Foi	rm 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	yee	OMB Nos. 1210-0				
	rtment of the Treasury mal Revenue Service	This form is required to be filed	e	2	2013					
	epartment of Labor enefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058		This Form i	s Open to Public			
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.	Ins	pection			
Part I		entification Information			<u> </u>					
_	ar plan year 2013 or fisca				<u>3/31/:</u>					
A This return/report is for:										
B This ref	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year returr automatic extension	n/report (less than 12 mo	onths	-				
C Check	box if filing under:			DFVC progra	im					
		special extension (enter descriptio	,							
Part II		nation—enter all requested information	ation		46		Γ			
1a Name MUTUAL FIS	of plan SH CO., INC. PROFIT SH	HARING PLAN			D	Three-digit plan number	224			
					10	(PN) ► Effective date o	001			
						03/31	•			
	ponsor's name and addre	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identi	fication Number 84437			
					2c	(EIN) 91-07 Sponsor's telep				
2335 RAINII SEATTLE, V					2d	206-32	2-4368 (see instructions)			
						3117	0			
3a Plan a MUTUAL FISI	dministrator's name and	address Same as Plan Sponsor N 2335 RAINIER		Sponsor Address			84437			
		SEATTLE, WA				206-32	telephone number 2-4368			
name	, EIN, and the plan numb	lan sponsor has changed since the lear from the last return/report.	ast return/report filed fo	or this plan, enter the		EIN				
- <u>-</u> ·	or's name	the beginning of the plan year				PN	17			
		the end of the plan year			5a		17			
		count balances as of the end of the p			5b		16			
			,	•	5c		11			
6a Were	all of the plan's assets d	uring the plan year invested in eligib	le assets? (See instruct	tions.)			🗙 Yes 🗌 No			
		e annual examination and report of a					X Yes 🗌 No			
		See instructions on waiver eligibility a er line 6a or line 6b, the plan cann								
•		plan, is it covered under the PBGC in			_		Not determined			
Caution: A	A penalty for the late or	incomplete filing of this return/rep	oort will be assessed u	unless reasonable cau	se is	established.				
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as we te.								
SIGN	Filed with authorized/va	lid electronic signature.	06/25/2014	LAURIE HARMON, AS	AS PRACTITIONER					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individu						
Preparer's	name (including firm nan	ne, if applicable) and address; includ	e 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	ır			(b) Enc	of Y	ear		
а	Total plan assets	7a	53988	537904							
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	53988	4	537904						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:	80(1)									
	(1) Employers	8a(1) 8a(2)									
	(2) Participants (including rollovers)	8a(3)									
b	Other income (loss)	8b	6	1							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-						61		_
	Benefits paid (including direct rollovers and insurance premiums	00									
	to provide benefits)	8d	2020	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	1	5							
	Other expenses	8g			_						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2041		
	Net income (loss) (subtract line 8h from line 8c)	8i							-1980		
<u> </u>	Transfers to (from) the plan (see instructions)	8j									
-	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $\frac{2E}{3D}$	feature co	des from the List of Plan Chara	acteris	stic Co	ides in	the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruc	tions:			-
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribu 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			TUa							
	on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					730	00
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			Х					
	or dishonesty?			10d		~					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)			10e		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	nd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			Х					
<u> </u>	2520.101-3.)			10h		^					
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	•		10i							
Part				101							
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	(es." see instructions and com	plete	Scher	lule SF	3 (Form	Т			
	5500) and line 11a below)								Yes		No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		_			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction 3	302 of	ERISA?		Yes	XI	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	e date of	the le Yea		ing	_
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.								
