gning as plan ac	21 16 X Yes No X Yes No Not determined Not determined icable, a Schedule y knowledge and dministrator
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this Itam) 6a Were all of the plan's essets b Are you claiming a waiver of i under 29 CFR 2520.104-467 If you answered "No" to eit c If the plan is a defined benefit C aution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true, correct, and completed and belief, it is true, correct, and completed and belief, it is true, correct, and completed and belief. SIGN HERE Signature of plan ad Signature of employ Preparer's name (including firm negative) 	At the end of the plan year	an year (defined bene assets? (See instruct independent qualifie ind conditions.) t use Form 5500-SF urance program (see int will be assessed t declare that I have a as the electronic ven lo/14/14 Date 1s/14/14 Date	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Stephen Schae Enter name of individ Stephen Schae Enter name of individ	5b 5c PA) Form Ise is cort, in t, and fer usi si fer usi si	5500. Yes No established. ncluding, if applied to the best of m gning as plan as gning as employ parer's telephon	21 16 X Yes No X Yes No Not determined Not determined icable, a Schedule y knowledge and dministrator ver or plan sponsor e number (optional)
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this Itam) 6a Were all of the plan's essets b Are you claiming a waiver of i under 29 CFR 2520.104-467 If you answered "No" to eit c If the plan is a defined banefit Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed and bellef, it is true, correct, and completed and bellef, it is true, correct, and completed and bellef, it is true, correct, and completed and bellef. It is tr	At the end of the plan year account balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an (See instructions on waiver eligibility an her line 6a or line 6b, the plan cannol plan, is it covered under the PBGC insu- r incomplete filling of this return/repo- er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.	an year (defined bene assets? (See instruct independent qualifie ind conditions.) t use Form 5500-SF urance program (see int will be assessed t declare that I have a as the electronic ven lo/14/14 Date 1s/14/14 Date	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Stephen Schae Enter name of individ Stephen Schae Enter name of individ	5b 5c PA) Form Ise is cort, in t, and fer usi si fer usi si	5500. Yes No established. ncluding, if applied to the best of m gning as plan as gning as employ parer's telephon	21 16 X Yes No X Yes No Not determined Not determined icable, a Schedule y knowledge and dministrator ver or plan sponsor
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this item) 6a Were all of the plan's essets b Are you claiming a waiver of i under 29 CFR 2520.104-467 if you answered "No" to eit c If the plan is a defined benefit Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed and bellef, it is true, correct, and completed and bellef, it is true, correct, and completed and bellef, it is true, correct, and completed and bellef. It is true, correct, and complete signature of plan ad SIGN SIGN Signature of employ Preparer's name (including firm name Dale Stevens Break-Thru Benefits, 	At the end of the plan year coount balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an (See instructions on waiver eligibility an her line 6a or line 6b, the plan cannot plan, is it covered under the PBGC insu- r incomplete filling of this return/repo- er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete. Maintistrator mer/plan sponsor me, if applicable) and address; include LLC	an year (defined bene assets? (See instruct nindependent qualifie ad conditions.) t use Form 5500-SF urance program (see at will be assessed t declare that I have as the electronic ven lo/14/14 Date 1s/14/14 Date	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Stephen Schae Enter name of individ Stephen Schae Enter name of individ	5b 5c PA) Form Ise is cort, in t, and fer usi si fer usi si	9500. Yes No established. ncluding, if applied to the best of m gning as plan agoning as employ barer's telephon	21 16 X Yes No X Yes No Not determined Not determined icable, a Schedule y knowledge and dministrator ver or plan sponsor e number (optional)
 5a Total number of participants a b Total number of participants a c Number of participants with a complete this item) 6a Were all of the plan's essets b Are you claiming a waiver of i under 29 CFR 2520.104-467 if you answered "No" to eit c If the plan is a defined banefit Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed and bellef, it is true, correct, and completed and bellef, it is true, correct, and completed and bellef, it is true, correct, and completed and bellef. It is true, correct, and complete and bellef. It is true, corr	At the end of the plan year coount balances as of the end of the plan during the plan year invested in eligible the annual examination and report of an (See instructions on waiver eligibility an her line 6a or line 6b, the plan cannot plan, is it covered under the PBGC insu- r incomplete filling of this return/repo- er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete. Maintistrator mer/plan sponsor me, if applicable) and address; include LLC	an year (defined bene assets? (See instruct nindependent qualifie ad conditions.) t use Form 5500-SF urance program (see at will be assessed t declare that I have as the electronic ven lo/14/14 Date 1s/14/14 Date	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Stephen Schae Enter name of individ Stephen Schae Enter name of individ	5b 5c PA) Form Ise is cort, in t, and fer usi si fer usi si	9500. Yes No established. ncluding, if applied to the best of m gning as plan agoning as employ barer's telephon	21 16 X Yes No X Yes No Not determined Not determined icable, a Schedule y knowledge and dministrator ver or plan sponsor e number (optional)

