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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Pen | sion Benefit Guaranty Corporation | ▶ Complete all entries in acc | cordance with the instruc | tions to the Form 5500 |)-SF. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|--|--|---|--|---|---------------------------|---|--|
| Par | t I Annual Report | Identification Information | | | | | |
| For ca | alendar plan year 2013 or fis | | 2013 | and ending 1 | 2/31/2 | 013 | |
| A Th | nis return/report is for: | a single-employer plan | a multiple-employer pla | an (not multiemployer) | [| a one-particip | oant plan |
| B Th | nis return/report is: | the first return/report | the final return/report | | | | |
| | | an amended return/report | a short plan year return | /report (less than 12 mo | onths) | | |
| C CI | neck box if filing under: | Form 5558 | automatic extension | | | DFVC progra | am |
| | | special extension (enter descri | . , | | | | |
| Par | | rmation—enter all requested info | ormation | | | | Τ |
| | lame of plan | | | | | Three-digit | |
| ACE PA | AVING CO., INC. 401(K) PL | AN | | | | plan number (PN) ▶ | 001 |
| | | | | | | Effective date of | |
| | | | | | 10 | 01/01 | • |
| 2a P | lan sponsor's name and add | dress; include room or suite number | r (employer if for a single- | employer plan) | 2h | Employer Identi | |
| | AVING CO., INC. | a. 555, 115, 145 15511 51 541.5 1141.155. | . (ap.a) a.,a. a ag.a . | op.oyo. p.a | | | 69307 |
| | | | | | | Sponsor's telep | hone number |
| PO B | OX 4520 | | | | | 360-479 | |
| | ERTON, WA 98312 | | | | 2d | Business code (| (see instructions) |
| | | | | | | 23890 | |
| 3a ₽ | lan administrator's name an | nd address XSame as Plan Sponso | or Name Same as Plan | Sponsor Address | 3b | Administrator's I | EIN |
| | | | | · | | | |
| | | | | | 3c | Administrator's t | telephone number |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | = | | | | | | |
| | | e plan sponsor has changed since the mber from the last return/report. | ne last return/report filed to | r this plan, enter the | 4b | EIN | |
| | ponsor's name | noer nom the last return report. | | | 4c | PN | |
| | • | at the beginning of the plan year | | | 5a | T | 10 |
| _ | | at the end of the plan year | | ŀ | | | |
| | · | | | | 5b | | 0 |
| | | account balances as of the end of th | | - | 5c | | 0 |
| | • | s during the plan year invested in eli | ` | , | | | X Yes No |
| | | the annual examination and report | | | | | Vac 🗆 Na |
| | | ? (See instructions on waiver eligibilither line 6a or line 6b, the plan ca | | | | | X Yes No |
| | • | • | | | | | Not determined |
| | the plan is a delined benefit | it plan, is it covered under the PBG0 | o insurance program (see | | | res X NO | |
| | | · | | | Ц | | 140t determined |
| Cauti | on: A penalty for the late o | or incomplete filing of this return/ | | • | | established. | 1 Not determined |
| Unde | penalties of perjury and oth | or incomplete filing of this return/ | /report will be assessed unions, I declare that I have e | unless reasonable cau | se is e | cluding, if applic | able, a Schedule |
| Under SB or | penalties of perjury and oth Schedule MB completed ar | or incomplete filing of this return/ ner penalties set forth in the instruct nd signed by an enrolled actuary, as | /report will be assessed unions, I declare that I have e | unless reasonable cau | se is e | cluding, if applic | able, a Schedule |
| Under SB or | penalties of perjury and oth | or incomplete filing of this return/ ner penalties set forth in the instruct nd signed by an enrolled actuary, as | /report will be assessed unions, I declare that I have e | unless reasonable cau | se is e | cluding, if applic | able, a Schedule |
| Under SB or belief | penalties of perjury and oth Schedule MB completed ar it is true, correct, and comp | or incomplete filing of this return/ ner penalties set forth in the instruct nd signed by an enrolled actuary, as | /report will be assessed unions, I declare that I have e | unless reasonable cau | se is e ort, ind | cluding, if applic o the best of my | able, a Schedule |
| Under SB or belief | penalties of perjury and oth Schedule MB completed ar it is true, correct, and comp | or incomplete filing of this return/ ner penalties set forth in the instruct nd signed by an enrolled actuary, as plete. | report will be assessed upons, I declare that I have as well as the electronic vers | unless reasonable cau examined this return/rep sion of this return/report, | se is end to | cluding, if applic o the best of my | able, a Schedule knowledge and |
