Fo	FOIL 5500-SF Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo					2013		
	epartment of Labor Benefits Security Administration	ctions 6057(b) and 6058(a ode).		This Form is Open to Public				
Pension Benefit Guaranty Corporation Inspection								
Part I Annual Report Identification Information								
_	ar plan year 2013 or fisca	<u> </u>			2/31/2			
	turn/report is for:		1 1 9 1	an (not multiemployer)		a one-participant plan		
B This re	turn/report is:		e final return/report	vroport (loss than 12 may	nthe)			
C Check box if filing under:						DFVC program		
C Check	box if filing under:	Form 5558 at all all special extension (enter description)						
Part II	Basic Plan Inform	nation—enter all requested information	n					
1a Name					1b	Three-digit		
MCDONALE	ZARING INSURANCE,	INC. 401K PLAN				plan number		
				-	10	(PN) ▶ 001 Effective date of plan		
					10	01/01/2001		
	ponsor's name and addred D ZARING INSURANCE,	ess; include room or suite number (emp INC.	loyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-0713056		
PO BOX 64	8				2c	Sponsor's telephone number 509-525-5730		
	ĽLA, WA 99362-0234				2d	Business code (see instructions) 524210		
	dministrator's name and		ne Same as Plan	Sponsor Address	3b	Administrator's EIN 91-0713056		
MCDONALD	ZARING INSURANCE, IN	NC. PO BOX 648 WALLA WALLA, N	VA 99362-0234	-	3c	Administrator's telephone number		
name	•	lan sponsor has changed since the last er from the last return/report.	return/report filed fo		4b 4c	EIN		
		the beginning of the plan year			5a	34		
		the end of the plan year		F	5b	28		
		count balances as of the end of the plar		fit plans do not	5c	7		
··	,	uring the plan year invested in eligible a				X Yes No		
		e annual examination and report of an						
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot						
-		plan, is it covered under the PBGC insu						
				,				
-	· ·	incomplete filing of this return/repor r penalties set forth in the instructions, I						
SB or Sch		signed by an enrolled actuary, as well a						
SIGN	Filed with authorized/va	lid electronic signature.	06/18/2014	DOUGLAS J. BORTH				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individua	al sig	ning as plan administrator		
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individua	al sig	ning as employer or plan sponsor		
Preparer's		ne, if applicable) and address; include r	oom or suite number		_	arer's telephone number (optional)		

Pa	t III Financial Information	-									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear		
а	Total plan assets	7a	10660	8				1	40352		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	10660	8				1	40352		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from:	- (1)									
	(1) Employers	8a(1)	733	1							
	(2) Participants	8a(2)	100	4	_						
	(3) Others (including rollovers)	8a(3)	2641	0							
	Other income (loss)	8b	2041	0	_				33744		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							33744		
	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							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i							33744		
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 instru	ctions	:		
	2E 2G 2J 2K 3D 2F										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	ies in t	ne instruc	ions:			
Part	Part V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			~		7 411	June		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest			10b		х					
	on line 10a.)			dur	Х						—
<u>с</u>	Was the plan covered by a fidelity bond?			10c	~					50000)0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth			Tou							
•	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			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	If this is an individual account plan, was there a blackout period?	•		4.01		х					
—i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part	Part VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Гг	Yes	<u>п</u> м	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		, ,				FRISA?		Yes	XN	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, 01 30		502 01					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th Day	ne date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day		100			
-	Enter the minimum required contribution for this plan year					12b					

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	s 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 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) which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 1:	3c(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	sťs EIN	

