For	m 5500-SF	Short Form Annual Re	•	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	D This form is required to be filed	enefit Plan	nd 4065 of the Employee	<u>_</u>	2013			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1		ctions 6057(b) and 6058		This Form is Open to Public			
Pension Be	enefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	tions to the Form 5500	)-SF.	Inspection			
Part I		entification Information							
For calend	ar plan year 2013 or fisca	· · · · · □			2/31/2				
A This ref	urn/report is for:		1 1 9 1	an (not multiemployer)		a one-participant plan			
B This ref	urn/report is:		he final return/report						
_	L		short plan year returr automatic extension	n/report (less than 12 mo	onths)	-			
C Check	box if filing under:			DFVC program					
		special extension (enter description	,						
Part II		nation—enter all requested informat	ion		41-				
<b>1a</b> Name FARMERS E	of plan EXCHANGE BANK RETI	REMENT PLAN			10	Three-digit plan number (PN) ▶ 001			
					1c	Effective date of plan 09/25/2008			
	ponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 63-0071230			
1920 MAIN	STREET				2c	Sponsor's telephone number 334-266-5321			
LOUISVILLE					2d	Business code (see instructions) 522110			
	<b>3a</b> Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         FARMERS EXCHANGE BANK       1920 MAIN STREET				3b	Administrator's EIN 63-0071230			
		lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	334-266-5321 EIN			
name <b>a</b> Spons		er from the last return/report.			4c	PN			
5a Total	number of participants at	the beginning of the plan year			5a	54			
<b>b</b> Total	number of participants at	the end of the plan year			5b	46			
		count balances as of the end of the pla	• •		5c	36			
	,	uring the plan year invested in eligible							
	•	e annual examination and report of ar	•	,					
	•	See instructions on waiver eligibility ar	,						
-		er line 6a or line 6b, the plan cannot plan, is it covered under the PBGC ins							
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	se is	established.			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	ort, ir	ncluding, if applicable, a Schedule			
SIGN	Filed with authorized/va	lid electronic signature.	06/18/2014	JIM ESRY					
HERE	Signature of plan administrator Date Enter name of individu					ning as plan administrator			
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor			
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone number (optional)			

Pa	t III Financial Information	-			-						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear		
а	Total plan assets	7a	56633	4				ł	552783		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	lan assets (subtract line 7b from line 7a) 7c 5663						Ę	552783		
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total				
а	ntributions received or receivable from: Employers										
	Participants										
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)										
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	59875		
_	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d	17342	6							
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g			_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							173426		
	Net income (loss) (subtract line 8h from line 8c)	8i							-13551		
J	Transfers to (from) the plan (see instructions)	8j									
9a b	2F 2G 2J 2K 3D										
Par											
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Х				2	0000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		x					
e	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		Х					
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? 2520.101-3.)	•		10h		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	ne required	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	Πι	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		, ,				ERISA?	ТГ	Yes	XI	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									<u> </u>	-
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					_~~j					<u> </u>
-	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	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)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

