For	m 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	yee	0	MB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed u		nd 4065 of the Emplove	е	20	)13
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal F	This Form is	Open to Public ection			
	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	lisp	ection
Part I		entification Information			- / / /		
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013	
	urn/report is for:			an (not multiemployer)		a one-participa	nt plan
<b>B</b> This ret	urn/report is:		ne final return/report				
-	Ļ			n/report (less than 12 m	onths)	_	
C Check	box if filing under:	_ Form 5558 a	utomatic extension			DFVC program	1
		special extension (enter description)					
Part II		nation—enter all requested informati	on				
<b>1a</b> Name HIGH COUN	•	NC. DAVIS-BACON PENSION PLAN	AND TRUST		10	Three-digit plan number (PN) ▶	002
					1c	Effective date of 07/01/2	
	oonsor's name and addre	ess; include room or suite number (em INC	ployer, if for a single-	employer plan)	2b	Employer Identific (EIN) 91-208	
410 WILLIAI	MS AVE S				2c	Sponsor's teleph 425-369-	
RENTON, W					2d	Business code (s 236115	
3a Plan a	dministrator's name and	address 🏾 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's E	N
		lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN	
<b>a</b> Spons					4c	PN	
5a Total I	number of participants at	the beginning of the plan year			5a		14
<b>b</b> Total i	number of participants at	the end of the plan year			5b		0
compl	ete this item)	count balances as of the end of the pla		•	5c		0
		uring the plan year invested in eligible					X Yes No
under	29 CFR 2520.104-46? (	e annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	d conditions.)				🗙 Yes 🗌 No
C If the p	blan is a defined benefit p	blan, is it covered under the PBGC insu	arance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed u	unless reasonable cau	ise is	established.	
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.					
SIGN	Filed with authorized/va	lid electronic signature.					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individe	ual sig	gning as plan admi	nistrator
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	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	barer's telephone n	umber (optional)

Pa	t III Financial Information	_								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ear	
а	Total plan assets	. 7a	10289	2					(	)
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	10289	2					C	)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from:		2560	0						
	(1) Employers	8a(1)	2000	9	_					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)	735	5	_					
	Other income (loss)	8b	133	5	_				22064	
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_				32964	
	to provide benefits)	8d	13579	2						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	8g	6	4						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	35856	6
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1	02892	2
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	odes in	the instruc	tions	:	
<u> </u>	2C 2F 2G 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instruct	ons:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	t	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		100	110		AIII	Juni	
	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	•	•	4.01		х				
	on line 10a.)			10b	Х					40000
C	1 , ,			10c						10000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	10-	x					704
	instructions.)			10e		Х				704
	Has the plan failed to provide any benefit when due under the pla	n?		10f						
g				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 th			1011						
-	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	X 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		· · · · ·			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 bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of t	he le Yea		ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					2				
b	Enter the minimum required contribution for this plan year				T	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?	. X Y	′es	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X 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):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN		

