Form 5500	Annual Return/Report of Employee Benefit Plan		OMB Nos. 12	10-0110 10-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and	2013		
Department of Labor Employee Benefits Security	sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with			
Administration Pension Benefit Guaranty Corporation	the instructions to the Form 5500.	This Form is Open to Public Inspection		
Part I Annual Report Ider	tification Information			
For calendar plan year 2013 or fiscal	plan year beginning 07/01/2014 and ending 11/25/2	2014		
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or			
	a single-employer plan; a DFE (specify)			
<b>B</b> This return/report is:	the first return/report;			
	an amended return/report;	nan 12 mo	onths).	
<b>C</b> If the plan is a collectively-bargain	ed plan, check here.		• □	
<b>D</b> Check box if filing under:	Form 5558; automatic extension;	☐ the	DFVC program;	
	special extension (enter description)		;;;;;;-;-;-;-;-;-;-;-;-;	
Part II Basic Plan Inform	nation—enter all requested information			
1a Name of plan		1b	Three-digit plan	004
RED HOTEL INC 401K PLAN			number (PN) ►	001
		1c	Effective date of pla 12/16/2010	an
2a Plan sponsor's name and addres	s; include room or suite number (employer, if for a single-employer plan)	2b	Employer Identifica Number (EIN)	tion
RED HOTEL INC			27-4288265	
		20	Sponsor's telephon number 206-660-6025	
1524 164TH PL SE MILL CREEK, WA 98012	1524 164TH PL SE MILL CREEK, WA 98012	2d	Business code (see instructions) 531310	)

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	11/25/2014 Date	LARRY D POWELL Enter name of individual signing as plan administrator				
SIGN HERE	Filed with authorized/valid electronic signature.	11/25/2014 Date	LARRY D POWELL Enter name of individual signing as employer or plan sponso				
SIGN HERE							
Signature of DFE Preparer's name (including firm name, if applicable) and address; include r		Date	Enter name of individu	al signing as DFE			
•		oom or suite number	. (optional)	Preparer's telephone number (optional)			
REED B	's name (including firm name, if applicable) and address; include r ETTINGER CPA GER MIFFLIN RICH CPA GROUP PS	oom or suite number	. (optional)				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

	Form 5500 (2013) Page <b>2</b>		
3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Addres	<b>3c</b> Ad	ministrator's EIN ministrator's telephone mber
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter EIN and the plan number from the last return/report:	the name, <b>4b</b> EI	N
а		<b>4c</b> Pt	١
5	Total number of participants at the beginning of the plan year	5	1
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d)		
а	Active participants	6a	0
b	Retired or separated participants receiving benefits	6b	
c	Other retired or separated participants entitled to future benefits	6c	
d	Subtotal. Add lines 6a, 6b, and 6c	6d	0
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f	Total. Add lines <b>6d</b> and <b>6e</b> .	6f	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete the		
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 3D 3H	acteristics Codes in the	instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a	Plan fu	Inding	arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)					
	(1)		Insurance		(1)		Insurance		
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts		
	(3)	X	Trust		(3)	X	Trust		
	(4)		General assets of the sponsor		(4)		General assets of the sponsor		
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tache	ed, and, wh	nere	e indicated, enter the number attached. (See instructions)		
a Pension Schedules			b	b General Schedules					
	(1)		R (Retirement Plan Information)		(1)		H (Financial Information)		
	(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	Х	I (Financial Information – Small Plan)		
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)		
			actuary		(4)		C (Service Provider Information)		
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		<b>D</b> (DFE/Participating Plan Information)		
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)		

(Form 5500)         Description         2013           Description         This schedule is required to be first under section 104 of the Employee Retirement income Security Act of 1974 (ERISA) and sociolon (0505(a) of the Internal Revenue Code (the Code).         This Form is Open to Public Inspection           Prescience         A Name of plan A Name of plan Retirement income Security Act of 1974 (ERISA) and sociolon (0505(a) of the Inspection         0 01           Retirement income Security Act of 1974 (ERISA) and sociolon (0505(a) of the Inspection         0 01           A Name of plan Retirement income Security Act of 1974 (ERISA)         and ending         11/2/2/2/14           A Name of plan Retirement income Security Act of 1974 (ERISA)         0 01         001           Complete Schedule I if the plan overad fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 102 participants. Complete Schedule I if reporting as interp plan OCEP.         0 01           Part Link Description and plan sector that will be of the plan year. Combine the value of plan sasset had in more than core to the one two. Do not enter the value of the plan hadron year (bas) to ad a ye poperific follar the instance is the indep and instance is dependent and the indep and the plan hadron is and plan description and an insurance cortact that guarantees during the plan year. Combine the value of plan sasset is statistical information is an epidemic of the plan hadron is a specific follar the instance is the indep and instance is advected in the value of plan insurance cortact that guaranteses during this plan year isplan sector is advected i		SCHEDULE I	Financial Information—Small Plan							OMB No. 1210-0110	
