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

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in accorda	ance with the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:		the final return/report				
			snort plan year returi	n/report (less than 12 mo	ontns)		
C Check b	oox if filing under:		automatic extension			DFVC progra	am
D 4 II	D : DI I (special extension (enter description	•				
Part II		mation—enter all requested informat	tion				T
1a Name	•				1b	Three-digit	
TIMCO, INC.	PROFIT SHARING PL	AN				plan number (PN) ▶	001
					10	Effective date of	
					10	01/01	
2a Plan s	ponsor's name and add	ress; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identi	
TIMCO, INC						(EIN) 91-09	84021
1926 PORT OF TACOMA ROAD						Sponsor's telep	
TACOMA, WA 98421							(see instructions)
•					01	44419	
3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address							EIN
					3с	Administrator's	telephone number
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
a Sponse		ber from the last return/report.			4c	DNI	
		t the beginning of the plan year					40
_		it the end of the plan year			5a 5b		12
		ccount balances as of the end of the pl					
	,	during the plan year invested in cligible			5c		X Yes No
_		during the plan year invested in eligible he annual examination and report of a					X Yes ∐ No
		(See instructions on waiver eligibility a					X Yes No
		her line 6a or line 6b, the plan canno	•				
C If the p	olan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)? .	П	Yes ПNo Г	Not determined
							<u></u>
		r incomplete filing of this return/repo					
SB or Sche		er penalties set forth in the instructions. I signed by an enrolled actuary, as wel ete.					
SIGN	Filed with authorized/va	alid electronic signature.	03/31/2014	DANA HANSON			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sic	ıning as plan adr	ministrator
SIGN	3 , ,					, <u>J</u>	
HERE	Signature of employ	er/nlan snonsor	Date	Enter name of individu	ıal sic	ining as employe	er or plan enoneor
Preparer's		me, if applicable) and address; include					number (optional)
·	, ,	, , , ,		,	·		(

Form 5500-SF 2013 Page **2**

Do	t III Financial Information						
	t III Financial Information	<u> </u>	I		1		
7_	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	. 7a	128681	Ь	-		1500500
	Total plan liabilities	. 7b	400004	0			4500500
	Net plan assets (subtract line 7b from line 7a)	- 7c	128681	6			1500500
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a	Contributions received or receivable from: (1) Employers	. 8a(1)	1000	0			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)	51	5			
<u>b</u>	Other income (loss)	. 8b	25994	.7			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					270462
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3771	6			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	1906	2			
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					56778
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					213684
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics		•				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a		tions withi	n the time period described in	l	103	140	Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X	
D	on line 10a.)			10b		X	
С				10c	X		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X	
е							
	insurance service, or other organization that provides some or all instructions.)			10e		X	
f	,					X	
g				10f 10g		X	
	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			X	
i	2520.101-3.)			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)	•					
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection (302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul						
b	Enter the minimum required contribution for this plan year					12b	

Page	3 -		1
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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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b 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

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2013

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pension B	lenefil Guaranty Corporation	▶ Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.		Spection		
Part I		Identification Information							
For calend	lar plan year 2013 or f	scal plan year beginning 0	/01/2013	and ending	1	12/31/201	3		
A This re	turn/report is for:	X a single-employer plan		lan (not multiemployer)		a one-partici	ipant plan		
B This re	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	_			
C Check	box if filing under:	Form 5558	automatic extension		L	DFVC progra	am		
David II	D - 1 - DI - 1 - 6	special extension (enter description							
Part II	-	prmation—enter all requested inform	ation		41		Ť		
1a N ame TIMCO,	of plan INC. PROFIT	SHARING PLAN			ļ	Three-digit plan number (PN)	001		
					1c	Effective date o			
2a Plans TIMCO,		ldress; include room or suite number (e	mployer, if for a single-	employer plan)		Employer Identi	ification Number		
1926 PORT OF TACOMA ROAD						2c Sponsor's telephone number 253-272-0397			
TACOMA		WA 98421			2d E		(see instructions)		
3a Plan a	dministrator's name a	nd address Same as Plan Sponsor N	lame XSame as Plar	Sponsor Address	3b /	Administrator's	EIN		
					3c A	Administrator's	telephone number		
1 If the r	nome and/or FINI of th			an Alice of the second of the	41				
		e plan sponsor has changed since the I	ast return/report filed fo	or this plan, enter the	4b E	ΞIN			
name		e plan sponsor has changed since the l mber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b E				
name a Spons	, EIN, and the plan nu or's name						12		
a Spons 5a Total i	, EIN, and the plan nu or's name number of participants	mber from the last return/report.			4c F		12		
a Spons 5a Total i b Total i c Numb	e, EIN, and the plan number's name number of participants number of participants per of participants are of participants	at the beginning of the plan year	olan year (defined bene	fit plans do not	4c F 5a				
name a Spons 5a Total i b Total i c Numb	e, EIN, and the plan number's name number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	olan year (defined bene	fit plans do not	4c F 5a 5b 5c	PN	13		
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are yo	p. EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie	fit plans do not tions.)	4c F 5a 5b 5c	PN	13 13 X Yes No		
a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder	p. EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.)	fit plans do not tions.)d public accountant (IQI	4c F 5a 5b 5c	PN	13		
a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder If you	p. EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	e assets? (See instruc an independent qualifie and conditions.)	fit plans do not tions.)d public accountant (IQI and must instead use	4c F 5a 5b 5c	500.	13 13 X Yes No X Yes No		
a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder If you	p. EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	e assets? (See instruc an independent qualifie and conditions.)	fit plans do not tions.)d public accountant (IQI and must instead use	4c F 5a 5b 5c	500.	13 13 X Yes No		
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p	p. EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	elan year (defined bene le assets? (See instruc an independent qualifie and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? .	4c F 5a 5b 5c Form 5	5500. Yes No stablished.	13 X Yes No X Yes No Not determined		
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche	p. EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c F 5a 5b 5c PA) Form 5	5500. Yes No stablished.	13 X Yes No X Yes No Not determined		
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	elan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF surance program (see nort will be assessed s, I declare that I have	tions.)	4c F 5a 5b 5c PA) Form 5	5500. Yes No stablished. luding, if applic the best of my	13 X Yes No X Yes No Not determined		
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	tions.)	4c F 5a 5b 5c PA) Form 5 se is esport, incl, and to	Stablished. luding, if applic the best of my	13 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN	p. EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c F 5a 5b 5c PA) Form 5 se is esport, incl, and to	Stablished. luding, if applic the best of my	13 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	p. EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualifie and conditions.)	tions.)	4c F 5a 5b 5c PA) Form 5	5500. Yes No stablished. luding, if applic the best of my	13 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	p. EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualifie and conditions.)	tions.)	4c F 5a 5b 5c PA) Form 5 ort, incl, and to and significations and significations are series as the series are series.	5500. Yes No stablished. luding, if applic the best of my ing as plan adn	13 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name. a Spons 5a Total I b Total I c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualifie and conditions.)	tions.)	4c F 5a 5b 5c PA) Form 5 ort, incl, and to and significations and significations are series as the series are series.	5500. Yes No stablished. luding, if applic the best of my ing as plan adn	13 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator		
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	p. EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualifie and conditions.)	tions.)	4c F 5a 5b 5c PA) Form 5 ort, incl, and to and significations and significations are series as the series are series.	5500. Yes No stablished. luding, if applic the best of my ing as plan adn	13 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator		
name. a Spons 5a Total I b Total I c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year	le assets? (See instruction independent qualifie and conditions.)	tions.)	4c F 5a 5b 5c PA) Form 5 ort, incl, and to and significations and significations are series as the series are series.	5500. Yes No stablished. luding, if applic the best of my ing as plan adn	13 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator		