| Under SB or belief | penalties of perjury and oth Schedule MB completed art it is true, correct, and completed with authorized. Signature of plan are | or incomplete filing of this return/ ner penalties set forth in the instruct nd signed by an enrolled actuary, as plete. | report will be assessed upons, I declare that I have as well as the electronic versions of the control of the c | examined this return/report, sion of this return/report, | se is end to | cluding, if applic o the best of my | able, a Schedule knowledge and |
| Under SB or belief | penalties of perjury and oth Schedule MB completed ar it is true, correct, and completed with authorized/Signature of plan and signature of plan and signa | or incomplete filing of this return/ ner penalties set forth in the instruct nd signed by an enrolled actuary, as plete. valid electronic signature. dministrator | report will be assessed upons, I declare that I have as well as the electronic versions as well as the electronic versions. 02/05/2014 Date | examined this return/report, sion of this return/report, ROY T. CHRISTOPHE Enter name of individu | se is entry income and to | cluding, if applic o the best of my N ning as plan adn | able, a Schedule knowledge and |
| Under SB or belief SIGN HERE SIGN HERE | r penalties of perjury and oth Schedule MB completed ar it is true, correct, and completed with authorized/ Signature of plan accompleted with authorized/ Signature of employers | or incomplete filing of this return/ mer penalties set forth in the instruct nd signed by an enrolled actuary, as plete. valid electronic signature. dministrator yer/plan sponsor | report will be assessed upons, I declare that I have as well as the electronic versions as well as the electronic versions. 02/05/2014 Date Date | examined this return/report, sion of this return/report, ROY T. CHRISTOPHE Enter name of individu | se is eport, inc., and to | cluding, if applic o the best of my N ning as plan adm | able, a Schedule knowledge and ninistrator |
| Under SB or belief SIGN HERE SIGN HERE | r penalties of perjury and oth Schedule MB completed ar it is true, correct, and completed with authorized/ Signature of plan accompleted with authorized/ Signature of employers | or incomplete filing of this return/ ner penalties set forth in the instruct nd signed by an enrolled actuary, as plete. valid electronic signature. dministrator | report will be assessed upons, I declare that I have as well as the electronic versions as well as the electronic versions. 02/05/2014 Date Date | examined this return/report, sion of this return/report, ROY T. CHRISTOPHE Enter name of individu | se is eport, inc., and to | cluding, if applic o the best of my N ning as plan adm | able, a Schedule knowledge and |
| Under SB or belief SIGN HERE SIGN HERE | r penalties of perjury and oth Schedule MB completed ar it is true, correct, and completed with authorized/ Signature of plan accompleted with authorized/ Signature of employers | or incomplete filing of this return/ mer penalties set forth in the instruct nd signed by an enrolled actuary, as plete. valid electronic signature. dministrator yer/plan sponsor | report will be assessed upons, I declare that I have as well as the electronic versions as well as the electronic versions. 02/05/2014 Date Date | examined this return/report, sion of this return/report, ROY T. CHRISTOPHE Enter name of individu | se is eport, inc., and to | cluding, if applic o the best of my N ning as plan adm | able, a Schedule knowledge and ninistrator |
| Under SB or belief SIGN HERE SIGN HERE | r penalties of perjury and oth Schedule MB completed ar it is true, correct, and completed with authorized/ Signature of plan accompleted with authorized/ Signature of employers | or incomplete filing of this return/ mer penalties set forth in the instruct nd signed by an enrolled actuary, as plete. valid electronic signature. dministrator yer/plan sponsor | report will be assessed upons, I declare that I have as well as the electronic versions as well as the electronic versions. 02/05/2014 Date Date | examined this return/report, sion of this return/report, ROY T. CHRISTOPHE Enter name of individu | se is eport, inc., and to | cluding, if applic o the best of my N ning as plan adm | able, a Schedule knowledge and ninistrator |
| Under SB or belief SIGN HERE SIGN HERE | r penalties of perjury and oth Schedule MB completed ar it is true, correct, and completed with authorized/ Signature of plan accompleted with authorized/ Signature of employers | or incomplete filing of this return/ mer penalties set forth in the instruct nd signed by an enrolled actuary, as plete. valid electronic signature. dministrator yer/plan sponsor | report will be assessed upons, I declare that I have as well as the electronic versions as well as the electronic versions. 02/05/2014 Date Date | examined this return/report, sion of this return/report, ROY T. CHRISTOPHE Enter name of individu | se is eport, inc., and to | cluding, if applic o the best of my N ning as plan adm | able, a Schedule knowledge and ninistrator |