Description         Description         This schedule is required to be filed under section 0.04 of the Employee Intervet Statistic Starty Advancement Intervet Statistics Starty Advancement Provide the during starty Advancement Provide starthetement Provide starty Advancement Provide starty Adv		(Form 5500)								2013	
Deserve of Later         Deserve (bodd)         This Form is Open to Public Inspection           Process besits Converts         Occurrent         A Name of pion RED HOTEL INC 40TK PLAN         and ending         1125/2014           C Plan sponsor's name as shown on line 2a of Form 5500.         D Employer Identification Number (EIN)         0.01           C Plan sponsor's name as shown on line 2a of Form 5500.         D Employer Identification Number (EIN)         0.01           C Plan sponsor's name as shown on line 2a of Form 5500.         D Employer Identification Number (EIN)         0.01           Zr 4288255         Complete Schedule II the plan covered fewer than 100 participants as of the beginning of the property as a large plan or DFE.         D         Employer Identification Number (EIN)           Zr 4288255         Complete Schedule II the plan covered fewer than 100 participants as of the beginning of the part on year 100 are form the value of plan insurance control to the part on year 100 are form the value of plan insurance control to the part assets the form the schedule all income and expenses of the plan insurance control to the part assets of the plan insurance control to the part assets (buttor the schedule all income and expenses of the plan insurance control to the part assets (buttor the schedule all income and expenses of the plan insurance control to the schedule all income and expenses of the plan incurtacy of asset and Labilities:         (a) Amount         (b) End of Vear           1 Income Schedule all income and expenses of the Plan insurance control to the marrent of the transition is asset (button in to 1)		Department of the Treasury									
The state is		Department of Labor	Internal Revenue Code (the Code).							•	
A Name of plan RED HOTEL, INC 401K PLAN       B       Three digit plan number (PN)       O01         C Plan sponsor's name as shown on line 2a of Form 5500 RED HOTEL, INC       D       Employer Identification Number (EIN) 27.4288265         Complete Schedule II file plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 30-120 participant rule (see instructions). Complete Schedule H / filepoints as a large plan out of the spont block the disc location in the spont schedule I if you are filing as a small plan under due, include all incomes and expenses. Income. sponses, transfers and changes in net assets during the plan year. Combine the value of plan sests had in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during the plan year. Combine the value of plan sests that due in clude all incomes and expenses of the plan including any trus(s) or separately maintained fund(s) and any payments/recepts tofform insurance carriers. Round of amounts to the nearest dollar.       (a) Beginning of Year       (b) End of Year         1       1       30829       0       0         2       1       0       0       0         3       1       2       0       0         4       0       2       0       0         4       1       30829       0       0         5       1       0       0       0         6       1       0       0<	For						nd onding	11/2	05/2014	•	
RED HOTEL INC 401K PLAN       plan number (PN)       001         C Plan sponsor's name as shown on line 2a of Form 5500       plan number (PN)       001         RED HOTEL INC       27.4288265         Complete Schedule 14 the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule 14 you are filing as a small plan under the 80.120 participant tub (see instructions). Complete Schedule 14 reporting as a large plan or DE.       PErt L       Small Plan Financial Information         Report below the current value of assets and liabilities.       complete Schedule 14 reporting as a large plan or DE.       Pert L       Small Plan Financial Information         Report below the current value of assets and liabilities:       to also plan schedule of plan year. Combine the value of plan insurance carries. Round off amounts to the nearest dolar.       Plan assets and Liabilities:       (a) Beginning of Year       (b) End of Year         1 Plan Assets and Liabilities:       1a       22829       0       0         2 Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total       0       0         3 Other income.       2a(1)       contributions       2a(2)       0       0         3 Other income.       2a(2)       2a(2)       0       0       0         4 Contributions seave of or neexibile:       2a(2)       0       0       0       0				14		_	-		-5/2014		
RED HOTELINC       27-288265         Complete Schedule If the plan covered fewer than 100 participants as of the baginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant tale (see instructions). Complete Schedule I if porting as a large plan or DFE.         Part I Small Plan Financial Information         Report below the current value of assets and liabilities. income, expenses, transfers and changes in net assets during this plan year. Combine the value of plan complete schedule I if you are filing as a bright plan to extra the value of the proting as a large plan of DFE.         Part I Small Plan Financial Information         Report below the current value of assets and liabilities. Income, expenses, transfers and changes in net assets during this plan year: Combine the value of the proting any trus(s) or separately maintained fund(s) and any payments/receipts to/from instrance carries. Reu during the plan year: Combine the value of the proting and the plan including any trus(s) or separately maintained fund(s) and any payments/receipts to/from instrance carries. Reu during the plan year: Combine the value of the proting as a large plan of the second to use to the nearest dollar.         I Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         a Total plan assets (subtract line 1b from line 1a)       1c       328229       0         2 Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total       (b) Total         3 Others (including role rolevars)       2a       4       4       Total income (ead lines 2a(1), 2							•		•	001	
