| Fc | Form 5500-SF Short Form Annual Return/Report of Small Employee | | | | | | OMB Nos. 1210-0110 1210-0089 | |
|--|--|---|---------------------------|--------------------------|------------------|--|---------------------------------|--|
| Department of the Treasury Internal Revenue Service | | | | | | 2013 | | |
| Department of Labor This form is required to be filed under sections 104 and 4065 of the Employ Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration | | | | | | B(a) of This Form is Open to Pu | | |
| Pension | Benefit Guaranty Corporation | Complete all entries in accordation | | | 0-SF. | Ins | spection | |
| Part I | | entification Information | | | | | | |
| For calen | dar plan year 2013 or fisca | al plan year beginning 01/01/2013 | | and ending 1 | 2/31/2 | 2013 | | |
| A This r | eturn/report is for: | | a one-partici | pant plan | | | | |
| B This r | eturn/report is: | | he final return/report | | | | | |
| | | an amended return/report | short plan year return | n/report (less than 12 m | onths) | _ | | |
| C Check | k box if filing under: | Form 5558 a | automatic extension | | | DFVC progra | am | |
| | | special extension (enter description | , | | | | | |
| Part II | | nation—enter all requested informat | tion | | 41 | | | |
| 1a Nam STEVE SH | • | INC. RETIREMENT PLAN | | | 10 | Three-digit plan number (PN) ► | 001 | |
| | | | | | 1c | Effective date of | | |
| | | | | | | | /2006 | |
| | sponsor's name and addre | ess; include room or suite number (em INC. | ployer, if for a single- | employer plan) | 2b | Employer Identi (EIN) 91-18 | fication Number 79455 | |
| 4206 W. 24 | 4TH AVE, SUITE B | | | | 2c | Sponsor's telephone number 509-735-4703 | | |
| KENNEWI | CK, WA 99338 | | | | 2d | Business code (see instructions) 524210 | | |
| 3a Plan | administrator's name and | address 🗙 Same as Plan Sponsor Na | ime Same as Plar | Sponsor Address | 3b | Administrator's | EIN | |
| 4 If the | e name and/or EIN of the p | lan sponsor has changed since the la | st return/report filed fo | or this plan, enter the | 4b | EIN | | |
| nam | | er from the last return/report. | · | | 4c | | | |
| 5a Tota | I number of participants at | the beginning of the plan year | | | 5a | | 5 | |
| b Tota | I number of participants at | the end of the plan year | | | 5b | | 6 | |
| | | count balances as of the end of the pla | • | - | 5c | | 6 | |
| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No | | | | | | | | |
| | | incomplete filing of this return/repo | | | | | | |
| SB or Scl | | r penalties set forth in the instructions, signed by an enrolled actuary, as well te. | | | | | | |
| SIGN | Filed with authorized/va | lid electronic signature. | | | | | | |
| HERE | Signature of plan adm | ninistrator | Date | Enter name of individ | ual sig | ining as plan adr | ministrator | |
| SIGN | | | | | | | | |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as emp | | | | | ining as employe | er or plan sponsor | | |
| Preparer' | s name (including firm nan | ne, if applicable) and address; include | room or suite numbe | r (optional) | Prep | arer's telephone | number (optional) | |

l

| Pa | t III Financial Information | | | | | | | | | | |
|----------|---|---|-----------------------------------|-------------|---------|----------|--------------|-------|------------|------------|----|
| 7 | Assets and Liabilities (a) Beginning of Y | | | ear (b) End | | | | | nd of Year | | |
| а | Total plan assets | ets 7a 739 | | | | | | 9 | 94578 | | |
| b | Total plan liabilities | 7b | | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | et plan assets (subtract line 7b from line 7a) 7c 739 | | | | | | 9 | 94578 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) T | otal | | | |
| а | Contributions received or receivable from: | | | | | | | | | | |
| | (1) Employers | 8a(1) | 619 ⁻ 6480 | | | | | | | | — |
| | (2) Participants | G(z) | | | | | | | | | |
| · · · | (3) Others (including rollovers) Other income (loss) | 8a(3) 8b | 18407 | a | | | | | | | |
| - | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | <u> </u> | _ | | | 2 | 55076 | | _ | | |
| | Benefits paid (including direct rollovers and insurance premiums | 8c | | | - | | | 2 | 55070 | | _ |
| | to provide benefits) | 8d | | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 2 | 55076 | | |
| 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 | feature co | des from the List of Plan Chara | acteris | stic Co | des in | the instruc | tions | : | | |
| | 2E 2F 2J 2G 3D | | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Charac | cterist | ic Cod | les in t | he instruct | ons: | | | |
| Part | V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amo | unt | | |
| | Was there a failure to transmit to the plan any participant contribu | tions withi | n the time period described in | | | V | | , | | | |
| <u> </u> | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | | Х | | | | | |
| D | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | Х | | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 4500 |)0 |
| d | | • | | 10d | | Х | | | | | |
| 6 | or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth | | | Tou | | | | | | | — |
| U | insurance service, or other organization that provides some or all | | | | | х | | | | | |
| | instructions.) | | | 10e | | | | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | Х | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | Х | | | | | |
| h | | (| | | | X | | | | | |
| — 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 | | Х | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 110 | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | | | | <u> </u> | |
| | · · · · · | | , , | | | | | | Yes | X N | lo |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | e or se | CLION | SUZ OT | ERISA? | | 185 | <u>^</u> N | 0 |
| а | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein | ng amortiz | ed in this plan year, see instruc | | , and e | enter th | ne date of t | he le | tter rul | ing | |
| | granting the waiver. | | | th | | Day | | Yea | r | | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedul | | | | - | 12b | | | | | |
| a | Enter the minimum required contribution for this plan year | | | | | 120 | | | | | |