	5500-SF	Short Form Annual	Return/Report o Benefit Plan	f Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	of the Treasury venue Service	This form is required to be f	e	2	2013			
Employee Benefits S	nt of Labor ecurity Administration	Retirement Income Security Act the Inter		s Open to Public				
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							
			01/01/2013	and ending	1	2/31/2013	3	
A This return/re	l.	a single-employer plan	0	an (not multiemployer)			1	
B This return/re	· .	the first return/report	the final return/report					
	[an amended return/report	a short plan year return	/report (less than 12 m	onths)			
C Check box if	filing under:	Form 5558	automatic extension		Г	DFVC progra	im	
		special extension (enter descrip	otion)		_	•		
Part II Ba	sic Plan Inform	nation—enter all requested info	mation					
1a Name of pla			_			hree-digit		
MCDONALD 2	ZARING INSU	RANCE, INC. 401K PLAN	N		· ·	ian number PN) 🕨	001	
					1C E	ffective date of 1/01/2001		
2a Plan sponso	r's name and addr	ess; include room or suite number	employer, if for a single-	employer plan)	ļ	<u> </u>	fication Number	
	ARING INSUF					EIN) 91-071	9	
						ponsor's telep	1	
PO BOX 648	3					09-525-57	730 (see instructions)	
WALLA WALI	A	WA 99362-0234			1	24210	See instructions)	
3a Plan adminis	strator's name and	address Same as Plan Sponso	r Name Same as Plan	Sponsor Address		dministrator's		
MCDONALD 2	ARING INSUF	ANCE, INC.	0			1-071305		
					3c Administrator's telephone number 509-525-5730			
PO BOX 648	3					09 525 5.		
WALLA WALI	A	WA 99362-0234						
		lan sponsor has changed since th	e last return/report filed fo	r this plan, enter the	4b E	EIN		
name, EIN, a Sponsor's n	•	er from the last return/report.			4c PN			
·		the beginning of the plan year						
		the end of the plan year			5b		28	
	• •	count balances as of the end of th						
<u>complete th</u>	is item)			<u></u>	5c			
		luring the plan year invested in elig					X Yes 🛛 No	
under 29 C	FR 2520.104-46? (ne annual examination and report See instructions on waiver eligibili	ity and conditions.)				X Yes 🗌 No	
If you ansv	vered "No" to eith	er line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form 5	500.		
C If the plan is	a defined benefit	plan, is it covered under the PBGC	C insurance program (see	ERISA section 4021)?	····· [] Y	∕es ∐No L	Not determined	
Caution: A pena	alty for the late or	incomplete filing of this return/	report will be assessed	unless reasonable cau	use is es	stablished.		
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, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
<u> </u>			(lich it	Douglas J. Bo:	rth			
SIGN <u>}</u> HERE	Xus Baza		<u> </u>	Enter name of individ		ing as plan adr	ninistrator	
	nature of plan adr			Drik Bar		ing da plan avi		
SIGN <u>1</u> HERE Sin	VUSPER	•	Date	Enter name of individ		ing as employe	er or plan sponsor	
Preparer's name	nature of employe (including firm nat	me, if applicable) and address; inc	lude room or suite numbe				number (optional)	
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						. <u></u>		
For Paperwork Re	duction Act Notice	and OMB Control Numbers, see the	Instructions for Form 5500-	SF.			Form 5500-SF (2013)	