small plan under the 80-120 participant rule (see instructions). Complete Schedule H If reporting as a large plan or DFE.          Part I       Small Plan Financial Information         Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year to pay a specific dollar more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar more than one trust. Do not enter the value of plan including any trust(s) or separately maintained fund(s) and any pyrmetris/recipts to/from insurance carties. Round off amounts to the nearest dolar.         I Plan Assets and Liabilities:       (a) Beginning of Year       (b) End of Year         a Total plan assets (subtract line b from line 1a)       1c       32829       0         C Not plan assets (subtract line b from line 1a)       1c       32829       0         2 Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a Contributions received or receivable:       2a(1)       4         (b) Total inone (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       4         d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       4         g Cartain deemed distributions of participant loans       2g       9515         g Cartain deemed distributions of participant loans       2g <td colspan="3"></td> <td></td> <td></td> <td></td> <td></td> <td>dentificatio</td> <td>on Numbe</td> <td>er (EIN)</td>								dentificatio	on Numbe	er (EIN)	
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assets held in more than one trust. Do not enfer the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a turne date. Include and expresses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts tofrom insurance carriers. Round off amounts to the nearest dollar.           1       Plan Assets and Liabilities:       ia       (a) Beginning of Year       (b) End of Year         2       Income, Expenses, and Transfers for this Plan Year:       ia       32829       0         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         3       Contributions received or receivable:       (b) Total         (i)       Employers       2a(3)       (b)         (j)       Ontext (including rollovers)       2a(3)       (c)         4       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       4         6       Benefits paid (including direct rollovers)       2a       2a         4       Benefits paid (including direct rollovers)       2a       2a       4         6       Contributions (see instructions)       2i       2g       9615         j       Total expenses (add lines 2a, 2t, 2g, 2h, and 2i)       2i       9615	Ра	rt I Small Plan Financial I	nformation								
a       Total plan assets       1a       32829       0         b       Total plan liabilities       1b       0       0         c       Net plan assets (subtract line 1b from line 1a)       1c       32829       0         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       (a) Amount       (b) Total         (1)       Employers       2a(1)       (b) Total         (2)       Participants       2a(2)       (c)       (c)         (2)       Participants       2a(2)       (c)       (c)         (2)       Participants       2a(2)       (c)       (c)         (3)       Other s (including rollovers)       2a(3)       (c)       (c)         (2)       Participants       2a(2)       (c)       (c)         (3)       Other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       (c)       4         (4)       Benefits paid (including direct rollovers)       2e       (c)       4         (5)       Cortective distributions (see instructions)       2h       (c)       (c)         (a)       Administrative service providers (salaries, fees, and commissions)	ass ben	ets held in more than one trust. Do n efit at a future date. Include all incom	ot enter the value of the portion ne and expenses of the plan inc	of an ir	surance contrac	t that g	juarantees	during th	is plan ye	ear to pay a specific dollar	
b       Total plan liabilities       1b       0       0         c       Net plan assets (subtract line 1b from line 1a)       1c       32829       0         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       2a(1)       (b) Total         (1)       Employers       2a(2)       2a(2)       2a(2)         (3)       Others (including rollovers)       2a(3)       2b       4         C       Others (including rollovers)       2a(3)       2b       4         C       Others (including rollovers)       2b       4         C       Other income       2c       4       4         B tonic and come (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       4       4         C other income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       4       4         B tonic and emend distributions of participant loans (see instructions)       2f       2g       5         G Corrective distributions of participant loans (see instructions)       2h       4       6515         f       Other expenses       2i       9615       9615         j       Tansfers to (from) the plan (see instructions)       2i </td <td>1</td> <td>Plan Assets and Liabilities:</td> <td></td> <td></td> <td><b>(a)</b> Be</td> <td>ginnin</td> <td>g of Year</td> <td></td> <td></td> <td>(b) End of Year</td>	1	Plan Assets and Liabilities:			<b>(a)</b> Be	ginnin	g of Year			(b) End of Year	