| 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 | | |
| C 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): 1 | 3c(2) EIN | l(s) | 13c(3) PN(s) | | |
| | | | | | | |
| | | | | | | |
| Part | VIII Trust Information (optional) | | | | | |
| 14a | Name of trust | 14b Trust's EIN | | | | |
| | | | | | | |
| | | | | | | |

| Fo | rm 5500-SF | Short Form Annual Re | turn/Report o enefit Plan | of Small Employ | yee | 8 | OMB Nos. 1210-0110 1210-0089 | | | |
|---------------------------|--|---|---------------------------------------|-----------------------------|-------------------------------------|---|---------------------------------|--|--|--|
| | artment of the Treasury rnal Revenue Service | nd 4065 of the Employe | e | 2013 | | | | | | |
| Employee E | Pepartment of Labor Benefits Security Administration | ctions 6057(b) and 6058 Code). | | | | | | | | |
| F | Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. | | | | | | | | | |
| For calend | Annual Report Id ar plan year 2013 or fisca | lentification Information al plan year beginning 01/01/2013 | | and ending 1 | 12/31/ | 2013 | | | | |
| | turn/report is for: | | multiple-employer p | lan (not multiemployer) | | a one-partici | pant plan | | | |
| | turn/report is: | | ne final return/report | ian (not maniempioyor) | | | | | | |
| D miste | | | C C C C C C C C C C C C C C C C C C C | n/report (less than 12 m | onths |) | | | | |
| C Check | box if filing under: | | utomatic extension | 3 8 | | DFVC progra | im | | | |
| B RECEIPT | [| special extension (enter description) | 5 | | | | | | | |
| Part II | Basic Plan Inform | nation—enter all requested informati | on | | | | ····· | | | |
| 1a Name | of plan | | | | 1b | Three-digit | | | | |
| Steve Shoe | emaker Insurance, Inc. Re | etirement Plan | | | | plan number (PN) | 001 | | | |
| | | | | | 1c | Effective date o | f plan | | | |
| - | | | | | | 01/01/2 | 2006 | | | |
| | ponsor's name and addromaker Insurance, Inc. | ess; include room or suite number (em | ployer, if for a single- | -employer plan) | 2b | 2b Employer Identification Number (EIN) 91-1879455 | | | | |
| 4206 W. 24 | th Ave, Suite B | | | | | Sponsor's telep (509) 73 | 5-4703 | | | |
| Kennewick, | 50 | | | | 2d | Business code (524210 | | | | |
| - A COMPANY AND A COMPANY | ADAM DATABANE A | address Same as Plan Sponsor Na | me Same as Plar | n Sponsor Address | 3b | Administrator's | EIN | | | |
| | | | | | 3c Administrator's telephone number | | | | | |
| | | | | | 50 | Authinistrators | telephone number | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 If the | name and/or EIN of the p | lan sponsor has changed since the las | t return/report filed f | or this plan, enter the | 4b | EIN | | | | |
| | | per from the last return/report. | | | 4- | 50 | | | | |
| | sor's name | the beginning of the plan year | | | 2008 | PN | 5 | | | |
| and the consideration | In the second | the end of the plan year | | | 5a | | 6 | | | |
| | | count balances as of the end of the pla | | | 5b | | 0 | | | |
| | and a constability of a second first of the | count balances as of the end of the pre- | | | 5c | | 6 | | | |
| | 71.613 | luring the plan year invested in eligible | | 2. | | | 🏹 Yes 🗌 No | | | |
| | | ne annual examination and report of an See instructions on waiver eligibility ar | | | | | X Yes No | | | |
| | | er line 6a or line 6b, the plan cannot | | | | | | | | |
| c If the | plan is a defined benefit | plan, is it covered under the PBGC insi | urance program (see | ERISA section 4021)? | | Yes No | Not determined | | | |
| Caution: | A nenalty for the late or | incomplete filing of this return/repo | rt will be assessed | unless reasonable cau | ise is | established. | | | | |
| | | r penalties set forth in the instructions, | | | | | able, a Schedule | | | |
| | edule MB completed and true, correct, and comple | signed by an enrolled actuary, as well ete. | as the electronic ver | rsion of this return/report | t, and | to the best of my | knowledge and | | | |
| SIGN | Alery this | emakin | 3/11/14 | Steve Shoemaker | | | | | | |
| HERE | Signature of plan adr | ninistrator | Date | Enter name of individ | ual sig | gning as plan adr | ninistrator | | | |
| SIGN | | | | | | | | | | |
| HERE | Signature of employe | er/plan sponsor | Date | Enter name of individ | ual sig | gning as employe | er or plan sponsor | | | |
| Preparer's | name (including firm nar | me, if applicable) and address; include | room or suite numbe | er (optional) | Prep | parer's telephone | number (optional) | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | 2 | | A Charles Bas | | | |
| | | | | | | 1994 - Sec. | | | | |
| For Paperw | ork Reduction Act Notice a | and OMB Control Numbers, see the instru | actions for Form 5500- | -SF. | | | Form 5500-SF (2013) | | | |

