For	m 5500-SF	Short Form Annual F	•	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan	nd 4065 of the Employee	2		2013
	epartment of Labor enefits Security Administration	Retirement Income Security Act c		ctions 6057(b) and 6058		This Form	is Open to Public
Pension Be	enefit Guaranty Corporation	Complete all entries in according	rdance with the instruc	tions to the Form 5500	)-SF.	In	spection
Part I		entification Information					
For calenda	ar plan year 2013 or fisca				2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partic	ipant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mc	onths)	_	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC prog	am
		special extension (enter descripti	,				
Part II		nation—enter all requested inform	nation				
1a Name	•				1b	Three-digit plan number	
MCCARROL	L ENTERPRISES, INC.	401(K) PLAN				(PN)	001
					1c	Effective date	•
22 Dian a	anner's name and addr	ess; include room or suite number (	amplayor if far a single i	omplover plop)	<b>0</b> h		1/1999
	L ENTERPRISES, INC.			employer plan)	20		tification Number 396676
7802 SOLITI	H TACOMA WAY				2c	Sponsor's tele 253-47	phone number 72-2300
TACOMA, W					2d	Business code 4411	(see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
MCCARROLL	ENTERPRISES, INC.	7802 SOUTH TACOMA, WA	TACOMA WAY		30		396676 telephone number
		lan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN	
a Spons		er from the last return/report.			4c	PN	
5a Total r	number of participants at	the beginning of the plan year			5a		74
<b>b</b> Total r	number of participants at	the end of the plan year			5b		86
		count balances as of the end of the			5c		44
		uring the plan year invested in eligi					X Yes No
		e annual examination and report of					
		See instructions on waiver eligibility					X Yes No
•		er line 6a or line 6b, the plan can			_		¬
<b>C</b> If the p	blan is a defined benefit p	blan, is it covered under the PBGC i	insurance 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 u	unless reasonable cau	se is	established.	
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as w te.					
SIGN	Filed with authorized/va	lid electronic signature.	02/21/2014	RON LOPER			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ial sig	ning as plan ad	ministrator
SIGN					_		
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ial sig	ning as employ	er or plan sponsor
Preparer's	name (including firm nan	ne, if applicable) and address; inclu	de room or suite number	r (optional)	Prep	arer's telephon	e number (optional)
				Ī			

7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	169195	4			2167040
<b>b</b> Total plan liabilities	7b	123	1			
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	169072	3			2167040
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	2242	5			
(2) Participants		13749				
(3) Others (including rollovers)			0			
b Other income (loss)		37420	0			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						534117
<b>d</b> Benefits paid (including direct rollovers and insurance premiums						
to provide benefits)		5083				
e Certain deemed and/or corrective distributions (see instructions).			0			
f Administrative service providers (salaries, fees, commissions)		696				
g Other expenses			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)						57800
Net income (loss) (subtract line 8h from line 8c)     Transfers to (from) the plan (see instructions)				_		476317
Part IV Plan Characteristics	··· 8j					
Part V Compliance Questions						
<b>10</b> During the plan year:				Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi			10a		x	
<b>b</b> Were there any nonexempt transactions with any party-in-intere on line 10a.)	•		10b		Х	
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		30000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or c insurance service, or other organization that provides some or a instructions.)	II of the benefi	its under the plan? (See	10e	x		8223
f Has the plan failed to provide any benefit when due under the p	lan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	as of year end	d.)	10g		Х	
<ul> <li>h If this is an individual account plan, was there a blackout period' 2520.101-3.)</li> </ul>	? (See instruct	ions and 29 CFR	10h		Х	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required r	notice or one of the	10i			
Part VI Pension Funding Compliance						
Part VI         Pension Funding Compliance           11         Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)					dule SE	
11 Is this a defined benefit plan subject to minimum funding require				<u></u>	lule SE	
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	from Schedul	e SB (Form 5500) line 39			11a	
<ul> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li></ul>	from Schedule ng requirement w, as applicab	e SB (Form 5500) line 39 ts of section 412 of the Code le.)	e or se	ection :	<b>11a</b> 302 of	ERISA? Yes No
<ul> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year</li> <li>12 Is this a defined contribution plan subject to the minimum fundir</li> </ul>	from Schedule ng requirement w, as applicab eing amortized	e SB (Form 5500) line 39 ts of section 412 of the Code le.) in this plan year, see instrue	e or se	ection :	<b>11a</b> 302 of	ERISA? Yes No
<ul> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li></ul>	from Scheduling requirement w, as applicab eing amortized	e SB (Form 5500) line 39 ts of section 412 of the Code le.) in this plan year, see instruction	e or se	ection :	11a 302 of	ERISA? Yes No