	rm 5500-SF	Short Form Annual Re		of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Services This form is required to be filed under sections 104 and 4065 or					e.	2013			
Department of Lebor Employee Benefits Security Administration Employee Benefits Security Administration Employee Benefits Security Administration Employee Benefits Security Administration						This Form i	s Open to Public		
Pension B	eneßt Guaranty Corporation	Complete all entries in accord	•	/ -	00-\$F.	Ins	spection		
Part I	Annual Report Id Annual Report Id ar plan year 2013 or fisca	entification Information al plan year beginning 01/01/2013		and opding	12/31/	2012	· · · · · · · · · · · · · · · · · · ·		
	turn/report is for:			and ending lan (not multiemployer)	12/31/	a one-partici	oont plan		
	turn/report is:		the final return/report	an (not matter/proyer)			pant pian		
	Ī	] an amended return/report	short plan year retur	n/report (less than 12 m	onths	)			
C Check	C Check box if filing under:								
Port II	Basia Blan Inform	special extension (enter description							
Part II 1a Name		nation—enter all requested informat	ion		16	Three-digit	F		
	•	INC. DAVIS-BACON PENSION PLAN	AND TRUST			plan number (PN)	002		
	······································				1c	Effective date of 07/01/2			
2a Plan s HIGH COUN	ponsor's name and addre NTRY CONTRACTORS, 1	ess; include room or suite number (em INC	ployer, if for a single	employer plan)	2b	Employer Identii (EIN) 91-208			
410 WILLIAI	MS AVE S				2c	Sponsor's telep (425) 369			
RENTON, W					2d	Business code ( 236115			
3a Plana	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plar	n Sponsor Address	3b Administrator's EIN				
		<ul> <li>Administrator's telephone number</li> <li>If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the</li> <li>4b EIN</li> </ul>							
name, EIN, and the plan number from the last return/report.						4c PN			
a Spons				•	40	PN			
a Spons	or's name					PN	14		
a Spons 5a Total r b Total r	or's name number of participants at number of participants at	er from the last return/report. the beginning of the plan year the end of the plan year				PN	14		
a Spons 5a Total r b Total r c Numb	or's name number of participants at number of participants at er of participants with acc	er from the last return/report. the beginning of the plan year	an year (defined bene	fit plans do not	5a	PN			
a Sponse 5a Total r b Total r c Numbe compil 6a Were b Are you under if you c lf the p	or's name number of participants at number of participants at er of participants with acc ete this item) all of the plan's assets du ou claiming a waiver of the 29 CFR 2520.104-46? (S answered "No" to eithe plan is a defined benefit p	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the plan uring the plan year invested in eligible e annual examination and report of ar See instructions on waiver eligibility ar ar line 6a or line 6b, the plan cannot lan, is it covered under the PBGC inst	an year (defined bene assets? (See Instruc n independent qualifie id conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? .	5a 5b 5c PA) Form	5500. Yes [] No []	0 0 X Yes [] No X Yes [] No		
a Sponse 5a Total r b Total r c Numbe compil 6a Were b Are you under if you c lif the p Caution: A	or's name number of participants at number of participants at er of participants with acc ete this item) all of the plan's assets du ou claiming a waiver of the 29 CFR 2520.104-46? (S answered "No" to eithe olan is a defined benefit p	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the plan uring the plan year invested in eligible e annual examination and report of ar See instructions on waiver eligibility ar ar line 6a or line 6b, the plan cannot lan, is it covered under the PBGC inst incomplete filing of this return/repo	an year (defined bene assets? (See instruc n independent qualifie id conditions.) t use Form 5500-SF urance program (see rt will be assessed	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau	5a 5b 5c PA) Form	5500. Yes No C	0 0 X Yes No X Yes No Not determined		
a Sponse 5a Total r b Total r c Number compil 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche	or's name number of participants at number of participants at er of participants with acc ete this item) all of the plan's assets du bu claiming a waiver of the 29 CFR 2520.104-46? (S answered "No" to eithe plan is a defined benefit p penalty for the late or i alties of penjury and other	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the plan 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 lan, is it covered under the PBGC inst incomplete filing of this return/repo penalties set forth in the instructions, signed by an enrolled actuary, as well	an year (defined bene assets? (See Instruc n independent qualifie d conditions.) t use Form 5500-SF urance program (see rt will be assessed I declare that I have	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rer	5a 5b 5c PA) Form	5500. Yes No C	0 0 X Yes No X Yes No Not determined		