-	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		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

				REG	DEIVED	83283		
Form 5500-S		eturn/Report of Benefit Plan	Small Employ		2 4 2014	OMB Nos. 1210-0110 1210-0089		
Department of the Treasur Internal Revenue Service Department of Labor Employee Benefits Security Admin Pension Benefit Guaranty Corp	This form is required to be filed Retirement Income Security Act of the Internal	l under sections 104 and 1974 (ERISA), and secti Revenue Code (the Co	ions 6057(b) and 6058(de).	(a) of	This Form i	2013 s Open to Public spection		
	Complete all entries in accord	lance with the instructi	ions to the Form 5500)-SF.				
	port Identification Information	/01/2013	and ending		03/31/2014	1		
A This return/report is for	. X a single-employer plan	a multiple-employer pla	n (not multiemployer)	ſ	a one-partici	pant plan		
B This return/report is:C Check box if filing under	the first return/report an amended return/report Form 5558 special extension (enter descriptio	the final return/report a short plan year return/ automatic extension n)		onths)	DFVC progra	am		
Part II Basic Pla	Information—enter all requested information	ation						
1a Name of plan MUTUAL FISH CO.	, INC. PROFIT SHARING PLAN				Three-digit plan number (PN)	001		
				1c	Effective date o			
2a Plan sponsor's name MUTUAL FISH CO.	and address; include room or suite number (e , INC.	mployer, if for a single-e	mployer plan)		Employer Identi (EIN) 91-078	ification Number 34437		
2335 RAINIER AV	E. S.			2c	Sponsor's telephone number 206-322-4368			
SEATTLE	WA 98144			2d	Business code 311710	(see instructions)		
3a Plan administrator's r		lame Same as Plan	Sponsor Address	3b	Administrator's	EIN		
MUTUAL FISH CO.				20	91-0784437 3c Administrator's telephone number			
2335 RAINIER AV SEATTLE	E.S. WA 98144				206-322-4	368		
	N of the plan sponsor has changed since the blan number from the last return/report.	last return/report filed for	r this plan, enter the	4b	EIN			
a Sponsor's name				4c	PN			
	cipants at the beginning of the plan year			5a	_	17		
c Number of participar	cipants at the end of the plan year ts with account balances as of the end of the	plan year (defined benel	fit plans do not	5b 5c	-	16		
	s assets during the plan year invested in eligib			1		X Yes No		
b Are you claiming a v under 29 CFR 2520	aiver of the annual examination and report of 104-46? (See instructions on waiver eligibility	an independent qualifier and conditions.)	d public accountant (IC	1PA)		X Yes No		
	o" to either line 6a or line 6b, the plan canr d benefit plan, is it covered under the PBGC in					Not determined		
Under penalties of periur	ne late or incomplete filing of this return/re and other penalties set forth in the instruction pleted and signed by an enrolled actuary, as w nd complete.	ns, I declare that I have e	examined this return/re	port, ir	cluding, if appli	cable, a Schedule y knowiedge and		
SIGN 11	i'ux C// the num	6/17/7614	Harry Yoshimu	ra				
HERE Signature of								
SIGN	-							
	f employer/plan sponsor ng firm name, if applicable) and address; inclu	Date de room or suite number	Enter name of individ r (optional)			ver or plan sponsor e number (optional)		
For Paperwork Reduction	Act Notice and OMB Control Numbers, see the in	structions for Form 5500-	SF.	·		Form 5500-SF (2013)		

7 Plan Assets and Liabilities		(a) Paginaina of Ma	-	T		(b) E = d		
		(a) Beginning of Yea	988			(b) End (of Year	537904
a Total plan assets	7a		200	*		_		537904
b Total plan liabilities c Net plan assets (subtract line 7b from line 7a)	7b		988	4				537904
	7c		200	+				537904
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otal	
(1) Employers	8a(1)							
(2) Participants	8a(2)	1						
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		6	1				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6
d Benefits paid (including direct rollovers and insurance premiums								
to provide benefits)	8d		202	6				
e Certain deemed and/or corrective distributions (see instructions)	8e	·						
f Administrative service providers (salaries, fees, commissions)	8f		1	5				
g Other expenses	8g			_				<u> </u>
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				204
i Net income (loss) (subtract line 8h from line 8c)	8i							-198
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								_
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	ature code	s from the List of Plan Charac	terist	ic Cod	es in th	ne instructi	ons:	
				Vac	No			
10 During the plan year:	tions within	the time period described in		Yes	No		Amoun	t
			10a	Yes	No X		Amoun	t
10 During the plan year:a Was there a failure to transmit to the plan any participant contribut	iciary Corre ? (Do not in	ection Program) nclude transactions reported	10a 10b	Yes			Amoun	t
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? 	iciary Corre ? (Do not in	ection Program)		Yes	х		Amoun	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.). 	iciary Corre ? (Do not in fidelity bon	ection Program) nclude transactions reported d, that was caused by fraud	10Ь		х		Amoun	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's line for the plan have a loss. 	iciary Corre ? (Do not in fidelity bon her persons	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier,	10b 10c		x x		Amoun	t 7300
