| - | rm 5500-SF | yee OMB Nos. 1 | | | 10-0110 10-0089 | | | | |
|-------------|--|---|---------------------------|-------------------------|--|----------------------------------|--|-------|--|
| | Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ | | | | е | | | | |
| | Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code). | | | | | | This Form is Open to Public | | |
| Pension Be | enefit Guaranty Corporation | Complete all entries in accord | dance with the instruc | ctions to the Form 5500 | 0- <u>SF.</u> | Ins | pection | | |
| Part I | | dentification Information | | | | | | | |
| For calenda | ar plan year 2013 or fisca | | 3 | and ending 12 | 2/31/2 | 2013 | | | |
| A This ret | turn/report is for: | X a single-employer plan | a multiple-employer pl | lan (not multiemployer) | | a one-particip | oant plan | | |
| B This ret | turn/report is: | the first return/report | the final return/report | | | | | | |
| | ļ | n/report (less than 12 mo | onths) | | | | | | |
| C Check I | box if filing under: | Form 5558 | automatic extension | | | DFVC progra | im | | |
| | | special extension (enter description | | | | | | | |
| Part II | | mation—enter all requested information | ation | | | | | | |
| 1a Name | • | | | | 1b | Three-digit plan number | l | | |
| PARKMAN | COMPANIES 401(K) PLA | ٨N | | | | (PN) ► | 001 | | |
| | | | | | 1c | Effective date of | f plan | | |
| | | | | | | 01/01/ | /2006 | | |
| | ponsor's name and addre | ress; include room or suite number (e | mployer, if for a single- | employer plan) | 2b | Employer Identif (EIN) 94-342 | | ber | |
| PO BOX 129 | | | | | 2c | | Sponsor's telephone number 601-922-5632 | | |
| CLINTON, M | 1S 39060 | | | | 2d | Business code (52421 | | ons) | |
| 3a Plan a | dministrator's name and | address XSame as Plan Sponsor N | Name Same as Plan | n Sponsor Address | 3b | Administrator's | EIN | | |
| 4 If the r | | | | - this stop, option the | 46 | | | | |
| name, | , EIN, and the plan numb | blan sponsor has changed since the l ber from the last return/report. | ast return/report med to | of this plan, enter the | | EIN | | | |
| | or's name | t the beginning of the plan year | | | 4c | PN T | | 31 | |
| | | t the beginning of the plan year | | | 5a | | | | |
| | | t the end of the plan year | | | 5b | | | 39 | |
| | | ccount balances as of the end of the p | | | 5c | | | 34 | |
| - | | during the plan year invested in eligib | | | | | X Yes | No | |
| | | he annual examination and report of | | | | | | | |
| | | (See instructions on waiver eligibility a ner line 6a or line 6b, the plan cann | | | | | × Yes | No | |
| - | | plan, is it covered under the PBGC in | | | | | Not determ | ained | |
| | | | | , | | | | linea | |
| | | incomplete filing of this return/rep | | | | | ii - Caha | 1.1- | |
| SB or Sche | | er penalties set forth in the instruction I signed by an enrolled actuary, as we ete. | | | | | | | |
| SIGN | Filed with authorized/va | alid electronic signature. | 04/30/2014 | TIMOTHY PARKMAN | IY PARKMAN | | | | |
| HERE | Signature of plan adn | ministrator | Date | Enter name of individu | ual siç | ning as plan adn | ninistrator | | |
| SIGN | | | | | | | | | |
| HERE | Signature of employe | er/plan sponsor | Date | Enter name of individu | ual sic | ning as employe | r or plan spo | onsor | |
| Preparer's | | me, if applicable) and address; includ | | | Preparer's telephone number (optional) | | | | |
| | | | | | | | | | |

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | | | (b) End of Year | | | | | |
|---|---|--|--|-----------------------|--|-------------------|--------|-------------|--|--|
| a Total plan assets | | | | | 965688 | | | | | |
| b Total plan liabilities | 7b | 74 | | | | | | | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | 70502 | 705025 | | | 965688 | | | | |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | | | | | |
| a Contributions received or receivable from: | | | | | | (0) - | | | | |
| (1) Employers | 8a(1) | 38562 | | | | | | | | |
| (2) Participants | 8a(2) | 6637 | 2 | _ | | | | | | |
| (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| b Other income (loss) | 8b | 16770 | 8 | | | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | _ | | | 272642 | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 10498 | 8 | | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | - | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 148 | 1 | | | | | | | |
| g Other expenses | 8g | | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 11979 | | | |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 260663 | | | |
| i Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Part IV Plan Characteristics | oj | | | | | | | | | |
