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).

OMB Nos. 1210-0110 1210-0089

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 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ref	turn/report is for:			an (not multiemployer)		a one-partici	pant plan
B This ref	turn/report is:	片 ' 片	he final return/report				
				n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
Dowt II	Decis Dien Inform	<u> </u>	<u></u>				
Part II		mation—enter all requested information	ion		46	T	<u> </u>
1a Name	of plan LTH UNDERWRITERS 4	404(K) DLAN			ID	Three-digit plan number	
LIFE & REA	LIH UNDERWRITERS	401(K) PLAN				(PN) ▶	001
					1c	Effective date o	f plan
						01/01	
	ponsor's name and addr LTH UNDERWRITERS,	ress; include room or suite number (em INC.	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-14	fication Number 88312
2001 - 6TH	AVE., SUITE 2550				2c	Sponsor's telep	
SEATTLE, V					2d	Business code	(see instructions)
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
4 15.0	1/ EIN 6/1				4.		
		plan sponsor has changed since the land ber from the last return/report.	st return/report filed to	or this plan, enter the	4b	EIN	
	or's name	ber nom the last retain, report.			4c	PN	
		t the beginning of the plan year			5a		5
b Total	number of participants a	t the end of the plan year			5b		4
		ccount balances as of the end of the plants	•	•	5c		4
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No
		he annual examination and report of a					Vaa □ Na
		(See instructions on waiver eligibility a					X Yes No
•		ner line 6a or line 6b, the plan canno			_		1
C If the	plan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)? .	····· <u></u>	Yes X No	Not determined
Caution: A	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established.	
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.	05/29/2014	GEORGE D. HOLLAN	D		
HERE	Signature of plan add	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN	,						
HERE	Signature of employe	er/nlan snonsor	Date	Enter name of individu	ıal ein	uning as employe	ar or plan enoneor
Preparer's		me, if applicable) and address; include		Enter name of individur (optional)			number (optional)
·	, ,	, , ,		,	·		,

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) End	of Y	ear		
a	Total plan assets	7a	127193				(5) 2.110		24770	8	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	127193	4				1:	247708	8	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) :	Total			
	Contributions received or receivable from:		(a) Amount				(6)	lotai			
	(1) Employers	8a(1)	2684	5							
	(2) Participants	8a(2)	6844	2							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4267	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							137957	7	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	16218	3							
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							16218	3	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-2422	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	٠,									
9a		feature cod	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions	:		
Par	t V Compliance Questions										
	•				Vaa	NI-	l				
10	During the plan year:	4:			Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	iciary Corre	ection Program)	10a		X					
K.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Χ					
					X					404	
				10c						1247	//1
	or dishonesty?			10d		X					
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	X					55	538
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	e of year o	nd \		X					200	240
g h	If this is an individual account plan, was there a blackout period? ((See instru	ctions and 29 CFR	10g		X				203	319
i	2520.101-3.)	ne required	notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
<u>11</u> a	Enter the unpaid minimum required contribution for current year fr	om Schedi	ule 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	or se	ection	302 of	ERISA?		Yes	X	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 amortize	ed in this plan year, see instru		, and e	enter th Day	ne date of	the le		lling	_
											_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Fori	m 5500), and skip to line 13.								

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

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). Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