	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	l of Ye	ar	
a	Total plan assets	7a		8681	. 6					00500
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	12	8681	. 6				15	00500
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:			1000						
	(1) Employers	8a(1)		1000	0			_		
	(2) Participants	8a(2)			-0	-				
	(3) Others (including rollovers)	8a(3)		51	_					
b	Other income (loss)	8b	2	5994	7					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	70462
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3771	. 6					
	Certain deemed and/or corrective distributions (see instructions)	8e			_	-				
f_	Administrative service providers (salaries, fees, commissions)	8f		1906	2			V		-
	Other expenses	. 8g		_	-					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								56778
	Net income (loss) (subtract line 8h from line 8c)	8i			_				2	13684
	Transfers to (from) the plan (see instructions)	8j								
121 (9134)	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2F$	feature cod	es from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	tions:		
·	W 0 11									
Par						l				
10	During the plan year:	tiono within	the time period described in		Yes	No		Amo	unt	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
D		0.70		IUa		^				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		clude transactions reported	10a		Х				
С	on line 10a.)		clude transactions reported		Х				1	50000
c d	on line 10a.) Was the plan covered by a fidelity bond?	fidelity bon	d, that was caused by fraud	10b	Х				1	50000
d	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 commissions.	fidelity bon	d, that was caused by fraud	10b 10c	X	X			1	50000
d	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?	fidelity bon ner persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c	X	X			1	50000
d	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	fidelity bon ner persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	X	X			1	50000
d e f	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 plantage of the p	fidelity bon- ner 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 X			1	50000
d e f g	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 lf this is an individual account plan, was there a blackout period?	fidelity bonder persons of the beneins of year er	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g	X	X			1	50000
d e f g	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 lf 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 sound in the provided the plan have any participant loans?	fidelity bonder persons of the bene n?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	X X X X		Jr.	1	50000
d e f g h	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 lf 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	fidelity bonder persons of the bene n?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g	X	X X X X			1	50000
d e f g	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 pla 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 2520.10. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem.	fidelity bon- ner persons of the bene n? s of year er (See instruc- ne required 1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X Adule SE		J.		
d e f g h i	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 pla 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 2520.10. VI Pension Funding Compliance	fidelity bonder persons of the bene n?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X Adule SE			1 Yes	50000
d e f g h i Part 11	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 2520.10. 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 plan in th	fidelity bon- ner persons of the bene n? s of year er (See instruct ne required 1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) stions and 29 CFR notice or one of the es," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	Scher	X X X X X Adule SE	***************************************			No
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Form 5500-SF 2013	Page 3 -					
c Enter the amount contributed by the employer to the	ne plan for this plan year		12c			
	line 12b. Enter the result (enter a minus sign to the left o		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?		Ye	es XN	10	
If "Yes," enter the amount of any plan assets that r	everted to the employer this year		13a			
	or beneficiaries, transferred to another plan, or brought u				Yes	X No
	e transferred from this plan to another plan(s), identify the					
13c(1) Name of plan(s):		130	c(2) EIN	l(s)	13c(3) PN(s)
					1	
Part VIII Trust Information (optional)						
14a Name of trust		1	4b Tru	ıst's EIN		