| Part V Compliance Questions | | | | | | | | | | |
| | | | | | | | | | | |
| 0 During the plan year: | | | | Yes | No | | Amount | | | |
| During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | ciary Correc | tion Program) | 10a | Yes | No X | | Amount | | | |
| During the plan year:a Was there a failure to transmit to the plan any participant contributi | ciary Correc ? (Do not inc | tion Program) | 10a 10b | | - | | Amount | | | |
| During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest? | ciary Correc ? (Do not inc | tion Program) | | Yes | X | | | 2500 | | |
| During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) | ciary Correc ? (Do not inc fidelity bond, | tion Program) lude transactions reported | 10b | | X | | | 2500 | | |
| During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or the provides some or the provides some or all or the provides some or the | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi | tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See | 10b 10c | | × × | | | 2500 | | |
| During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or other statements of the plan brokers. | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit | tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e | | x x x | | | 2500 | | |
| During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? | tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f | | × × × × | | | | | |
| During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other 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? (See Market and See Marke | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi | tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g | × | × × × × | | | | | |
| During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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 as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.). | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n | tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g 10h | × | × × × × × | | | | | |
| During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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 as 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 2520.101 | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n | tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g | × | x x x x x x | | | | | |
| During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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 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 the exceptions to providing the notice applied under 29 CFR 2520.101 | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n -3 | tion Program) lude 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 | 6 (Form | | 3211 | | |
| During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi e required n -3 | tion Program) lude 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 | 6 (Form | | 3211 | | |
| During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe 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? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 e Thension Funding Compliance is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n -3 ents? (If "Yeat om Schedule | tion Program) lude 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 Uule SE | 3 (Form | | 3211 X N | | |
| During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other 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? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance I1 Is this a defined benefit plan subject to the minimum funding requirement 5500) and line 11a below) | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n -3 | tion Program) lude 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 Uule SE | 3 (Form | Yes | 3211 X N | | |
| During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n -3 conts? (If "Year conts? | tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i 10i e or se | X X Scheccion 3 | X X X X X X X X Iule SE | 3 (Form ERISA? | Yes | 3211 X N | | |
| 0 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions.) | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n -3 ents? (If "Yes pom Schedule requirement as applicabl g amortized | tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i 10i e or se | X X Scheccion 3 | X X X X X X X X X Iule SE | 3 (Form ERISA? | Yes | 3211 X N | | |

| 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 | |
| | | | | |
| | | | | |

| | m 5500-SF | Short Form Annual I | OMB Nos. 1210 1210 | | | | | | |
|---|---|--|-----------------------------|--------------------------|---|---------------------------------------|----------------------------------|--|--|