A This return/report is for:	Part		Identification Information					
B This return/report is:	For caler	dar plan year 2013 or fi		2013	and ending	12/31/2	2013	
B This return/report is:	A This r	eturn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	124 12	a one-particir	ant nlan
C Check box if filing under:	B This r	eturn/report is:	the first return/report	a		10		sunt plan
C Check box if filing under:		0.000 € 0.000 0.000 0.00 0 0 0.00 0.000 0	an amended return/report		n/report (less than 12 m	onthe)		
Part II Basic Plan Information—enter all requested information 1a Name of plan LIFE & HEALTH UNDERWRITERS 401(k) PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EIN) 91-1488312 2c Sponsor's telephone number (200) 728-1314 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor Name same as Plan Sponsor Address 3b Administrator's telephone number (300) 728-1314 2d Business code (see instructions) 524210 3a Plan administrator's name and address Same as Plan Sponsor Name same as Plan Sponsor Address 4 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. 4 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. 5a Total number of participants at the end of the plan year. 5b Total number of participants at the end of the plan year. 5c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5b Aveyou claiming a waiver of the annual examination and report of an independent qualified public accountent (IQPA) 1 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 2 If the plan is a defined benefit plan, is it covered under the PBGG insurance program (see ERISA section 4021)? 1 Yes No No Not determined 2 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	C Chec	c box if filing under:	☐ Form 5558	- 04 30	moper, (least than 12 h	ioniins) 	DEVC progra	
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number 001 1c Effective date of plan 1c 1c 1c 1c 1c 1c 1c 1	V=0.00		special extension (enter descrip			.9	DFVC progra	im:
18 Name of plan LIFE & HEALTH UNDERWRITERS 401(k) PLAN 10 Effective date of plan 10 Individual plan number (PN)	Part II	Basic Plan Info		77				
LIFE & HEALTH UNDERWRITERS 401(k) PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 91-1488312 2c Sponsor's telephone number (206) 728-1314 2d Business code (see instructions) SEATTLE, WA 98121 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 4 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. a Sponsor's name 4 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. 4 Sponsor's name 4 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. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year			enter an requested mile	mation		1h	Theo adjust	
CPN D01 CEffective date of plan O101/IZ003		25.506-es/c#es/mitrictal	S 401(k) PLAN					
2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) LIFE & HEALTH UNDERWRITERS, INC. 2b Employer identification Number (EIN) 91-1488312 2c Sponsor's telephone number (206) 728-1314 2d Business code (see instructions) 524210 3a Plan administrator's name and address Same as Plan Sponsor Name same as Plan Sponsor Address 3b Administrator's telephone number Administrator's name and address same as Plan Sponsor Name same as Plan Sponsor Address 4 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. 4 Sponsor's name 4 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. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Aver out 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). 6 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 6 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined the plander of performs and other penallies of perium and other penallies set forth in the instructions. Idectors that Dave experiment the test setablished.			Service Control of the Control of th					001
2001 - 6TH AVE., SUITE 2550 SEATTLE, WA 98121 3a Plan administrator's name and address Same as Plan Sponsor Name						1c		
2c Sponsor's telephone number (206) 728-1314 2d Business code (see instructions) 524210 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 4 If the name and/or EtN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EtN, and the plan number from the last return/report. 3 Sponsor's name 4 EtN 4 EtN 5 Total number of participants at the beginning of the plan year	2a Plan LIFE & HE	sponsor's name and ad ALTH UNDERWRITER	dress; include room or suile number S, INC.	(employer, if for a single-	employer plan)			
SEATTLE, WA 98121 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 4 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 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year	2004 071	LAVE OUTERS					Sponsor's telep	hone number
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 4 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. 4 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year	2001 - 611	1 AVE., SUITE 2550				2d	100110000000011 0000000	AT 73 miles in 1974
4 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. a Sponsor's name 4c PN 5a	en and the second of the second	32.13.19C 77.000.00.000.000.000	nd addraga VC as Dis- D	п. П.	3 100		524210	
4 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	Ja rian	administrator s name a	id address Kijsame as Plan Sponso	r Name Same as Plan	Sponsor Address		5, 5454	
a Sponsor's name Total number of participants at the beginning of the plan year						3с	Administrator's t	elephone number
a Sponsor's name Total number of participants at the beginning of the plan year								
a Sponsor's name Total number of participants at the beginning of the plan year								
a Sponsor's name Total number of participants at the beginning of the plan year	**************************************	200 SEMBO SEMB			T. Water			
a Sponsor's name 5a Total number of participants at the beginning of the plan year	4 If the	e name and/or EtN of the	e plan sponsor has changed since the	ne last return/report filed for	or this plan, enter the	4b	EIN	
Total number of participants at the beginning of the plan year			moet from the tast returnineport.			4c	PN	
b Total number of participants at the end of the plan year	5a Tota	I number of participants	at the beginning of the plan year			2000		5
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	b Tota	I number of participants	at the end of the plan year					
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	C Num	ber of participants with	account balances as of the end of th	ne plan year (defined bene	fit plans do not			4
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.)							32	400
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	b Are	you claiming a waiver of	f the annual examination and report	of an independent qualifie	d public accountant (IO	PΔ		M 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 Not determined Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report including if you like the section 4021)?	und	er 29 CFR 2520.104-46'	? (See instructions on waiver eligibili	ty and conditions.)		eren Ger		Yes No
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report instruction if you like the penalties are the penalties and the penalties are the penalties a	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							- J
Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/coned, including it continues.	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes 🛛 No 📗 Not determined							
Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/coned, including it continues.	Caution:	A penalty for the late	or incomplete filing of this return/	report will be assessed i	unless reasonable cau	use is e	established	
	Under pe	nalties of perjury and of	her penalties set forth in the instructi	ons I declare that I have	evamined this return/re-	nod in	olumbia if and it a	ible, a Schedule
belief, it is true, correct, and complete.	belief, it is	s true, correct, and com	plete.		sion of this returneport	ı, anu (o the best of my	knowledge and
SIGN VX A Million 15/21/11/ XIC . 11/1/ 1	SIGN	Bed.	Willind	15/21/14	x 16eorge D.	Ho	lland	
Jen Veorge D. Holland	HERE	Signature of plan a	dministrator	Date		ual sign	ning as plan adm	inistrator
	SIGN						3 Picir cult	
Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE	Signature of emplo	yer/plan sponsor	Dale	Enter name of individ	ual siar	ine se sus-l	200 a
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer as plan administrator	Preparer'	s name (including firm n	ame, if applicable) and address; inc	lude room or suite number	r (optional)	Prepa	arer's telephone	or plan sponsor number (onlineal)
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						W Margarita		(optional)
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer as plan administrator								
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Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								1
SIGN VX - A William 15/21/11/11/11/11		Bull.	Millind	15/21/14	* 16 eorge D.	Ho,	lland	
Jen Verge D. Holland	HERE	Signature of plan a	dministrator	Dale		ual sigr	ning as plan adm	inistrator
		1					J	
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN	Barrier Statistics	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sigr	ning as employer	or plan sponsor
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	riepaier	s name (moluding ilm n	iame, it applicable) and address; inc	iuae room or suite numbei	r (optional)	Prepa	arer's telephone	number (optional)
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								