Form 5500-SF 2013

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Page 2

Part III Financial Information		(a) Beginning of Year		1		(b) End o	fYear	
7 Plan Assets and Llabilities		(a) Beginning of Tela 1012	2623			<u></u>		086686
8 Total plan assets	7a 7b			†				
b Total plan liabilities		101:	2623					L086686
C Net plan assets (subtract line 7b from line 7a)	<u>7c</u>	(a) Amount		<u> </u>		(b) To	stai	
8 Income, Expenses, and Transfers for this Plan Year					·			
Contributions received or receivable from: (1) Employers	8a(1)							
(2) Participants	Ba <u>(2)</u>	3	233	5				
(3) Others (including rollovers)	8a(3)			ļ				
b Other Income (loss)	8b	11	413	3				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>					146468
d Benefits paid (Including direct rollovers and insurance premiums		7	098	3		• • •		
to provide benefits}	8d		0.00			<u> </u>		<u></u>
e Certain deemed and/or corrective distributions (see instructions)	Be			+	م بند ان		<u> </u>	
f Administrative service providers (salaries, fees, commissions)	. 8f		145				<u></u>	
g Other expenses	8g		142	<u>-</u>			<u>.</u>	79405
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		•	<u>.</u>				72405
i Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>			-				/4003
] Transfers to (from) the plan (see instructions).	- B j			_				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2R 3D								
b If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Plan Charac	teristi	c Cod	es in ti	he instructi	ions:	
Part V Compliance Questions								
				Yes	No		Amour	nt
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 	utions with	in the time period described in rection Brogram)	10a		х			
 b Were there any nonexempt transactions with any party-in-interess on line 10a.) 	t? (Do not	include transactions reported	106		x			
C Was the plan covered by a fidelity bond?			10c	х				110000
d Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bo	ond, that was caused by fraud	10d		х			
e Were any feas or commissions paid to any brokers, agents, or ot								
insurance service, or other organization that provides some or al instructions.)	l of the be	nefits under the plan? (See	10e		х			
f Has the plan failed to provide any banafit when due under the pla			10f		X	1		
g Did the plan have any participant loans? (If "Yes," enter amount i	as of vear	end.)	10g	х				8689
h If this is an individual account plan, was there a blackout period?	(See instr	ructions and 29 CFR	10g		х		1	
2520.101-3.) i If 10h was answered "Yes." check the box if you either provided to the second	the require	d notice or one of the	101					
exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance	JI-J				l	<u> </u>	<u> </u>	
11 Is this a defined benefit plan subject to minimum funding requirer							Гп	Yes 🗍 No
5500) and line 11a below)					11a	T		
						EDISA?		Yes X No
12 Is this a defined contribution plan subject to the minimum fundin			5 UI SC	-GUIUN	JUZ 01		<u>i L</u>	
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a walver of the minimum funding standard for a prior year is be	Ing amorti	zed in this plan year, see instru	ctions	, and (er ruling
granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedu	de MR /6-	m 5500), and skin to line 12			Day		Year	
b Enter the minimum required contribution for this plan year					12b	1		
 Ellet the unumum radmag courtied on the use bign kage	*****		•••••••	المستغثة				

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		- 1	12c					
C	Enter the amount contributed by the employer to the plan for this plan year	<u> </u>						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d	╞		<u> </u>		N/A
e	Will the minimum funding amount reported on line 12d be met by the funding desdline?			LI	Yes	N		
art \								
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	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 unde of the PBGC?	r the c	contro				Yes	X N
Ç	If during this plan year, any assets or llabilities were transferred from this plan to another plan(s), identify the pl which assets or llabilities were transferred. (See Instructions.)	an(s)	to					
1	3c(1) Name of plan(s):	1	3c(2)	EIN(<u>s)</u>	1	3c(3)	PN(S)
Part	VIII Trust Information (optional)							
	Name of trust		14b Trust's EIN					
			1					
			1					