| | rtment of the Treasury nal Revenue Service | This form is required to be fil | | 2013 | | | | | |
| | epartment of Labor enefits Security Administration | Retirement Income Security Act of the Intern | This Form is Open to Pu | | | | | | |
| | anefit Guaranty Corporation | Complete all entries in acco | In | spection | | | | | |
| Part I | Annual Report Io | lentification Information | | | | 1 | | | |
| For calend | ar plan year 2013 or fisc | | 01/01/2013 | and ending | | 12/31/20 | 13 | | |
| 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 first return/report | the final return/report | | | | | | |
| _ | ļ | an amended return/report | a short plan year returr | n/report (less than 12 m | onths) | _ | | | |
| C Check i | box if filing under: | | automatic extension | | | | am | | |
| Part II | Regio Plan Inform | special extension (enter descript | | | - | | | | |
| 1a Name | | nation-enter all requested inform | | | 1b | Three-digit | | | |
| | MAN COMPANIES 4 | 101(k) PLAN | | | | plan number | | | |
| | | | | | | (PN) | 001 | | |
| | | | | | | Effective date of 01/01/200 | | | |
| | • | ess; include room or suite number (| employer, if for a single- | employer plan) | 2b | Employer Ident | ification Number | | |
| TIM | PARKMAN INSURAN | ICE | | | | (EIN) 94-342 | | | |
| | | | | | 2c | Sponsor's telep (601) 922 | | | |
| PO B | OX 1296 | | | | 2d | · · · · · · · · · · · · · · · · · · · | (see instructions) | | |
| CLIN | TON | | MS | 39060 | | 524210 | · · · | | |
| 3a Plan a | dministrator's name and | address XSame as Plan Sponsor | Name Same as Plan | Sponsor Address | 3b | Administrator's | EIN | | |
| | | | | | | | | | |
| | | lan sponsor has changed since the per from the last return/report. | last return/report filed fo | r this plan, enter the | <u>4b</u> | EIN | | | |
| • | or's name | | | | 4c | PN | | | |
| | | the beginning of the plan year | | | <u>5</u> a | | 31 | | |
| | | the end of the plan year | | | _5b | | 39 | | |
| | • • | count balances as of the end of the | | | 5c | | 34 | | |
| 6a Were | all of the plan's assets of | luring the plan year invested in eligi | ble assets? (See instruct | lions.) | | | X Yes No | | |
| | | ne annual examination and report o See instructions on waiver eligibility | | | | | 🛛 Yes 🗌 No | | |
| | • | er line 6a or line 6b, the plan can | · · · | | | | | | |
| C If the p | dan is a defined benefit | plan, is it covered under the PBGC | 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 (| unless reasonable cau | use is | established. | | | |
| Under pena SB or Sche | alties of perjury and othe | r penalties set forth in the instructio signed by an enrolled actuary, as v | ns, I declare that I have | examined this return/re | port, in | duding, if applic | | | |
| SIGN / | South 1 | 1 | 4-28-14 | TIMOTHY PARKM | AN | | | | |
| HERE | Signature of plan adr | ninistrator | Date | | of individual signing as plan administrator | | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of employe | er/plan sponsor | Date | Enter name of individ | ual sig | ning as employ | er or plan sponsor | | |
| Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (option | | | | | | | | | |
| | | | | | | | | | |
| For Denergy | and Daduction Ant Matter | and ONP Control Numbers and the | atmatique for Er PPAA | 25 | | | E EFA OF IONA | | |
| For PaperW | VIN REGUCTION ACT NOTICE | and CMB Control Numbers, see the in | succous for norm 5500- | JF. | | | Form 5500-SF (2013) v. 130118 | | |

| Part III Financial Information | | | | | | | | | |
|--|---|---|--|----------------------------|---|---------|----------------|--|--|
| 7 Plan Assets and Liabilities | | (a) Beginning of Yea | ľ | | | (b) End | of Year | | |
| a Total plan assets | . 7a | 70 | 5,02 | 25 | | | | 965,688 | |
| b Total plan liabilities | 7b | | | | | | | | |
| C Net plan assets (subtract line 7b from line 7a) | 705,025 | | | 5 965,68 | | | | | |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) T | otal | | |
| a Contributions received or receivable from: | 0-(4) | 33 | 2 56 | | | | | | |
| (1) Employers | 8a(1) | 38,562 | | | | | | | |
| (2) Participants | 8a(2) | | 5,5, | - | | | | | |
| (3) Others (including rollovers) | 8a(3) 8b | 16 | 7,70 | 18 | | | | | |
| b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 80 | | ,,,, | | | | | 272,642 | |
| d Benefits paid (including direct rollovers and insurance premiums | <u> </u> | | | | | | | | |
| to provide benefits) | 8d | 10 |),49 | 8 | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | . 8f | | L,48 | 1 | | | | | |