2014-02-24T18:34:33.767-06:00

| | | | | _ | | | | |
|--|---|---|---|-------------|---|-------------------|--|---------------------|
| 7 Plan Assets and Liabilities | | (a) Beginning of Yea | r | | | (b) End o | of Year | |
| a Total plan assets | 7a | 739502 | 2 | | | | 9945 | 578 |
| b Total plan liabilities | 7b | | | | | | | |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 739502 | 2 | | | | 9945 | 78 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) To | otal | |
| a Contributions received or receivable from: | - | 6107 | , | | | | | |
| (1) Employers | 8a(1) | 6197 | | | | | | No. of Control |
| (2) Participants | 8a(2) | 64800 | J | | | | | |
| (3) Others (including rollovers) | 8a(3) | 101070 | | - | | | | |
| b Other income (loss) | 8b | 184079 | 9 | 10.0 | | | Chi serai | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | - | - | 1 | Sector Ale | 2550 | 76 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | - Alexandre | | | Contraction of the | - |
| f Administrative service providers (salaries, fees, commissions) | 8f | | | - | | | | |
| g Other expenses | 8g | | | - | 1 | diam'r ara | | 0 |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | - | _ | a in dia se | | |
| Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 2550 | 076 |
| j Transfers to (from) the plan (see instructions) | 8j | | | 1 | | | SED. | |
| 9a If the plan provides pension benefits, enter the applicable pension f 2E 2F 2J 2G 3D b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions | | | | | | | | |
| 10 During the plan year: | | | | | | | | |
| | | | | Yes | No | | Amoun | 4 |
| a Was there a failure to transmit to the plan any participant contribut | | | 10a | Yes | No X | in a sin | Amoun | t |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? | iciary Correc ? (Do not inc | tion Program) | 10a 10b | Yes | | landa. | Amoun | t |
| Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | iciary Correc ? (Do not inc | tion Program) Iude transactions reported | 10a 10b 10c | Yes | х | | Amoun | t 450 |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) | iciary Correc ? (Do not inc fidelity bond | tion Program) Jude transactions reported | 10b | | х | | Amoun | |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? | iciary Correc ? (Do not inc fidelity bond her persons b of the benefi | tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d | | x x | | Amoun | |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o instructions.) | iciary Correc ? (Do not inc fidelity bond her persons b of the benefi | tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e | | x x x x x | | Amoun | |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan | iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? | tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f | | x x x x x x | | Amoun | |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as | iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year end | tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e | | x x x x x | | Amoun | |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all distructions.) f Has the plan have any participant loans? (If "Yes," enter amount as high the single and the plan have any participant loans? (If "Yes," enter amount as high this is an individual account plan, was there a blackout period? (2520.101-3.). | iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year enc (See instruct | tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) | 10b 10c 10d 10e 10f | | x x x x x x | | Amoun | |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan backout period?) | iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year end (See instruct he required n | tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) | 10b 10c 10d 10e 10f 10g | | x x x x x x x x x | | Amoun | |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the plan table. | iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year end (See instruct he required n | tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) | 10b 10c 10d 10e 10f 10g 10h | | x x x x x x x x x | | Amoun | |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 | Iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year enc (See instruct he required n 1-3 | tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X X X Ule SB | (Form | | |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Yant VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) | Iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year end (See instruct he required n 1-3 ents? (If "Ye | tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X X X Ule SB | (Form | | 450 |
| a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) | Iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year enc (See instruct ne required n 1-3 ents? (If "Ye om Schedule | tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i | X Sched | X X X X X X X X Ule SB | § (Form | | 450 |
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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 | | | |
| 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 🗙 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? | e control Yes X | | | |
| 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 | ist's EIN | | |