c       Net plan assets (subtract line 1b from line 1a)       1c       32829       0         2       Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         a       Contributions received or receivable:       2a(1)       (b) Total         (i)       Employers       2a(2)       (a) Amount       (b) Total         (j)       Others (including rollovers)       2a(3)       (a)       (b) Total         (j)       Others (including rollovers)       2a(3)       (a)       (b)         (j)       Others (including rollovers)       2b       (a)       4         (j)       Cotter income       2c       4       4         (j)       Corrective distributions (see instructions)       2t       2t       4         (j)       Corrective distributions of participant loans       2g       (j)       (j)         (j)       Cortex (selatines, fees, and commissions)       2t       9515         (j)       Total expenses (add lines 2e, 21, 2g, 2h, and 2i)       2j       9515         (j)       Total expenses (add lines 2e, 21, 2g, 2h, and 2i)       2j       9515         (j)       Total expenses (add lines 2e, 21, 2g, 2h, and 2i)       2j       9515         (j)       Total expense	а	Total plan assets		1a				32829		0	
Income, Expenses, and Transfers for this Plan Year:       (a) Amount       (b) Total         Contributions received or receivable:       2a(1)       (a) Amount       (b) Total         (1) Employers	b	Total plan liabilities		. 1b				0		0	
a Contributions received or receivable:       a       a         (1) Employers	С	Net plan assets (subtract line 1b fro	om line 1a)	1c				32829		0	
(1) Employers       Za(1)         (2) Participants       Za(2)         (3) Others (including rollovers)       Za(3)         b Noncash contributions       Zb         c Other income       Zc         d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       Zd         zc       4         d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       Zd         zc       4         g Certain deemed distributions (see instructions)       Zf         g Certain deemed distributions of participant loans (see instructions)       Zg         i Other expenses       Zi         j Other service growiders (salaries, fees, and commissions)       Zh         i Other expenses       Zi         j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       Zi         g Cartain beams (astiructions)       Zi         i Other expenses (add lines 2e, 2f, 2g, 2h, and 2i)       Zi         g Specific Assets: If the plan ledd assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets         s Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets         s Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter tha one plan on	2	Income, Expenses, and Transfers	s for this Plan Year:		(	(a) Amount				<b>(b)</b> Total	
(2) Participants	а	Contributions received or receivable	e:								
(3) Others (including rollovers)       2a(3)         b       Noncash contributions       2b         c       Other income       2c       4         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       4         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       4         e       Benefits paid (including direct rollovers)       2e       4         f       Corrective distributions (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2g       1         g       Certain deemed distributions of participant loans (see instructions)       2g       1         i       Other expenses       2i       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       -23318         j       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a		(1) Employers		2a(1)							
b       Noncash contributions       2b         c       Other income       2c       4         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       4         e       Benefits paid (including direct rollovers)       2e       4         f       Corrective distributions (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2g       1         i       Other expenses       2h       1         f       Corrective distributions of participant loans (see instructions)       2g       1         i       Other expenses       2h       1         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       -23318         j       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plans a of the end o		(2) Participants		2a(2)							
c       Other income       2c       4         d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       4         e       Benefits paid (including direct rollovers)       2e       4         f       Corrective distributions (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2g       1         g       Certain deemed distributions of participant loans (see instructions)       2g       1         i       Other expenses       2i       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       -9511         i       Transfers to (from) the plan (see instructions)       2l       -9511         i       Transfers to assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the		(3) Others (including rollovers)		2a(3)							
d       Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)       2d       4         e       Benefits paid (including direct rollovers)       2e       4         f       Corrective distributions (see instructions)       2f       2g         g       Certain deemed distributions of participant loans (see instructions)       2g       4         h       Administrative service providers (salaries, fees, and commissions)       2h       9515         j       Other expenses       2i       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         j       Total expenses (subtract line 2j from line 2d)       2k       -9511         i       Transfers to (from) the plan (see instructions)       2l       -9511         i       Transfers to (from) the plan (see instructions)       2l       -2318         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         b       Employer real property       3a       X         c       Real estate (other than employer r	b	Noncash contributions		2b							