Page 2

Par	t III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Yea	. r			(b) End of '	Year
а	Total plan assets	7a		0660	8			140352
b	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	10	0660	8			140352
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	<u> </u>
	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)		733	4			
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b		2641	0		<u></u>	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						33744
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
_	Certain deemed and/or corrective distributions (see instructions)	8e		-	_		<u> </u>	
	Administrative service providers (salaries, fees, commissions)	8f						:
	Other expenses	8g		1. 101				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						33744
	Net income (loss) (subtract line 8h from line 8c)	- 8i			_		···	33/44
-	Transfers to (from) the plan (see instructions)	8j						
Par		facture en	los from the List of Disp Charg		tie Ce	dee ie	the instruction	
98	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2K 3D 2F	reature co	bes from the List of Plan Chara	sciens		aes in	the instruction	IS.
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions	:
								į
Part	V Compliance Questions							
10	During the plan year:				Yes	No	An	nount
	Was there a failure to transmit to the plan any participant contribu			10a	Yes	No X	An	nount
a		uciary Corr ? (Do not i	ection Program) nclude transactions reported	10a 10b	Yes		An	nount
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Com ? (Do not i	ection Program) nclude transactions reported		Yes	x	An	10 unt 500000
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Com ? (Do not i fidelity bor	ection Program) nclude transactions reported	10b		x		
a b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth Insurance service, or other organization that provides some or all	Iciary Com ? (Do not i fidelity bor ner persons of the ben	action Program) nclude transactions reported ad, that was caused by fraud by an insurance carrier, efits under the plan? (See	10b 10c 10d		x x		
a b c d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 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.)	iciary Com ? (Do not i fidelity bor her persons of the benu	ection Program) nclude transactions reported ad, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e		x x x	An	
a b c d e f	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 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	Iclary Com ? (Do not i fidelity bor of the bern n?	ection Program) nclude transactions reported and, that was caused by fraud by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f		x x x x x x	An	
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a b c d e f g h	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Com ? (Do not i fidelity bor of the ben of the ben n? s of year e (See instru	ection Program) nclude transactions reported add, that was caused by fraud by an insurance carrier, efits under the plan? (See add) ctions and 29 CFR	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x	An	
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a b c d e f g h i i Part 11 11a 12	 Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. 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 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 subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. 	Iciary Com ? (Do not i fidelity bor of the ben of the ben of the ben s of year e (See instru- ne required 1-3	ection Program) nclude transactions reported additional transactions reported additional transactions reported additional transactions reported additional transactions and complete additional transactions and complete additiona	10b 10c 10d 10f 10g 10h 10h 10i e or se	Schec	X X X X X X X X X Iule SE	9 (Form	500000] Yes [] No] Yes 🔀 No
a b c d e f g h i i Part 11 11a 12 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 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 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 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 fr Is this a defined contribution plan subject to the minimum funding (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 being ranting the waiver. 	Iciary Com ? (Do not i fidelity bor of the ben of the ben of the ben n? s of year e (See instru- ne required 1-3 ments? (If " requireme , as applica ng amortize	ection Program) nclude transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See ind.) ctions and 29 CFR inotice or one of the fes,* see instructions and com ule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruc- Mon	10b 10c 10d 10f 10g 10h 10l 10l	Schec	X X X X X X X X X Iule SE	ERISA?	500000] Yes [] No] Yes 🔀 No
a b c d e f g h i i Part 11 11a 12 a lf	 Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 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 fir Is this a defined contribution plan subject to the minimum funding (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 being the minimum funding standard for a prior year is being the function of the minimum funding standard for a prior year is being the provide of the minimum funding standard for a prior year is being the prior year is being the prior year is being the minimum funding standard for a prior year is being the the prior year is being the	Iciary Com ? (Do not i fidelity bor her persons of the benc n? s of year e (See instru- her requirect 1-3	ection Program) nclude transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See ind.) ctions and 29 CFR i notice or one of the //es,* see instructions and com ule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruc	10b 10c 10d 10e 10f 10g 10h 10i 10i 0 or see	X Schection 3 and 6	X X X X X X X X X X Iule SB	ERISA?	500000

Form 5500-SF 2013

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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 of negative amount).		12d			
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	N₀	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		<u>ر ا</u>	′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 unc of the PBGC?				Ye	s 🗙 No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)					-
1	3c(1) Name of plan(s):	13	Ic(2) El	N(s)	13c(3) PN(s)
	· · · · · · · · · · · · · · · · · · ·		· · ·			
Part	VIII Trust Information (optional)					+
14a Name of trust			14b Trust's EIN			-



Professional Benefit Services, Inc. Affordable administration of enaployee benefit plans

Authorization to Electronically Sign and File 5500

I hereby authorize any employee of <u>Professional Benefit Services</u>, Inc. to electronically sign and file the 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to <u>Professional</u> <u>Benefit Services, Inc</u>.

Plan Name:	·······	
Signature:	LOUG BOETT	_ Dated: 6[18]1식

NOTE TO USER:

A copy of this authorization must be kept in your records (but is not included in the filing). You must agree to communicate any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return/report upon electronically signing the filing.

To sign on behalf of the plan administrator, you must register as a "signer" at the DOL EFAST2 website and a signed copy of the 5500 form should be attached to the electronic filing as an "other attachment".