| g Other expenses | 8g | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | - | | | | | | 11,979 | |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 260,663 | |
| j Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D 2F 2A b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions | | | | | | | | | |
| | | | | | | | | | |
| | | | | Yes | No | | Amour | | |
| 10 During the plan year:a Was there a failure to transmit to the plan any participant contribution | | | 10a | Yes | No X | | Amour | nt | |
| 10 During the plan year: | uciary Corret? (Do not i | ection Program) nclude transactions reported | 10a 10b | Yes | | | Amour | nt | |
| During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest | uciary Corre t? (Do not i | ection Program) nclude transactions reported | | Yes | x | | Amour | | |
| During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) | uciary Corr t? (Do not i | ection Program) nclude transactions reported | 10b | | x | | Amour | | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 | uciary Corro t? (Do not i fidelity bor her persons of the bene | ection Program) nclude transactions reported ind, that was caused by fraud is by an insurance carrier, fits under the plan? (See | 10b 10c | | x | | Amour | | |
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| 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) | uciary Corro (Do not i fidelity bor her persons of the bene as of year e (See instru he required 11-3 | ection Program) nclude transactions reported ad, that was caused by fraud aby an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR I notice or one of the /es," see instructions and com ule SB (Form 5500) line 39 | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X Jule SE | | | 25,000 | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a 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 t exceptions to providing the notice applied under 29 CFR 2520.10 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 finance (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | uciary Corro (Do not i fidelity bor her persons of the bene as of year e (See instru he required her required her sched g requirement , as applice | ection Program) nclude transactions reported add, that was caused by fraud s by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res," see instructions and com ule SB (Form 5500) line 39 ants of section 412 of the Code able.) | 10b 10c 10d 10e 10f 10g 10h 10i plete | X | X X X X X X X Jule SE | ERISA? | | 25,000 32,116 Yes X No Yes X No | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a 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 t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirent 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fi a waiver of the minimum funding standard for a prior year is bei granting the waiver. | uciary Corro (Do not i fidelity bor her persons of the bene as of year e (See instru he required 1-3 | ection Program) nclude transactions reported ind, that was caused by fraud is by an insurance carrier, fits under the plan? (See ind.) ctions and 29 CFR indice or one of the /es," see instructions and com ule SB (Form 5500) line 39 ints of section 412 of the Code able.) ed in this plan year, see instruc- Mon | 10b 10c 10d 10e 10f 10g 10h 10i 10i | X | X X X X X X X Jule SE | ERISA? | | 25,000 32,116 Yes X No Yes X No | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidible Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? | uciary Corro (Do not i fidelity bor her persons of the bene as of year e (See instru he required (See instru he required her aguireme a a applica ng amortize Re MB (Fon | ection Program) nclude transactions reported ad, that was caused by fraud as by an insurance carrier, fits under the plan? (See and.) end.) ctions and 29 CFR and come of the res," see instructions and come ule SB (Form 5500) line 39 ants of section 412 of the Code able.) ed in this plan year, see instruc- Mon m 5500), and skip to line 13. | 10b 10c 10d 10e 10f 10g 10h 10i 10i e or se ctions | X X Schee , and o | X X X X X X X X Jule SE | ERISA? | Y he letter | 25,000 32,116 Yes X No Yes X No | |

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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 negative amount) | 120 | | |
| 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? | | Yes 🚺 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 of the PBGC? | t under the control | | 🗌 Yes 🖾 No |
| C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) | the plan(s) to | | |
| 13c(1) Name of plan(s): | 13c(2) E | IN(s) | 13c(3) PN(s) |
| | | | |
| | | - | |
| Part VIII Trust Information (optional) | | | |
| 14a Name of trust | 14b 1 | rust's EIN | |