a       For an income (add integ 2a(1), 2a(3), 2b, and 2b)       2d         b       Benefits paid (including direct rollovers)       2e         f       Corrective distributions (see instructions)       2f         g       Certain deemed distributions of participant loans (see instructions)       2g         h       Administrative service providers (salaries, fees, and commissions)       2h         i       Other expenses       2i       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         k       Net income (loss) (subtract line 2j from line 2d)       2k       -9511         1       Transfers to (from) the plan (see instructions)       2l       -9511         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X       3b       X       0         c       Real estate (other than employer real property)       3c       X       0       0 <td>С</td> <td>Other income</td> <td></td> <td>2c</td> <td></td> <td></td> <td></td> <td>4</td> <td></td> <td></td>	С	Other income		2c				4			
f       Corrective distributions (see instructions)       2f         g       Certain deemed distributions of participant loans (see instructions)       2g         h       Administrative service providers (salaries, fees, and commissions)       2h         i       Other expenses       2i       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2i       9515         k       Net income (loss) (subtract line 2j from line 2d)       2k       -9511         l       Transfers to (from) the plan (see instructions)       2l       -23318         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X        3b       X         b       Employer real property       3c       X        0         d       Employer securities       3d       X       0	d	Total income (add lines 2a(1), 2a(2	), 2a(3), 2b, and 2c)	2d						4	
g       Certain deemed distributions of participant loans (see instructions)	е	Benefits paid (including direct rollow	vers)	. 2e							
(see instructions)	f	Corrective distributions (see instruc	tions)	2f							
i       Other expenses       2i       9515         j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)       2j       9515         k       Net income (loss) (subtract line 2j from line 2d)       2k       -9511         l       Transfers to (from) the plan (see instructions)       2l       -23318         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan s of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X	g		•	2g							
j       Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	h	Administrative service providers (sa	alaries, fees, and commissions)	2h							
interest (add lines 20, 21, 29, 21, 20, 21, 29, 21, 20, 21, 29, 21, 20, 21, 29, 21, 20,	i	Other expenses		2i				9515			
I       Transfers to (from) the plan (see instructions)       21       -23318         3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.       Yes       No       Amount         a       Partnership/joint venture interests       3a       X	j	Total expenses (add lines 2e, 2f, 2g	g, 2h, and 2i)	2j						9515	
3       Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.         a       Partnership/joint venture interests       Yes       No       Amount         a       Partnership/joint venture interests       3a       X         b       Employer real property       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities       3d       X       0	k	Net income (loss) (subtract line 2j f	rom line 2d)	2k						-9511	
remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line- by-line basis unless the trust meets one of the specific exceptions described in the instructions.          Yes       No       Amount         a       Partnership/joint venture interests       3a       X         b       Employer real property       3b       X         c       Real estate (other than employer real property)       3c       X         d       Employer securities       3d       X	I	Transfers to (from) the plan (see ins	structions)	21						-23318	
a Partnership/joint venture interests       3a       X         b Employer real property       3b       X         c Real estate (other than employer real property)       3c       X         d Employer securities       3d       X       0	3	remaining in the plan as of the end of	the plan year. Allocate the value o	of the pla	n's interest in a co						
b     Employer real property       c     Real estate (other than employer real property)       d     Employer securities       3d     X					ŗ		Yes	No		Amount	
c     Real estate (other than employer real property)	а	Partnership/joint venture interests				3a		X			
d Employer securities	b	Employer real property				3b		X			
	С	Real estate (other than employer re	al property)			3c		X			
e Participant loans	d	Employer securities				3d	X			0	
	е	Participant loans				3e		Х			

uctions for Form

			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		Х	

Pa	art II Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		×	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		×	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		×	
е	Was the plan covered by a fidelity bond?	4e		Х	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		×	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		×	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	Х		32829
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j	Х		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
Т	Has the plan failed to provide any benefit when due under the plan?	41		Х	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	X Ye	s 🗌 N	lo A	mount: 0
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plan	(s) to w	hich assets or liabilities were

5b(1) Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA sec	tion 4021)? 🗌 Yes 🗌 No 🗌 N	ot determined
Part III Trust Information (optional)		
6a Name of trust	6b Trust's EIN	