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of the plan to the plan the plan the plan the plan the plan to the plan th	ciary Corre ? (Do not in fidelity bon- her persons of the bene	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		X X X		Amoun	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to r dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Corre ? (Do not in fidelity bon- ner persons of the bene	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f		X X X X X		Amoun	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan blackout period?) 	ciary Corre ? (Do not in fidelity bon fidelity bon of the bene n? s of year er (See instruc	ection Program) nelude transactions reported d, that was caused by fraud by an insurance carrier, efits under the plan? (See nd.)	10b 10c 10d 10e 10f 10g		X X X X		Amoun	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the set of the set	ciary Corre ? (Do not in fidelity bon fidelity bon of the bene n? s of year er (See instruc the required	ection Program) nelude transactions reported d, that was caused by fraud by an insurance carrier, offts under the plan? (See nd.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f		X X X X X X X		Amoun	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 	ciary Corre ? (Do not in fidelity bon fidelity bon of the bene n? s of year er (See instruc the required	ection Program) nelude transactions reported d, that was caused by fraud by an insurance carrier, offts under the plan? (See nd.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h		X X X X X X X		Amoun	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 	ciary Corre ? (Do not in fidelity bon- fidelity bon- ner persons of the bene n? 	ection Program) include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.) ctions and 29 CFR notice or one of the fes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X dule SE	3 (Form		7300
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to r dishonesty?. e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10' Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	ciary Corre ? (Do not in fidelity bon- ber persons of the bene n? s of year er (See instruct the required 1-3 	ection Program) nelude transactions reported d, that was caused by fraud by an insurance carrier, offts under the plan? (See nd.) ctions and 29 CFR notice or one of the 'es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Schea	X X X X X X X X dule SE	3 (Form		7300
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Corre ? (Do not in fidelity bon- ner persons of the bene n? s of year er (See instruc- ne required 1-3 	ection Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR notice or one of the /es," see instructions and com ule SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X Jule SE			7300
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?. e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.). f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.). i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	iciary Corre ? (Do not in fidelity bon- fidelity bon- ner persons of the bene n? s of year er (See instruct ne required 1-3 	ection Program) include transactions reported d, that was caused by fraud by an insurance carrier, offits under the plan? (See ind.) ctions and 29 CFR notice or one of the /es," see instructions and com ule SB (Form 5500) line 39 nts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X Jule SE			7300
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?. e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.). i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein 	ciary Corre ? (Do not in fidelity bon- ner persons of the bene n? s of year er (See instruct ne required 1-3 ents? (If "Y com Schedu requirement , as applica ng amortize	ection Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR notice or one of the Yes," see instructions and com ule SB (Form 5500) line 39 Ints of section 412 of the Code able.) ed in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i e or se	Scher	X X X X X X X X Jule SE	ERISA?	L Y he letter	7300
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?. e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	ciary Corre ? (Do not in fidelity bon- ner persons of the bene n? s of year er (See instruct ne required 1-3 ents? (If "Y com Schedu requirement , as applica ng amortize	ection Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR notice or one of the Yes," see instructions and com ule SB (Form 5500) line 39 Ints of section 412 of the Code able.) ed in this plan year, see instruc- Mon	10b 10c 10d 10e 10f 10g 10h 10i e or se th	Scher	X X X X X X X Jule SE	ERISA?	Y	7300

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 a negative amount)	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part				
13a	Has a resolution to terminate the plan been adopted in any plan year?		res 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
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	3c(1) Name of plan(s):	3c(2) E	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b T	rust's EIN	