a Sponse 5a Total r b Total r c Number compil 6a Were b Are your under If you c If the p Caution: A Under pera SB or Sche belief, it is t	or's name number of participants at number of participants at er of participants with acc ete this item) all of the plan's assets du bu claiming a waiver of the 29 CFR 2520.104-46? (S answered "No" to either plan is a defined benefit p penalty for the late or i alties of perjury and other clue MB completed and	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the plan 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 lan, is it covered under the PBGC inst incomplete filing of this return/repo penalties set forth in the instructions, signed by an enrolled actuary, as well	an year (defined bene assets? (See Instruc n independent qualifie d conditions.) t use Form 5500-SF urance program (see rt will be assessed I declare that I have	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rer	5a 5b 5c PA) Form	5500. Yes No C	0 0 X Yes No X Yes No Not determined		
a Sponse 5a Total r b Total r c Number compil 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is t	or's name number of participants at number of participants at er of participants with acc ete this item) all of the plan's assets du bu claiming a waiver of the 29 CFR 2520.104-46? (S answered "No" to either plan is a defined benefit p penalty for the late or i alties of perjury and other clue MB completed and	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the plan 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 lan, is it covered under the PBGC insu incomplete filing of this return/repo penalties set forth in the instructions, signed by an enrolled actuary, as well re.	an year (defined bene assets? (See Instruc h independent qualifie id conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report	5a 5b 5c PA) Form use is port, in , and 1	5500. Yes No Stablished. cluding, if applica o the best of my	0 0 X Yes No X Yes No Not determined able, a Schedule knowledge and		
a Spons 5a Total r b Total r c Number compl 6a Were b Are your under If you c If the p Caution: A Under pera SB or Sche belief, it is t SIGN HERE	or's name number of participants at number of participants at er of participants with acc ete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the plan 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 lan, is it covered under the PBGC insu incomplete filing of this return/repo penalties set forth in the instructions, signed by an enrolled actuary, as well re.	an year (defined bene assets? (See Instruct n independent qualifie id conditions.) t use Form 5500-SF urance program (see rt will be assessed I declare that I have as the electronic ver	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report sion of this return/report	5a 5b 5c PA) Form use is port, in , and 1	5500. Yes No Stablished. cluding, if applica o the best of my	0 0 X Yes No X Yes No Not determined able, a Schedule knowledge and		
a Sponse 5a Total r b Total r c Number compil 6a Were b Are your under If you c If the p Caution: A Under pera SB or Sche belief, it is t SIGN HERE SIGN HERE	or's name number of participants at number of participants at er of participants with acc ete this item) all of the plan's assets du bu claiming a waiver of the 29 CFR 2520.104-46? (S answered "No" to either blan is a defined benefit p penalty for the late or i alties of perjury and other sould MB completed and s rule, correct, and corplete Signature of plan adm	er from the last return/report. the beginning of the plan year the end of the plan year the end of the plan year count balances as of the end of the pla uring the plan year invested in eligible e annual examination and report of ar See instructions on waiver eligibility ar ar line 6a or line 6b, the plan cannot lan, is it covered under the PBGC inst incomplete filing of this return/repo penalties set forth in the instructions, signed by an enrolled actuary, as well e. MMMM hinistrator	an year (defined bene assets? (See Instruct independent qualifie id conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report STEVE LYMAN Enter name of individu Enter name of individu	5a 5b 5c PA) Form use is port, in , and t ual sig	5500. Yes No C established. cluding, if applica to the best of my ning as plan adm	0  Ves No  Ves No  Not determined  able, a Schedule knowledge and  ministrator  r or plan sponsor		
<ul> <li>a Sponse</li> <li>5a Total r</li> <li>b Total r</li> <li>c Number compile</li> <li>6a Were</li> <li>b Are your under if you</li> <li>c If the p</li> <li>Caution: A</li> <li>Under pena SB or Schebelief, it is to</li> <li>SIGN HERE</li> <li>SIGN HERE</li> <li>Preparer's to</li> </ul>	or's name number of participants at number of participants at er of participants with acc ete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the pla uring the plan year invested in eligible e annual examination and report of ar See instructions on waiver eligibility ar ar line 6a or line 6b, the plan cannot lan, is it covered under the PBGC inst incomplete filing of this return/repo penalties set forth in the instructions, signed by an enrolled actuary, as well the plan the set forth in the instructions, signed by an enrolled actuary, as well the plan the set forth in the instructions.	an year (defined bene assets? (See Instruct in independent qualifie id conditions.)	tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report STEVE LYMAN Enter name of individu Enter name of individu r (optional)	5a 5b 5c PA) Form use is port, in , and t ual sig	5500. Yes No C established. cluding, if applica o the best of my ning as plan adm ning as employer arer's telephone	0 N Yes No Yes No Not determined Able, a Schedule knowledge and		

