## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

		Complete all entries in accorda	nce with the instruc	tions to the Form 550	<i>1</i> 0-5F.		
Part I	Annual Report	Identification Information					
For calend	ar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This ret	turn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	turn/report is:	the first return/report	ne final return/report				
		x an amended return/report a	short plan year returr	n/report (less than 12 m	nonths)	)	
C Check I	box if filing under:	X Form 5558	utomatic extension			DFVC progra	am
		special extension (enter description)	)				
Part II	Basic Plan Info	rmation—enter all requested informati	on				
1a Name	of plan				1b	Three-digit	
PUGET SOL	JND AUTOMOBILE DE	EALERS ASSOCIATION 401(K) PLAN				plan number	004
					10	(PN)	004
					10	Effective date of 03/01/	
		dress; include room or suite number (em EALERS ASSOCIATION	ployer, if for a single-	employer plan)	2b	Employer Identif	fication Number
16101 CDEI	ENWOOD AVE N BLD	G 2400			2c	Sponsor's telep	
SEATTLE, V	VA 98133-5667	G 2100			2d		(see instructions)
						81300	
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN	
name	, EIN, and the plan nun	nber from the last return/report.	·	,			
	or's name				4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		5
	·	at the end of the plan year			5b		5
		account balances as of the end of the pla	• •	•	5c		5
_		during the plan year invested in eligible					X Yes No
•		the annual examination and report of an (See instructions on waiver eligibility an		. ,	,		X Yes □ No
		ther line 6a or line 6b, the plan cannot					A 100 L 10
		t plan, is it covered under the PBGC insu					Not determined
	<u>'</u>	·		<u> </u>			]
	•	or incomplete filing of this return/repo					
SB or Sche		ner penalties set forth in the instructions, id signed by an enrolled actuary, as well olete.					
SIGN	Filed with authorized/v	valid electronic signature.	09/28/2015	STEVE KLEIN			
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	dual sig	ning as employe	er or plan sponsor
Preparer's		ame, if applicable) and address; include					number (optional)

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o	f Voca	,		
	Total plan assets	7a	(a) Beginning of Tea				(b) Liid 0		3236		
	Total plan liabilities	7b	162	6	+				2794		
	Net plan assets (subtract line 7b from line 7a)	7c	62484	7				765	5442		
8		me, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total				
	Contributions received or receivable from:		(a) Amount				(b) 10	Lai			
	(1) Employers	8a(1)	4017	8							
	(2) Participants	8a(2)	240	0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	9844	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						141	023		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	42	8							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							428		
i	Net income (loss) (subtract line 8h from line 8c)	8i						140	0595		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics				•						
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amour	nt		
a	Was there a failure to transmit to the plan any participant contribut			10-		X	, , , , , , , , , , , , , , , , , , ,	unoui	111		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X					
	on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c		^					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X					
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	X					7	735
f	,			10f		Χ					
						X					
h	If this is an individual account plan, was there a blackout period? (	(See instru	uctions and 29 CFR	10g		X					
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the state of the s			10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	VI Pension Funding Compliance										
11	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	lule 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	ection	302 of	ERISA?	<b>□</b> Y	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th		e lette Year _	r rulir	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										_
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
------	-----	--	---

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	► Complete all entries in accor	rdance with the instruct	ions to the Form 5500	)-SF
Part I		lentification Information			10/00/00/0
For calenda	r plan year 2013 or fisc		1/01/2013	and ending	12/31/2013
A This retu	ım/report is for:	X a single-employer plan	] a multiple-employer pla	n (not multiemployer)	a one-participant plan
<b>B</b> This refu	um/report is:	the first return/report	the final return/report		
	· · · · · · · · · · · · · · · · · · ·	an amended return/report	a short plan year return/	report (less than 12 mc	onths)
C Check b	•	X Form 5558	automatic extension		DFVC program
O Check o	OX It thing dider.	special extension (enter descripti	J		land.
