| 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) | |
| | - | | | | | | | |
| 1 | | | | | | | Ĩ | |
| l | | | | | | | | |
| | | | | | | . <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 | |
| a b c d e f g | 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 | Iciary Com ? (Do not i fidelity bor ner persons of the ben n? s of year e | ection Program) nclude transactions reported ad, that was caused by fraud by an insurance carrier, efits under the plan? (See | 10b 10c 10d 10e | | x x x x x x x x | An | |
| a b c d e f g | 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 | Iciary Com ? (Do not i fidelity bor ner persons of the ben n? s of year e (See instru | ection Program) nclude transactions reported ad, that was caused by fraud by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR | 10b 10c 10d 10e 10f | | x x x x x x | An | |
| a b c d e f g | 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? | 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 | | x x x x x x x x | An | |
| 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 | |
| a b c d e f g h i | 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.) | Iciary Com ? (Do not i fidelity bor ner persons of the bern n? s of year e (See instru ne required 1-3 | ection Program) nclude transactions reported add, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR I notice or one of the ces,* see instructions and com | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X X | Germ | |
| a b c d e f g h i i Part | 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 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 requirement | Iciary Com ? (Do not i fidelity bor ner persons of the bern n? s of year e (See instru ne required 1-3 | ection Program) nclude transactions reported add, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR I notice or one of the ces,* see instructions and com | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X X | Germ | 500000 |
| a b c d e f g h i i Part | 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 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) | Iciary Com ? (Do not i fidelity bor ner persons of the ben n? s of year e (See instru- ne required 1-3 | ection Program) nclude transactions reported ind, that was caused by fraud 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 | 10b 10c 10d 10e 10f 10g 10h 10l | X | X X X X X X X X X Iule SB |) (Form | 50000 |
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| 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

| Page 3 - | |
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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) |
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| Part | VIII Trust Information (optional) | | | | | + |
| 14a Name of trust | | | 14b Trust's EIN | | | - |
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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".