Form 5500-SF 2013 Page **2**

| | d III Flores della formation | | | | | | | | | | _ |
|----------|---|-------------|--|---------|---------|-----------------|-----------|-----------|--------|----------|---|
| Pa | rt III Financial Information | | I | | - I | | | | | | _ |
| 7_ | Plan Assets and Liabilities | | (a) Beginning of Yea | | _ | | (b) Er | nd of Y | | | _ |
| <u>a</u> | Total plan assets | 7a | 87116 | 3 | _ | | | | | 0 | _ |
| | Total plan liabilities | 7b | | | _ | | | | | | |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | 7c | 87116 | 3 | _ | | | | | 0 | _ |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b |) Total | | | _ |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 28 | 7 | | | | | | | |
| | (2) Participants | 8a(2) | 68 | 4 | | | | | | | Т |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | T |
| | Other income (loss) | 8b | 16804 | 7 | | | | | | | T |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 169018 | <u> </u> | _ |
| | Benefits paid (including direct rollovers and insurance premiums | 00 | | | | | | | 100010 | <u> </u> | |
| | to provide benefits) | 8d | 103101 | 0 | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 453 | 1 | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | | | | | | | | |
| g | Other expenses | 8g | 464 | 0 | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 1 | 04018 | 1 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | - | 87116 | 3 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Pai | t IV Plan Characteristics | -, | I | | | | | | | | Т |
| | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D | feature co | des from the List of Plan Char | acteris | stic Co | des in | the inst | ruction | s: | | _ |
| b | | | | | | | | | | | |
| Dar | Part V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Λm | ount | | _ |
| a | | tions withi | n the time period described in | | 103 | 140 | | AIII | Ount | | _ |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ıciary Corr | ection Program) | 10a | | X | | | | | _ |
| D | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | X | | | | | |
| C | | | | 40- | Χ | | | | | 125000 | _ |
| | <u> </u> | | | 10c | | | | | | 125000 | , |
| 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 | | | 100 | | Χ | | | | | |
| | instructions.) | | | 10e | | X | | | | | _ |
| | , , , , , , , , , , , , , , , , , , , | | | 10f | V/ | ^ | | | | | |
| <u>g</u> | | | | 10g | X | | | | | (|) |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | • | | 10h | | Χ | | | | | |
| 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 | | | | .0. | | | | | | | _ |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | ents? (If " | Ves " see instructions and com | nlete | Scher | عاديا | R (Form | | | | _ |
| | 5500) and line 11a below) | | | | | | | | Yes | No |) |
| | Enter the unpaid minimum required contribution for current year fr | om Sched | ule SB (Form 5500) line 39 | | | 11a | | 1 - | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | or se | ction | 302 of | ERISA? | | Yes | X No |) |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | <u> </u> | | | | _ |
| a | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | - | the state of the s | | , and e | enter th Day | ne date d | of the le | | uling | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | e MB (For | m 5500), and skip to line 13. | | | | 1 | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | 1 | | | | |

| Page | 3 - | . 1 | |
|------|-----|-----|--|
| raye | J | | |

| 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? | X | es No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC? | control | | X Yes | No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | :0 | | | |
| 1 | 3c(1) Name of plan(s): | 3 c(2) El | N(s) | 13c(3) | PN(s) |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |
| 14a | Name of trust | 14b Tr | ust's EIN | • | |
| | | | | | |