Deed II	Paris Dian Infor	nation—enter all requested inform			
Part II		Hatton—enter an requested inform	II attori		1b Three-digit
1a Name o	orpian SOUND AUTOMOBII	LE DEALERS ASSOCIATION	N 401(K) PLAN		plan number
	JOURD X1010110D1		, ,		(PN) • 004
					1c Effective date of plan
	<u></u>				03/01/2006
2a Plan sp	onsor's name and addr	ess; include room or suite number (	employer, if for a single-e	mployer plan)	2b Employer Identification Number (EIN) 91-0679057
PUGET S	SOUND AUTOMOBII	LE DEALERS ASSOCIATION	.¥		
3 ( 3 ( ) )	GREENWOOD AVE 1	T BIDG 2100			2c Spansor's telephone number 206-542-3551
10101	SKEENWOOD AVE I	A BEING ZIOU			2d Business code (see instructions)
SEATTLE	7	WA 98133-5667			813000
		address XSame as Plan Sponsor	Name XSame as Plan	Sponsor Address	3b Administrator's EIN
JE FIEITE	Immistrator's name and	Address Mount of lan openior	A Paris of the same		
					3c Administrator's telephone number
4 1011		-t	last return/report filed for	this plan enter the	Ah EIN
4 If the n	name and/or EIN of the p	plan sponsor has changed since the	last return/report filed for	r this plan, enter the	4b EIN
name,	EIN, and the plan numi	plan sponsor has changed since the ber from the last return/report.	last return/report filed for	this plan, enter the	4b EIN 4c PN
name, a Sponso	ElN, and the plan number's name	ber from the last return/report.		<u> </u>	
name, a Sponso	EIN, and the plan numi or's name number of participants a	ber from the last return/report.  t the beginning of the plan year			4c PN 5a 5
a Sponso 5a Total r b Total r	EIN, and the plan number's name number of participants a number of participants a	t the beginning of the plan year t the end of the plan year			4c PN       5a     5       5b     5
a Sponso 5a Total r b Total r C Number	EIN, and the plan number's name number of participants a number of participants are of participants with ac	t the beginning of the plan year t the end of the plan year	plan year (defined benei	fit plans do not	4c PN       5a     5       5b     5       5c     5
name, a Sponso 5a Total r b Total r C Number comple	EIN, and the plan number's name number of participants a number of participants a er of participants with ac ete this item)	t the beginning of the plan year  It the end of the plan year  It the end of the plan year  Count balances as of the end of the	plan year (defined benefible assets? (See instruct	fit plans do not	4c PN         5a       5         5b       5         5c       5         X Yes No
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan number of participants a number of participants are of participants with acete this item)	t the beginning of the plan year  t the end of the plan year  count balances as of the end of the	plan year (defined benei ible assets? (See instruct	fit plans do not	4c PN       5a     5       5b     5       5c     \$\$\times\$ Yes \$\$\text{No}\$
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are you	EIN, and the plan number's name number of participants a number of participants are of participants with acete this item)	t the beginning of the plan year	e plan year (defined benef ible assets? (See instruct of an independent qualifier y and conditions.)	fit plans do not ions.)	4c PN         5a       5         5b       5         5c       5         X Yes No       No         PA)       Yes No
name, a Sponsor 5a Total r b Total r c Numbe comple 6a Were b Are younder If you	EIN, and the plan number's name number of participants a er of participants with ac ete this item) all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to elti	the beginning of the plan year  It the beginning of the plan year  It the end of the plan year  Count balances as of the end of the during the plan year invested in eliging the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can	e plan year (defined benefible assets? (See instruct of an independent qualifier y and conditions.)	fit plans do not ions.) d public accountant (IQ and must instead use	4c PN         5a       5         5b       5         5c       5         X Yes No         PA)       Yes No         Form 5500.
name, a Sponsor 5a Total r b Total r c Numbe comple 6a Were b Are younder If you	EIN, and the plan number's name number of participants a er of participants with ac ete this item) all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to elti	t the beginning of the plan year	e plan year (defined benefible assets? (See instruct of an independent qualifier y and conditions.)	fit plans do not ions.) d public accountant (IQ and must instead use	4c PN         5a       5         5b       5         5c       5         X Yes No         PA)       Yes No         Form 5500.