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

Form 5500-SF	Short Form Annual		-	f Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be	filed und	<b>efit Plan</b> er sections 104 an	d 4065 of the Employe	е	2013			
Department of Labor Employee Benefits Security Administration		Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 608 the Internal Revenue Code (the Code).							
Pension Benefit Guaranty Corporation	Complete all entries in acc	cordance	e with the instruct	tions to the Form 550	0-SF.	Inspection			
	lentification Information	~ / ~ /	The second second second	Single and the second encount		10/01/0010			
For calendar plan year 2013 or fisca			/2013	and ending	_	12/31/2013			
	a single-employer plan	H	ultiple-employer pla inal return/report	an (not multiemployer)		a one-participant plan			
B This return/report is:	the first return/report	المحما	•						
	an amended return/report	H		/report (less than 12 mo	ontnsj				
C Check box if filing under:	Form 5558	📙 auto	matic extension			DFVC program			
	special extension (enter descri	iption)							
Part II Basic Plan Inform	mation—enter all requested info	ormation				11			
1a Name of plan					1b	Three-digit			
MCCARROLL ENTERPRISES	3, INC. 401(K) PLAN					plan number (PN) ▶ 001			
					10	Effective date of plan			
						01/01/1999			
2a Plan sponsor's name and addre MCCARROLL ENTERPRISES		er (emplo	yer, if for a single-e	employer plan)	2b	Employer Identification Number (EIN) 91-1396676			
					2c	Sponsor's telephone number			
7802 SOUTH TACOMA WAY	7					253-472-2300			
					2d	Business code (see instructions)			
TACOMA	WA 98409					441110			
<b>3a</b> Plan administrator's name and MCCARROLL ENTERPRISES		or Name	Same as Plan	Sponsor Address	3b	Administrator's EIN 91-1396676			
	,				3c	Administrator's telephone number			
7802 SOUTH TACOMA WAY	[					253-472-2300			
TACOMA	WA 98409								
4 If the name and/or EIN of the p	plan sponsor has changed since the	he last re	eturn/report filed fo	r this plan, enter the	4b	EIN			
name, EIN, and the plan numb	per from the last return/report.								
a Sponsor's name						PN			
5a Total number of participants at					5a	74			
<b>b</b> Total number of participants at	t the end of the plan year			N8	5b	86			
71. (1) F11.(1) 13 (7)	count balances as of the end of th			•	5c	44			
	during the plan year invested in eli								
b Are you claiming a waiver of the	8	0	•	• 1711 DAILOUND DURCH 000000000					
under 29 CFR 2520.104-46? (	See instructions on waiver eligibil	ility and c	onditions.)						
If you answered "No" to eith	er line 6a or line 6b, the plan ca	annot us	e Form 5500-SF a	and must instead use	Form	5500.			
C If the plan is a defined benefit	plan, is it covered under the PBG	iC insura	nce program (see l	ERISA section 4021)?		Yes No Not determined			
Caution: A penalty for the late or	incomplete filing of this return	/report v	vill be assessed u	inless reasonable cau	ise Is	established.			
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, as								
SIGN AC			2/2/14	RON LOPER					
HERE				Protocol and the second					

SIGN	NG-	2/21/17	RON LOPER	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	lual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address; include	Preparer's telephone number (optional)		