Form 5500-SF	Short Form Annual Re	turn/Report of enefit Plan	Small Employ	ee	(	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed u		d 4065 of the Employee		2	013
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19	974 (ERISA), and sec Revenue Code (the Co	ions 6057(b) and 6058(	a) of		s Open to Public pection
Pension Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruct	ions to the Form 5500	-SF.		•
Part I Annual Report I For calendar plan year 2013 or fis	dentification Information	01/2013	and ending	1	2/31/2013	}
A This return/report is for:		multiple-employer pla		Γ	a one-particip	pant plan
<b>B</b> This return/report is:		ne final return/report		Ľ	J	
·	an amended return/report	short plan year return	report (less than 12 mo	nths)		
C Check box if filing under:	Form 5558	utomatic extension		[	] DFVC progra	ım
	special extension (enter description)	)				
Part II Basic Plan Infor	mation—enter all requested informati	on				
<b>1a</b> Name of plan FARMERS EXCHANGE BAN	IK DETTERMENT DI.AN				Three-digit plan number	
FARMERS EXCITANGE DAT					(PN) 🕨	001
					Effective date o	
<b>2a</b> Plan sponsor's name and add FARMERS EXCHANGE BAN	lress; include room or suite number (em IK	ployer, if for a single-e	mployer plan)		Employer Identi (EIN) 63-007	fication Number /1230
1920 MAIN STREET					Sponsor's telep 334-266-5	
				2d	Business code	(see instructions)
LOUISVILLE <b>3a</b> Plan administrator's name an	AL 36048 d address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b /	522110 Administrator's	
FARMERS EXCHANGE BAN	IK				63-007123 Administrator's	telephone number
1920 MAIN STREET					334-266-53	•
LOUISVILLE	AL 36048					
	plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN	
a Sponsor's name				4c	PN	
5a Total number of participants	at the beginning of the plan year			5a		54
	at the end of the plan year			5b		46
c Number of participants with a complete this item)	account balances as of the end of the pla	an year (defined bene	fit plans do not	5c		36
6a Were all of the plan's assets	during the plan year invested in eligible	assets? (See instruct	ions.)		••••••	X Yes 🗌 No
	the annual examination and report of ar (See instructions on waiver eligibility ar					X Yes No
	ther line 6a or line 6b, the plan canno					
<b>c</b> If the plan is a defined benefi	t plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)? .		Yes No [	] Not determined
Caution: A penalty for the late of	or incomplete filing of this return/repo	ort will be assessed i	inless reasonable cau	se is e	established.	
Under penalties of periury and oth	ner penalties set forth in the instructions, nd signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, in	cluding, if applic	cable, a Schedule / knowledge and
SIGN	\	06/16/2014	Jim Esry			
HERE Signature of plan a	dministrator	Date	Enter name of individu	ual sia	ning as plan ad	ministrator
SIGN						
HERE Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sio	ning as employ	er or plan sponsor
	ame, if applicable) and address; include					e number (optional)
For Paperwork Reduction Act Notic	e and OMB Control Numbers, see the instr	uctions for Form 5500-	SF.			Form 5500-SF (2013)