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are younder if you c if the r	EIN, and the plan number's name number of participants a number of participants are of participants with acte this item)	the beginning of the plan year	e plan year (defined benefible assets? (See instruct of an independent qualifier y and conditions.)	fit plans do not  ions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?	4c         PN           5a         5           5b         5           5c         \$           X         Yes         No           PA)         X         Yes         No           Form 5500.         Not determined           use is established.         No         Not determined
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are younder If you C If the p	EIN, and the plan number's name number of participants a number of participants are of participants with acete this item)	the beginning of the plan year	e plan year (defined benefible assets? (See instruct of an independent qualifier y and conditions.)	ions.)  di public accountant (IQ and must instead use ERISA section 4021)?	4c         PN           5a         5           5b         5           5c         5           X         Yes         No           PA)         X         Yes         No           Form 5500.         Not determined           use is established.         No         No         No           port, including, if applicable, a Schedule
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are younder if you c If the p Caution: A Under pens	EIN, and the plan number's name number of participants a er of participants with ac ete this item) all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to elth blan is a defined benefit A penalty for the late oc alties of perjury and other dute MB completed and	the beginning of the plan year  It the beginning of the plan year  It the end of the plan year  Count balances as of the end of the during the plan year invested in eligible annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filling of this return/representations of signed by an enrolled actuary, as the plan of the plan can be planded by an enrolled actuary, as the planded of signed by an enrolled actuary, as the planded of signed by an enrolled actuary, as the planded of	e plan year (defined benefible assets? (See instruct of an independent qualifier y and conditions.)	ions.)  di public accountant (IQ and must instead use ERISA section 4021)?	4c         PN           5a         5           5b         5           5c         \$           X         Yes         No           PA)         X         Yes         No           Form 5500.         Not determined
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are younder if you c If the p Caution: A Under pens	EIN, and the plan number's name number of participants a number of participants are of participants with acete this item)	the beginning of the plan year  It the beginning of the plan year  It the end of the plan year  Count balances as of the end of the during the plan year invested in eligible annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filling of this return/representations of signed by an enrolled actuary, as the plan of the plan can be planded by an enrolled actuary, as the planded of signed by an enrolled actuary, as the planded of signed by an enrolled actuary, as the planded of	plan year (defined benefities assets? (See instruct of an independent qualifier y and conditions.)	it plans do not ions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c         PN           5a         5           5b         5           5c         5           X         Yes         No           PA)         X         Yes         No           Form 5500.         Not determined           use is established.         No         No         No           port, including, if applicable, a Schedule
name, a Sponso 5a Total r b Total r C Numbe comple 6a Were b Are younder if you C If the p Caution: A Under pens SB or Sche belief, it is to	EIN, and the plan number's name number of participants a er of participants with ac ete this item) all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to elth blan is a defined benefit A penalty for the late oc alties of perjury and other dute MB completed and	the beginning of the plan year  It the beginning of the plan year  It the end of the plan year  Count balances as of the end of the during the plan year invested in eligible annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filling of this return/representations of signed by an enrolled actuary, as the plan of the plan can be planded by an enrolled actuary, as the planded of signed by an enrolled actuary, as the planded of signed by an enrolled actuary, as the planded of	plan year (defined benefities assets? (See instruct of an independent qualifier y and conditions.)	ions.)  di public accountant (IQ and must instead use ERISA section 4021)?	4c         PN           5a         5           5b         5           5c         5           X         Yes         No           PA)         X         Yes         No           Form 5500.         Not determined           use is established.         No         No         No           port, including, if applicable, a Schedule
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are younder if you c If the p Caution: A Under pens	EIN, and the plan number's name number of participants a number of participants are of participants with active this item)	the beginning of the plan year	e plan year (defined beneficially beneficially beneficially and conditions.)	fit plans do not  fions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report  Steve Klein	4c PN  5a 5  5b 5  5c 5  X Yes No  PA) Xes No  Form 5500.  Yes No Not determined  use is established.  port, including, if applicable, a Schedule t, and to the best of my knowledge and
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche belief, it is t	EIN, and the plan number's name number of participants a er of participants with ac ete this item) all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to elth blan is a defined benefit A penalty for the late oc alties of perjury and other dute MB completed and	the beginning of the plan year	plan year (defined benefities assets? (See instruct of an independent qualifier y and conditions.)	fit plans do not  fions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report  Steve Klein	4c         PN           5a         5           5b         5           5c         5           X         Yes         No           PA)         X         Yes         No           Form 5500.         Not determined           use is established.         No         No         No           port, including, if applicable, a Schedule
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is it	EIN, and the plan number's name number of participants a number of participants a er of participants with ac ete this item) all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to elte plan is a defined benefit appenalty for the late of active, correct, and completed and true, correct, and completed and Signature of plan ad	the beginning of the plan year	e plan year (defined beneficially see instruct of an independent qualifier y and conditions.)	fit plans do not  fions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report  Steve Klein  Enter name of individ	4c PN  5a 5  5b 5  5c 5  X Yes No PA) X Yes No PAD Not determined  Ise is established.  PROT, including, if applicable, a Schedule t, and to the best of my knowledge and  Island Signing as plan administrator
name, a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder lif you c lif the r Caution: A Under pens SB or Sche bellef, it is is	EIN, and the plan number of same number of participants a er of participants with ac ete this item)	the beginning of the plan year	e plan year (defined benefible assets? (See instruct of an independent qualifier y and conditions.)	fit plans do not  fions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report  Steve Klein  Enter name of individ	4c PN  5a 5  5b 5  5c 5  X Yes No PA) X Yes No PA No Not determined  Lise is established.  Port, including, if applicable, a Schedule L, and to the best of my knowledge and  Lise is established.  Lise is established.
