Benefit Plan Benefit Plan Description of the colspan="2">Colspan="2" Part I Annual Report Generationation Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2" To an undificient on Information Colspan="2"	Fo	rm 5500-SF	Short Form Annual F	-	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Depresent at Lator Reterment income Security Act of 1974 (ERSA), and sections 8057(b) and 8058(a) of the Internal Revenue Code (Incode). The Form Is Open to Public Important Revenue Code (Incode). Part LI Annual Report Learning Complete all entries in accordance with the instructions to the Form 5500-SF. Part LI Annual Report Learning Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Important Complete all entries in accordance with the instructions to the Form 5500-SF. Part LI Annual Report Learning Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Important Complete all entries in accordance with the instructions to the Form 5500-SF. Description This returning on the first entring of the first entring					nd 4065 of the Employe	e	2	2013
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C Check box if filing under: ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) ☐ DFVC program Special extension ☐ promotion ☐ DFVC program ☐ promotion Part II Basic Plan Information—enter all requested information 1 1 D Tree-digit 001 1a Name of plan PIERCE COUNTY MEDICAL SOCIETY 401(K) PLAN 1 D Tree-digit 001 1 c Effective date of plan 223 Plan sponsor's name and address; include noon or suite number (employer, if for a single-employer plan) 2 D Employer Identification Number (EIN) 91 (Loss) 2 Sponsor's lesphone number 223-372-3866 233 TACOMA AVENUE S 1 C Encerce (see instructions) 2 Sponsor's lesphone number 253-372-3866 244 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 3 A daministrator's telephone number 253-372-3866 255 Total number of participants at the edgining of the plan year 5a 4 4 EIN enterphone number 253-372-3866 265 Total number of participants at the edgining of the plan year 5a 4 PN 5a 4 264 Were aid of the plan sasset during th					an (not multiemployer)		a one-partici	pant plan
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Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN							
	HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	gning as employe	er or plan sponsor
	Preparer's			de room or suite numbe				

Par	t III Financial Information		-		-						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	ear		
а	Total plan assets	7a	30572	0					845364		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	30572	0				3	845364		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	4143	2							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							41432		_
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	178	8							
g	Other expenses	8g		0	_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1788		
-	Net income (loss) (subtract line 8h from line 8c)	8i			_				39644		
	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension $3D$ 2A 2E 2J 2K 2F 2G 2R	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	rtorist	ic Cod	les in t	ne instruc	tions:			
				otoriot	10 000						
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		Х					
с	on line 10a.) Was the plan covered by a fidelity bond?			105 10c	Х					500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd that was caused by fraud								
	or dishonesty?	·····		10d		Х					
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		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	· · · · · · · · · · · · · · · · · · ·	•		10h		Х					
— i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part	VI Pension Funding Compliance							1			
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	e or se	ection 3	302 of	ERISA?.		Yes	×	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 instruc		, and e	enter th Day	e date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul										_
b	Enter the minimum required contribution for this plan year					12b					

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

Form 5500-SF	Short Form Annual		-	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	efit Plan er sections 104 an	d 4065 of the Employe	е	2013
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act the Inte		(a) of	This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in acc	cordance	e with the instruct	tions to the Form 550	0-SF.	
	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
3a 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 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	idual 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	room or suite numbe	r (optional)	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
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance provided in the second se						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)	- 52	s su t	, - C-1 = 1 - 1
Part IV Plan Characteristics								
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 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.)	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			t 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
 Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol Were there any nonexempt transactions with any party on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by or dishonesty? Were any fees or commissions paid to any brokers, aginsurance service, or other organization that provides s instructions.) 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 	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
 Part V Compliance Questions 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, againsurance service, or other organization that provides s instructions.) 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.) i If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CF 	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 here and individual account plan, was there a blackoon 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 blackord 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
 Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol Were there any nonexempt transactions with any party on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by or dishonesty? Were any fees or commissions paid to any brokers, aginsurance service, or other organization that provides s instructions.) Has the plan failed to provide any benefit when due uning Did the plan have any participant loans? (If "Yes," enter If this is an individual account plan, was there a blackor 2520.101-3.) If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CF 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 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 Schea	No X X X X X X X Ulle SE	3 (Form	Amount	3000 822
 Part V Compliance Questions 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 s instructions.) f Has the plan failed to provide any benefit when due uning 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 Part VI Pension Funding Compliance 11 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 ng requirements? (If "Ye rent year from Schedul um funding requiremen	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.) ions and 29 CFR notice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X Schea	No X X X X X X X Ulle SE	3 (Form	Amount	3000 822
 Part V Compliance Questions 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 uning 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 Part VI Pension Funding Compliance 11 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 b 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 ng requirements? (If "Ye rent year from Schedul um funding requirement 12e below, as applicab year is being amortized	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.) d.) ions and 29 CFR notice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code de.) l in this plan year, see instructions	10a 10b 10c 10d 10e 10f 10g 10h 10i 2 or se	Yes X X Scheo	No X X X X X X X X X X X X 11a 302 of	3 (Form ERISA?		3000 822 98 [] N 98 [] N

Form 5500-SF 2013

Page 3 -

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	