Par	t III Financial Information			_			7 3 4 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır		9	(b) End of Year
а	Total plan assets	7a	127193			1955	1247708
b	Total plan liabilities	7b					
_ c	Net plan assets (subtract line 7b from line 7a)	7c	127193	4			1247708
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	D=(4)	26041				
» 	(1) Employers	8a(1)	26845		+	- 35517	
4	(2) Participants	8a(2)	6844				1712 1300 1300 1300 1300 1300 1300 1300 13
	(3) Others (including rollovers)	8a(3) 8b	42670	n	+-		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	720/		-		427057
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16218	3			137957
e	Certain deemed and/or corrective distributions (see instructions)	8e	100 To		-		
\$2 TO 15 TO	Administrative service providers (salaries, fees, commissions)	8f			155		
(II	Other expenses	8g	****			SAINIJUSES.	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2000	162183
ī	Net income (loss) (subtract line 8h from line 8c)	8i		2-11			-24226
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics				in the	-	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	lic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	c Cod	es in (he instructions:
D	W Compliance Questions	(80)					
10	Part V Compliance Questions						
a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu				Yes	No X	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a		×	
	Was the plan covered by a fidelity bond?			10b	х		
	discontinuo de la constante de			10c			124771
News	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x		5538
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		20319
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	0.000	х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i			
Part				13.		- 110	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	nplete	Sched	ule SE	3 (Form
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding					27 20200	ERISA? Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			J. 0. 00	JUNI C	,JE (I	THISTER 100 M 140
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru	ctions, ith	and e	nter th	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul						1001
b	Enter the minimum required contribution for this plan year			********		12b	

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The second secon	

С	Enter the amount contributed by the employer to the plan for this plan year	12c	
	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?	Yes X N	0
5.	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 c of the PBGC?		☐ 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) to which assets or liabilities were transferred. (See instructions.)		
1	3c(1) Name of plan(s): 13	Sc(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1
14a i	lame of trust	14b Trust's EIN	