name, a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder lif you c lif the r Caution: A Under pens SB or Sche bellef, it is is	EIN, and the plan number of same number of participants a er of participants with ac ete this item)	the beginning of the plan year	e plan year (defined benefible assets? (See instruct of an independent qualifier y and conditions.)	fit plans do not  fions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report  Steve Klein  Enter name of individ	4c PN  5a 5  5b 5  5c 5  X Yes No PA) X Yes No PAD Not determined  Ise is established.  PROT, including, if applicable, a Schedule t, and to the best of my knowledge and  Island Signing as plan administrator
name, a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder lif you c lif the r Caution: A Under pens SB or Sche bellef, it is is	EIN, and the plan number of same number of participants a er of participants with ac ete this item)	the beginning of the plan year	e plan year (defined benefible assets? (See instruct of an independent qualifier y and conditions.)	fit plans do not  fions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report  Steve Klein  Enter name of individ	4c PN  5a 5  5b 5  5c 5  X Yes No PA) X Yes No PA No Not determined  Lise is established.  Port, including, if applicable, a Schedule L, and to the best of my knowledge and  Lise is established.  Lise is established.
name, a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder lif you c lif the r Caution: A Under pens SB or Sche bellef, it is is	EIN, and the plan number of same number of participants a er of participants with ac ete this item)	the beginning of the plan year	e plan year (defined benefible assets? (See instruct of an independent qualifier y and conditions.)	fit plans do not  fions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report  Steve Klein  Enter name of individ	4c PN  5a 5  5b 5  5c 5  X Yes No PA) X Yes No PA No Not determined  Lise is established.  Port, including, if applicable, a Schedule L, and to the best of my knowledge and  Lise is established.  Lise is established.
name, a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder lif you c lif the r Caution: A Under pens SB or Sche bellef, it is is	EIN, and the plan number of same number of participants a er of participants with ac ete this item)	the beginning of the plan year	e plan year (defined benefible assets? (See instruct of an independent qualifier y and conditions.)	fit plans do not  fions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report  Steve Klein  Enter name of individ	4c PN  5a 5  5b 5  5c 5  X Yes No PA) X Yes No PA No Not determined  Lise is established.  Port, including, if applicable, a Schedule L, and to the best of my knowledge and  Lise is established.  Lise is established.

7	t III   Financial Information		(a) Docinalan of Va-		T		(b) End o	4 Voor	
<del></del>			(a) Beginning of Yea	2647	3		(p) End c	***	3236
a	Total plan liabilities	7a 7b		162	-				794
	Net plan assets (subtract line 7b from line 7a)	7c	6:	2484					442
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		+		(b) To		
	Contributions received or receivable from:		(a) Antount				(10) 10	/ <del>(4</del> 1)	
	(1) Employers	8a(1)	· · · · · · · · · · · · · · · · · · ·	1017	8				
	(2) Participants	8a(2)	<u> </u>	240	O		*		
	(3) Others (including rollovers)	8a(3)			_				
	Other income (loss)	8b		9844	5				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		·				141	L023
—-	Benefits paid (including direct rollovers and Insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e			_				
f_	Administrative service providers (salaries, fees, commissions)	8f		42	8				
<u>g</u>	Other expenses	8g					······································		
<u>_</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	· · · · · · · · · · · · · · · · · · ·						428
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i	7.40		┪			140	)595
	Transfers to (from) the plan (see instructions)	8]					<del></del>		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2G  If the plan provides welfare benefits, enter the applicable welfare fe		WARRIES TO THE PROPERTY OF THE						
Par									
10	During the plan year:								
a					Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Corre	ection Program)	10a	Yes	No X	A	Amount	
		iciary Corre ? (Do not in	ection Program) nclude transactions reported	10a 10b	Yes			Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Corre ? (Do not in	ection Program)		Yes	х		Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	ciary Corre ? (Do not in	action Program)	10b	Yes	x		Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	riciary Corre	d, that was caused by fraud by an insurance carrier, stits under the plan? (See	10b 10c	X	x x			735
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	rciary Corre ? (Do not in fidelity bon her persons of the bene	ection Program)  nclude transactions reported  d, that was caused by fraud  by an insurance carrier,  fits under the plan? (See	10b 10c		x x			735