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7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End of `	/ear	
a	Total plan assets	7a	56	633	4			5	552783
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	56	633	4				552783
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	1	
	Contributions received or receivable from:	8a(1)	4	257	0				
	<ol> <li>Employers</li> <li>Participants</li> </ol>	8a(2)		859	-				
	(2) Participants     (a) Others (including rollovers)	8a(3)			-				
	Other income (loss)	8b	5	871	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15987
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	17	342	6				
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			_				17342
	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>			_				-1355
J	Transfers to (from) the plan (see instructions)	8j							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	teristi	c Cod	es in th	e instructions	3:	
Part	V Compliance Questions								
					Yes	No		nount	
	V         Compliance Questions           During the plan year:	tions within	the time period described in	10a				nount	
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within iciary Corre ? (Do not ir	the time period described in ection Program) nclude transactions reported			No		nount	·
Part 10 a b c	During the plan year: 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.)	tions within Iciary Corre ? (Do not ir	the time period described in ection Program) nclude transactions reported	10a		No X			00000
10 a b c	During the plan year: 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.)	tions within Iciary Corre ? (Do not ir fidelity bon	the time period described in ection Program) nclude transactions reported d, that was caused by fraud	10a 10b	Yes	No X			00000
l0 a b c	During the plan year: 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?	tions within Iciary Corre ? (Do not ir fidelity bon fidelity bon her persons of the bene	the time period described in ection Program) include transactions reported and, that was caused by fraud by an insurance carrier, afits under the plan? (See	10a 10b 10c	Yes	No X X			00000
l0 a b c d e	During the plan year: 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	tions within Iciary Corre ? (Do not ir fidelity bon fidelity bon ner persons of the bene	the time period described in ection Program) include transactions reported and, that was caused by fraud by an insurance carrier, afits under the plan? (See	10a 10b 10c 10d	Yes	No X X X			00000
10 a b c d e	During the plan year: 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.)	tions within iciary Corre ? (Do not ir fidelity bon fidelity bon her persons of the bene	the time period described in ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d 10e	Yes	No X X X X X			00000
l0 a b c d e f g	During the plan year: 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 insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	tions within iciary Corre ? (Do not ir fidelity bon fidelity bon ner persons of the bene n? s of year en (See instru-	the time period described in ection Program) include transactions reported and, that was caused by fraud by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X			00000
10 a b c d e f g	During the plan year: 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 pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	tions within iciary Corre ? (Do not ir fidelity bon fidelity bon ner persons of the bene n? s of year en (See instru- ne required	the time period described in ection Program) include transactions reported and, that was caused by fraud by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X X X X			00000
10 a b c d e f g h	During the plan year: 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	tions within iciary Corre ? (Do not ir fidelity bon fidelity bon ner persons of the bene n? s of year en (See instru- ne required	the time period described in ection Program) include transactions reported and, that was caused by fraud by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X			00000
10 a b c d e f g h i 2art	During the plan year:         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?         Was 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 pla         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)	tions within iciary Corre ? (Do not ir fidelity bon fidelity bon ner persons of the bene n? s of year en (See instru- ne required 1-3	the time period described in ection Program) nclude transactions reported d, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X X X X X X X	Ar		
10 a b c d e f g h i 2art	During the plan year:         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?         Was 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 th 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 for the subject to the s	tions within iciary Corre ? (Do not ir fidelity bon fidelity bon her persons of the bene n? s of year en (See instru- ne required 1-3	the time period described in ection Program) nclude transactions reported d, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) tions and 29 CFR notice or one of the res," see instructions and com ule SB (Form 5500) line 39	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X X X X Iule SB	Ar	2	s [] N
10 a b c d e f f h i Part	During the plan year:         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?         Was 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 pla         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)	tions within iciary Corre ? (Do not ir fidelity bon fidelity bon her persons of the bene n? s of year en (See instru- ne required 1-3	the time period described in ection Program) nclude transactions reported d, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) tions and 29 CFR notice or one of the res," see instructions and com ule SB (Form 5500) line 39	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X X X X Iule SB	Ar	2	s    N
10 a b c d e f g h i 2art 11 11a 12	During the plan year:         Was there a failure to transmit to the plan any participant contribut         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.         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 pla         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 th 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 fit is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	tions within iciary Corre ? (Do not ir fidelity bon fidelity bon ner persons of the bene n? s of year en (See instru- ne required 1-3 	the time period described in ection Program) include transactions reported and, that was caused by fraud by an insurance carrier, effts under the plan? (See and.) ctions and 29 CFR inotice or one of the free," see instructions and com aule SB (Form 5500) line 39 ints of section 412 of the Code able.)	10a 10b 10c 10d 10e 10f 10g 10h 10i 0 plete	Yes X Schec	No X X X X X X X X X X Iule SB	Ar	2	s 🗌 N s 🔀 N
10 a b c d e f g h i 2 art 11 11 a a	During the plan year:         Was there a failure to transmit to the plan any participant contribut         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.         Were there any nonexempt transactions with any party-in-interest         on line 10a.)         Was the plan covered by a fidelity bond?         Was 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 pla         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 for the second contribution plan subject to the minimum funding requirem 5500	tions within Iciary Corre ? (Do not ir fidelity bon her persons of the bene n? s of year en (See instru- be required 1-3	the time period described in ection Program) include transactions reported and, that was caused by fraud by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR inotice or one of the fres," 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- 	10a 10b 10c 10d 10e 10f 10g 10h 10i 10i e or se	Yes X Schec	No X X X X X X X X X X Iule SB	(Form ERISA?	2	s [] N s [X] N

Form 5500-SF 2013

Page **3 -**

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)										
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						s	1	۹٥ [	] N/A	
Part	Part VII Plan Terminations and Transfers of Assets									
13a Has a resolution to terminate the plan been adopted in any plan year?						XN	0			
If "Yes," enter the amount of any plan assets that reverted to the employer this year										
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?								Yes	X No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) t	0							
	3c(1) Name of plan(s):	1:	3c(2)	EIN	(s)			13c(3)	PN(s)	
							Τ			
Part	VIII Trust Information (optional)									
14a	Name of trust		14b	Trus	sťs E	EIN				