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2013

OMB Nos. 1210-0110 . 1210-0089

This Form is Open to Public Inspection

| Part | | Identification Information | and the state of t | 5000 | | | | |
|---|-------------------------------------|--|--|----------------------------|---|---|--|--|
| For calend | ar plan year 2013 or f | iscal plan year beginning 01/01/20 | 13 | and ending | 12/31/2013 | | | |
| A This ref | turn/report is for: | a single-employer plan | a multiple-employer p | lan (not multiemployer) | a one-parti | cipant plan | | |
| B This re | turn/report is: | the first return/report | the final return/report | | | 2 - 2 - 4 - 4 - 10 - 10 - 10 - 10 - 10 - 10 - | | |
| | | an amended return/report | a short plan year retur | n/report (less than 12 m | nonths) | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | ☐ DFVC prog | ıram | | |
| | | special extension (enter descripti | on) | | | , | | |
| Part II | Basic Plan Info | ormation—enter all requested inform | nation | | | | | |
| 1a Name | | | | | 1b Three-digit | | | |
| ACE PAVIN | IG CO., INC. 401(k) P | LAN | | | plan number | | | |
| | | | | | (PN) • | 001 | | |
| | | | | 120 | 1c Effective date of plan 01/01/1995 | | | |
| 2a Plans ACE PAVIN | ponsor's name and ac G CO., INC. | ddress; include room or suite number (| employer, if for a single- | employer plan) | 2b Employer Identification Number (EIN) 91-0869307 | | | |
| | | | | | 2c Sponsor's tele | ephone number | | |
| P.O. BOX 4 | 520 | | | | | 79-4200 | | |
| BREMERTON, WA 98312 | | | | | 2d Business code 2389 | | | |
| 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address | | | 3b Administrator's | s EIN | | | | |
| | | | | | 3c Administrator | s telephone number | | |
| | | | | | | e telephone number | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 If the | name and/or EIN of th | e plan sponsor has changed since the | last return/report filed for | or this plan, eploy the | 1 Ale | | | |
| name | , EIN, and the plan nu | mber from the last return/report. | last retain/report filed to | n uns plan, enter the | 4b EIN | | | |
| | or's name | and the same of th | | | 4c PN | | | |
| | | at the beginning of the plan year | | | | 10 | | |
| | | at the end of the plan year | | | - 5b | 0 | | |
| C Numb | er of participants with | account balances as of the end of the | plan year (defined bene | afit plans do not | - | - | | |
| | | s during the plan year invested in eligil | | | | 0 | | |
| b Are vo | ou claiming a waiver o | f the annual examination and report of | an independent qualifie | ed public accountant (IO | NDA) | Yes No | | |
| under | 29 CFR 2520.104-46 | ? (See instructions on waiver eligibility | and conditions.) | | | Yes No | | |
| if you | answered "No" to e | ither line 6a or line 6b, the plan can | not use Form 5500-SF | and must instead use | Form 5500. | | | |
| C If the | olan is a defined bene | fit plan, is it covered under the PBGC i | nsurance program (see | ERISA section 4021)? | Yes 🛮 No | Not determined | | |
| Caution: A | penalty for the late | or incomplete filing of this return/re | port will be assessed | uniess reasonable car | use is established. | | | |
| Under pena | alties of periury and of | her penalties set forth in the instruction | ns I declare that I have | evamined this returning | ned including it | icable, a Schedule | | |
| 30 0 3016 | true, correct, and com | nd signed by an emoned actuary, as w | vell as the electronic ver | sion of this return/report | t, and to the best of m | y knowledge and | | |
| King State of | D Fall | | 1 0 0 1 700 | | | | | |
| SIGN HERE | XIDAYI Chi | april 1 | 11-24-2014 | Roy T. Christophersor | n | | | |
| | Signature of plan a | dministrator | Date | Enter name of individ | dual signing as plan ac | lministrator | | |
| SIGN | | | | | 25 | 10.70 | | |
| | Signature of emplo | oyer/plan sponsor name, if applicable) and address; inclu | Date | Enter name of individ | dual signing as employ | er or plan sponsor | | |
| i reparer s | marine (molading ilim) | iame, ii applicable) and address, inclu | de room of suite numbe | r (optional) | Preparer's telephon | e number (optional) | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | 6 181 | | | |
| For Panare | ork Doduction Ant Notice | ce and OMB Control Numbers, see the in | ······ | | | | | |