Page **2** 

1	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
 a	Total plan assets	7a	102892				(6/ 6/14	01 100.	0
-	Total plan liabilities	7b			+				
	Net plan assets (subtract line 7b from line 7a)	7c	102892	2					0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b) 1	otal	
	Contributions received or receivable from:		(d) / dirowine				(1)		
-	(1) Employers	8a(1)	25609	9					
	(2) Participants	8a(2)			_				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	735	5					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						329	64
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	135792	2					
е	Certain deemed and/or corrective distributions (see instructions)	8e					·		
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	64	4					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1358	356
i	Net income (loss) (subtract line 8h from line 8c)	8i		-	_			-1028	392
j	Transfers to (from) the plan (see instructions)	8j							
ar	t IV Plan Characteristics								
a	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in i	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	es nom the List of Plan Unarat	ciensi	ic cou	leş in a	ie manuer	ions.	
ar	V Compliance Questions	·····							
ari N					Yes	No		Amoun	t
0	During the plan year: Was there a failure to transmit to the plan any participant contribution		n the time period described in		Yes	No X		Amoun	t
0	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	ciary Con ? (Do not	n the time period described in rection Program) include transactions reported	10a 10b	Yes			Amoun	t
0 a b	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 Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Con ? (Do not	n the time period described in rection Program) include transactions reported	10a 10b		х		Amoun	
0 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?	iciary Con ? (Do not	n the time period described in rection Program) include transactions reported	10a	Yes	х		Amoun	
0 a b c d	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?	iciary Con ? (Do not fidelity bo	n the time period described in rection Program) include transactions reported nd, that was caused by fraud	10a 10b		х		Amoun	t 1000
0 a b c d	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	iciary Con ? (Do not fidelity bo her person of the ben	n the time period described in rection Program) include transactions reported md, that was caused by fraud s by an insurance carrier, refits under the plan? (See	10a 10b 10c	x	x x		Amoun	
0 a b c d	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.)	iciary Con ? (Do not fidelity bo her person of the ben	n the time period described in rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	x	x x		Amoun	100
0 a b c d e f	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	iciary Con ? (Do not fidelity bo her person of the ben n?	n the time period described in rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, refits under the plan? (See	10a 10b 10c 10d 10e	x	x x x x x		Amoun	100
0 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 off 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 Con ? (Do not fidelity bo her person of the ben n? s of year e	n the time period described in rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, refits under the plan? (See	10a 10b 10c 10d	x	x x x		Amoun	100
0 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 have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	iciary Con ? (Do not fidelity bo her person of the ben n? s of year e (See instru	n the time period described in rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, refits under the plan? (See and.)	10a 10b 10c 10d 10e	x	x x x x x		Amoun	100
0 a b c d e f g h i	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 th exceptions to providing the notice applied under 29 CFR 2520.10	iciary Com ? (Do not fidelity bo her person of the ben n? s of year e (See instru-	n the time period described in rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR	10a 10b 10c 10d 10e 10f	x	x x x x x x x		Amoun	1000
0 a b c d e f g h i	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 th exceptions to providing the notice applied under 29 CFR 2520.10         VI       Pension Funding Compliance	iciary Con ? (Do not fidelity bo her person of the ben n? 	n the time period described in rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, refits under the plan? (See and.) uctions and 29 CFR	10a 10b 10c 10d 10d 10f 10g 10h	x	x x x x x x x x		Amoun	100
0 a b c d e f g h i art	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         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	iciary Com ? (Do not fidelity bo her person of the ben n? 	n the time period described in rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, refits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and corr	10a 10b 10c 10d 10f 10g 10h 10h	x	X X X X X X Jule SB			100
0 a b c d e f g h i art	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         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem	iciary Com ? (Do not fidelity bo her person of the ben n? 	n the time period described in rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, refits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and corr	10a 10b 10c 10d 10f 10g 10h 10h	x	X X X X X X Jule SB			100 71
0 a b c d e f g h i art	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         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	iciary Com ? (Do not fidelity bo her person of the ben n? s of year e (See instru- ne required 1-3 hents? (If "	n the time period described in rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the Yes," see instructions and corr iule SB (Form 5500) line 39	10a 10b 10c 10d 10e 10f 10g 10h 10j	X	X X X X X X Jule SB			100 7 es X
0 a b c d e f g h i 1a 2	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         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	iciary Com ? (Do not fidelity bo her person of the ben n? s of year e (See instru- ne required 1-3 hents? (If " om Scheo required as applic	n the time period described in rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, refits under the plan? (See and.) uctions and 29 CFR d notice or one of the Yes," see instructions and corr iule SB (Form 5500) line 39 ents of section 412 of the Code able.)	10a 10b 10c 10d 10d 10g 10h 10g 10h	X X Scheo	X X X X X X X Jule SB	ERISA?		100 7 es X es X
0 a b c d e f g h i 1a 2	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 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 fir ls this a defined contribution plan subject to the minimum funding	iciary Com ? (Do not fidelity bo her person of the ben n? s of year e (See instru- tents? (If " com Scheo requirem , as applic ng amortiz	n the time period described in rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, refits under the plan? (See and.) uctions and 29 CFR d notice or one of the Yes," see instructions and corr iule SB (Form 5500) line 39 ents of section 412 of the Code able.) red in this plan year, see instru	10a 10b 10c 10d 10d 10g 10h 10g 10h 10i = or se	X X Scheo	X X X X X X X Jule SB	ERISA?		100 7 es X es X

Form 5500-SF 2013

Page 3 - 1

			· · · ·	
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?	X	Yes 🗌 N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes 🛛 No
c	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	13c(1) Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b T	rust's EIN	