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or othinsurance service, or other organization that provides some or all instructions.)	(Do not in fidelity bonner persons of the bene	d, that was caused by fraud by an insurance carrier, elits under the plan? (See	10b 10c 10d		x x			735
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	fidelity bonner persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f		x x x			735
d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period?	fidelity bonner persons of the benefits of year er (See Instruction of the required of the req	action Program)  Include transactions reported  Include transa	10b 10c 10d 10e 10f 10g		x x x			735
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	fidelity bonner persons of the benefits of year er (See Instruction of the required of the req	action Program)  Include transactions reported  Include transa	10b 10c 10d 10e 10f 10g 10h		x x x			735
e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	fidelity bon fidelity bon firer persons of the bene s of year er (See instruc-	d, that was caused by fraud by an insurance carrier, effits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10l	X	X X X X X	3 (Form		735 No
c d e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a: If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.107  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bon fidelity bon firer persons of the bene fice instruction fidelity bon firer persons fidelity bon fidelity	ection Program)  nclude transactions reported  d, that was caused by fraud  by an insurance carrier, stits under the plan? (See  and.)	10b 10c 10d 10e 10f 10g 10h 10l	X	X X X X X	3 (Form		
c d e f g h i Part	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a:  If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.107  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bon fidelity bon fidelity bon firer persons of the bene s of year er (See instruc- ne required 1-3 ents? (if "Y	ection Program)  nclude transactions reported  d, that was caused by fraud  by an insurance carrier, stits under the plan? (See  ad.)  ctions and 29 CFR  notice or one of the  des," see instructions and comule SB (Form 5500) line 39	10b 10c 10d 10b 10f 10g 10h 10i	X	X X X X X X III	3 (Form		No
c d e f g h i Part 11 11a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-VI  Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from the plan of the plan in the p	fidelity bon fidelity bon firer persons of the bene s of year er (See instruc- ne required 1-3 ents? (if "Y	ection Program)  nclude transactions reported  d, that was caused by fraud  by an insurance carrier, effits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the  des," see instructions and complete SB (Form 5500) line 39	10b 10c 10d 10b 10f 10g 10h 10i	X	X X X X X X III	3 (Form	☐ Yes ☐	No
c   d   e   f   g   h   i     Part   11   11a   12   a	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from the state of the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	fidelity bon fidelity bon fidelity bon firer persons of the bene s of year er (See instruc- fidelity bon firer persons fidelity bon firer persons fidelity bon firer persons fidelity bon f	d, that was caused by fraud by an insurance carrier, effits under the plan? (See  and.) ctions and 29 CFR  notice or one of the  res," see instructions and complete SB (Form 5500) line 39 and so f section 412 of the Code ble.) d in this plan year, see instructions and complete SB (Form 5500) line 39 Mon	10b 10c 10d 10e 10f 10g 10h 10i or se	X Sched	X X X X X X X X X X X X X X X X X X X	3 (Form ERISA?	Yes X	No No
c   d   e   f   g   h   i     Part   11   11a   12   a	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from the state of the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the standard for a prior year is being t	fidelity bon fidelity bon fidelity bon firer persons of the bene s of year er (See instruc- fidelity bon firer persons fidelity bon firer persons fidelity bon firer persons fidelity bon f	d, that was caused by fraud by an insurance carrier, effits under the plan? (See  and.) ctions and 29 CFR  notice or one of the  res," see instructions and complete SB (Form 5500) line 39 and so f section 412 of the Code ble.) d in this plan year, see instructions and complete SB (Form 5500) line 39 Mon	10b 10c 10d 10e 10f 10g 10h 10i or se	X Sched	X X X X X X Indicate the second of the secon	3 (Form ERISA?	Yes X	No

	Form 5500-SF 2013 Page <b>3</b> -						
С	Enter the amount contributed by the employer to the plan for this plan year		12¢	<u> </u>			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).	of a	12d	† -	-		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			İγ	es 「	] 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?			Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	**********	13a	Τ			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the o	control	† -		—	-
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) t	0	<u></u>		1 440	<i>y</i> 24 (10
1	3c(1) Name of plan(s):	1;	3c(2) E	IN(s)		13c/3	) PN(s)
			\			100(1	7 / (4)
,							<del></del> -
····							
Part	/III Trust Information (optional)			<del>-</del>			·
	ame of trust		14b T	rust's E	EIN		

;

: 2