| Pa | rt III Financial Information | | | | | - | | | | | |
|----------|--|---|--|------------|----------------|----------------------|--|-----------|----------------|----------|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Ye | er | | | /b) E- | d = 8 V = | | - | |
| _ a | Total plan assets | . 7a | 87116 | | - | | (b) En | u or ye | ar 0 | | |
| b | Total plan liabilities | . 7b | | | _ | | | | - 0 | | |
| c | Net plan assets (subtract line 7b from line 7a) | . 7c | 87116 | 3 | + | | | | 0 | | |
| _8_ | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | /b) | Total | | | |
| а | Contributions received or receivable from: | | 17/2 | | ny | 12. | (0) | Total | | March 1 | |
| - | (1) Employers | 8a(1) | 28 | 7 | 114 | | ta tina | | | | |
| | (2) Participants. | 8a(2) | 68 | 4 | a | | | Ent. | HATE. | AT SEL | |
| <u>_</u> | (3) Others (including rollovers) | 8a(3) | | | TO. | | | | | | |
| | Other income (loss) | 8b | 16804 | 7 | 110 | | SEM SE | AKU | | | |
| d | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | 911 | • | | 16 | 9018 | | |
| u | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 103101 | n | 101 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 453 | - | | THE THE | ille og skriver Fert alle til skriv | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 400 | - | 100 | | | 3.45 | Badige Here | | |
| g | Other expenses | 8g | 464 | n | - 1 | egallande Suiesen | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | J | 1 | | Ba. 485,572 | ST. IDES! | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | - | - | 0181 | | |
| j | Transfers to (from) the plan (see instructions) | 81 | a British a distribution with the participants and | FAL | OH) (E-K) | H-Yan- | March 4 Rose | -87 | 1163 | aras e | |
| Pai | t IV Plan Characteristics | <u> </u> | · · · · · · · · · · · · · · · · · · · | | 115/ | Table. | 1985456 | ar day | | iller il | |
| | If the plan provides pension benefits, enter the applicable pension | feature code | s from the List of Plan Char | acteris | stic Co | odes in | the instru | ctions: | | | |
| b | 22 20 20 2K 21 0B | | | | | | | | | | |
| D | If the plan provides welfare benefits, enter the applicable welfare for | eature codes | from the List of Plan Chara- | cterist | ic Cod | les in | the instruc | tions: | | | |
| Par | V Compliance Questions | | | | . . | | | | | | |
| 10 | During the plan year: | | | | 202 | 71 S00V | | | | | |
| | Was there a failure to transmit to the plan any participant contribu | tione within th | no time negled described to | | Yes | No | | Amou | unt | | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | iciary Correct | tion Program) | 10a | | х | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not incl | ude transactions reported | 10b | | х | | | | | |
| C | Was the plan covered by a fidelity bond? | *************************************** | , | 10c | Х | | | - | | 05000 | |
| d | | fidelity bond. | that was caused by fraud | 10d | T - I - I | х | | | 1. | 25000 | |
| | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) | er persons b of the benefit | y an insurance carrier, s under the plan? (See | 10e | | x | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | × | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | | and the original reports | 10g | х | | | | 200 | | |
| h | If this is an individual account plan, was there a blackout period? (2520,101-3.) | See instruction | ons and 29 CFR | 10g 10h | ^ | х | | | | 0 | |
| 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 | e required no | otice or one of the | 10i | | | | | | | |
| Part | | | | 101 | | - | recontributo | U-REPUT | | 16 6 0 | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and fine 11a below) | ents? (If "Yes | s," see instructions and com | plete : | Sched | ule SE | 3 (Form | ПП | Yes [| | |
| 11a | Enter the unpaid minimum required contribution for current year fr | om Schedule | SB (Form 5500) line 39 | ········ | T | 11a | | | ies | No | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requirements | of section 412 of the Code | Or se | ction 5 | ing of | EDIONO | П | Yes 5 | , Na | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. | as applicable | 9) | | | | | | | - | |
| - | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | ng amortized | in this plan year, see instruc | tions, | and e | nter th | e dale of t | | er rulin | g | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | MB (Form ! | 5500), and skip to line 13. | | | Day | | Year | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | - | | | |
| | | | | apa dada | 200 | | | | | | |

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| Form 5500-SF 2 | u | |

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| <u>C</u> | 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 | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | X Ye | es N | 0 | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | - Indiana and a second | | 0 | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | controi | | X Yes | _ | |
| C | 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 | | IN TOO | I NO | |
| | 3c(1) Name of plan(s): | 3c(2) EIN | l(s) | 13c(3 |) PN(s) | |
| | | | · | | 77.11(5) | |
| iz-revision | | | | } | | |
| Part | VIII Trust Information (optional) | | | | | |
| 14a Name of trust | | | | 14b Trust's EIN | | |
| | | | | | | |
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