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

7 Plan Assets and Liabilities	- 1540 - 1	(a) Beginning of Yea	r			(b) End	of Year	
a Total plan assets		169	195	4			4	216704
b Total plan liabilities			123	1				
C Net plan assets (subtract line 7b from line 7a)	7c	169	072	3			2	216704
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	otal	
a Contributions received or receivable from:		2	242	5				
(1) Employers			3749	1				
(2) Participants		13	0749.					
(3) Others (including rollovers)			420			81517		and and and
b Other income (loss)		37	420			4 1 2 1	- AND	53411
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance provided in the second se</li></ul>						TUTK		22411
to provide benefits)		5	5083	8				
e Certain deemed and/or corrective distributions (see instru	uctions) 8e			0				
f Administrative service providers (salaries, fees, commiss	sions)		696	2	1, 21		s ju us	
g Other expenses				0	499		6.5.0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)			W.	9				5780
i Net income (loss) (subtract line 8h from line 8c)								47631
j Transfers to (from) the plan (see instructions)	the second s				(UUB)		s su t	, - C-1 = 1 - 1
Part IV Plan Characteristics								
<b>b</b> If the plan provides welfare benefits, enter the applicable	e welfare feature codes	from the List of Plan Charac	teristi	c Cod	es in ti			
Part V Compliance Questions	e welfare feature codes	from the List of Plan Charac	teristi					
Part V Compliance Questions			teristi	c Cod Yes	es in th No		Amount	t
Part V         Compliance Questions           I0         During the plan year:           a         Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol	nt contributions within t untary Fiduciary Correc	he time period described in tion Program)	10a					t
Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participa	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc	he time period described in tion Program)			No			t
Part V         Compliance Questions           I0         During the plan year:           a         Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol           b         Were there any nonexempt transactions with any party	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc	he time period described in stion Program)	10a		No X			
Part V       Compliance Questions         IO       During the plan year:         a       Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol.         b       Were there any nonexempt transactions with any party on line 10a.)	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc r the plan's fidelity bond	he time period described in tion Program) clude transactions reported , that was caused by fraud	10a 10b	Yes	No X			<b>t</b> 3000
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol         b       Were there any nonexempt transactions with any party on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc the plan's fidelity bond ents, or other persons t	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier,	10a 10b 10c 10d	Yes	No X X			3000
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol         b       Were there any nonexempt transactions with any party on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by or dishonesty?         e       Were any fees or commissions paid to any brokers, age insurance service, or other organization that provides s instructions.)	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc the plan's fidelity bond ents, or other persons t some or all of the benefi	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c	Yes	No X X			3000
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol         b       Were there any nonexempt transactions with any party on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by or dishonesty?         e       Were any fees or commissions paid to any brokers, age insurance service, or other organization that provides service	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc the plan's fidelity bond ents, or other persons t some or all of the benefi	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No X X			3000
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol         b       Were there any nonexempt transactions with any party on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by or dishonesty?         e       Were any fees or commissions paid to any brokers, age insurance service, or other organization that provides s instructions.)	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc the plan's fidelity bond ents, or other persons b some or all of the benefi der the plan?	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No X X X			3000
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol         b       Were there any nonexempt transactions with any party on line 10a.).         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by or dishonesty?         e       Were any fees or commissions paid to any brokers, aginsurance service, or other organization that provides sinstructions.)         f       Has the plan failed to provide any benefit when due units	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc the plan's fidelity bond ents, or other persons t some or all of the benefi der the plan? r amount as of year end ut period? (See instruct	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See d.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X			3000
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <li>Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>Were there any nonexempt transactions with any party on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, aginsurance service, or other organization that provides s instructions.)</li> <li>Has the plan failed to provide any benefit when due units of the plan have any participant loans? (If "Yes," enter h lif this is an individual account plan, was there a blackore</li> </ul> </li> </ul>	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc - the plan's fidelity bond ents, or other persons t some or all of the benefi der the plan? r amount as of year end ut period? (See instruct provided the required r	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See d.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X X			3000
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>b Were there any nonexempt transactions with any party on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, againsurance service, or other organization that provides s instructions.)</li> <li>f Has the plan failed to provide any benefit when due units of the plan have any participant loans? (If "Yes," enter h If this is an individual account plan, was there a blackor 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CF</li> </ul></li></ul>	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc - the plan's fidelity bond ents, or other persons t some or all of the benefi der the plan? r amount as of year end ut period? (See instruct provided the required r	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See d.)	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X			3000
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol         b       Were there any nonexempt transactions with any party on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by or dishonesty?         e       Were any fees or commissions paid to any brokers, age insurance service, or other organization that provides s instructions.)         f       Has the plan failed to provide any benefit when due under g         g       Did the plan have any participant loans? (If "Yes," enter h         h       If this is an individual account plan, was there a blackoor 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CF         Part VI       Pension Funding Compliance	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc the plan's fidelity bond ents, or other persons b some or all of the benefinder der the plan? r amount as of year end ut period? (See instruct provided the required r R 2520.101-3	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Sched	No X X X X X X X X X		Amount	3000
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol         b       Were there any nonexempt transactions with any party: on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by or dishonesty?         e       Were any fees or commissions paid to any brokers, age insurance service, or other organization that provides s instructions.)         f       Has the plan failed to provide any benefit when due unge Did the plan have any participant loans? (If "Yes," enter         h       If this is an individual account plan, was there a blackor 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CF         vart VI       Pension Funding Compliance         I1       Is this a defined benefit plan subject to minimum fundin 5500) and line 11a below)	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc - the plan's fidelity bond ents, or other persons t some or all of the benefi der the plan? r amount as of year end ut period? (See instruct provided the required r R 2520.101-3	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See d.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X Schea	No X X X X X X X X X		Amount	3000
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <li>Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>Were there any nonexempt transactions with any party on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, aginsurance service, or other organization that provides s instructions.)</li> <li>Has the plan failed to provide any benefit when due uning Did the plan have any participant loans? (If "Yes," enter</li> <li>If this is an individual account plan, was there a blackor 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CF</li> </ul> </li> <li>this a defined benefit plan subject to minimum fundin 5500) and line 11a below)</li> </ul>	nt contributions within t untary Fiduciary Correc -in-interest? (Do not inc -the plan's fidelity bond ents, or other persons t some or all of the benefi der the plan? r amount as of year end ut period? (See instruct provided the required r R 2520.101-3 ing requirements? (If "Ye rent year from Schedul	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See d.) ions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X Sched	No X X X X X X X Ulle SE	3 (Form	Amount	3000 822
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c	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes		No N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		) I	res X	] No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde of the PBGC?				Ĩ	Yes 🛛 No
c	If during this plan year, any assets or llabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	an(s) t	D			
	I3c(1) Name of plan(s):	13	ic(2) E	IN(s)		13c(3) PN(s)
				_		
Part	VIII Trust Information (optional)					
14a	Name of trust	·	14b T	rust's El	N	