| - | rm 5500-SF | Short Form Annual Re | eturn/Report o Benefit Plan | of Small Employ | yee | (| DMB Nos. 1210-0110 1210-0089 | |
|--------------------------|--|---|--------------------------------|---------------------------|--|--------------------------------|---------------------------------|--|
| | Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee | | | | | | 013 | |
| Employee B | epartment of Labor enefits Security Administration enefit Guaranty Corporation | Retirement Income Security Act of 1 the Internal | (a) of | | s Open to Public pection | | | |
| | | Complete all entries in accorda | ance with the instruc | tions to the Form 550 | 0-SF. | | | |
| Part I | | Ientification Information | | | 0/44/0 | 011 | | |
| _ | ar plan year 2013 or fisca | × · · · · □ | | | 8/11/2 | - | | |
| A This ret | turn/report is for: | | | an (not multiemployer) | | a one-particip | ant plan | |
| B This ret | turn/report is: | the first return/report X | the final return/report | | | | | |
| | Ĺ | an amended return/report 🛛 🗙 a | a short plan year returr | n/report (less than 12 mo | onths) | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | | DFVC progra | m | |
| | | special extension (enter description | ר) | | | | | |
| Part II | Basic Plan Inform | nation—enter all requested informat | ition | | | | | |
| 1a Name | | | | | 1b | Three-digit | | |
| INDEPENDE | ENT WEALTH CONNECT | TIONS 401K PLAN | | | | plan number | | |
| | | | | | 4. | (PN) ► | 001 | |
| | | | | | 10 | Effective date of 07/01/ | • | |
| | ponsor's name and addre | ess; include room or suite number (em | nployer, if for a single- | employer plan) | 2b | Employer Identif | ication Number | |
| INDEPEND | | Hons | | | 2c | (EIN) 27-16 Sponsor's telep | | |
| 2610 N. PIN SPOKANE \ | ES ROAD /ALLEY, WA 99206 | | | | | Business code (| | |
| | | | | | 20 | 81299 | | |
| 3a Plan a | dministrator's name and | address XSame as Plan Sponsor Na | ame Same as Plan | Sponsor Address | 3b | Administrator's E | EIN | |
| | | | | | 30 | Administrator's t | elephone number | |
| | | blan sponsor has changed since the la | st return/report filed fo | or this plan, enter the | 4b | EIN | | |
| | , EIN, and the plan numb or's name | per from the last return/report. | | | 4c | PN | | |
| · · · · | | t the beginning of the plan year | | | | | 5 | |
| b Total i | number of participants at | t the end of the plan year | | | 5b | | 0 | |
| C Numb | er of participants with ac | count balances as of the end of the pla | lan year (defined bene | fit plans do not | | | | |
| - | | | | | 5c | | 0 | |
| | • | during the plan year invested in eligible | · · | , | | | X Yes No | |
| | | ne annual examination and report of an See instructions on waiver eligibility an | | | | | 🗙 Yes 🗌 No | |
| | | er line 6a or line 6b, the plan canno | | | | | | |
| - | | plan, is it covered under the PBGC ins | | | _ | | Not determined | |
| Caution: A | penalty for the late or | incomplete filing of this return/repo | ort will be assessed i | unless reasonable cau | | | | |
| | | r penalties set forth in the instructions, | | | | | able a Schedule | |
| SB or Sche | | signed by an enrolled actuary, as wel | | | | | | |
| SIGN | Filed with authorized/va | lid electronic signature. | 08/13/2014 | DONALD F. MORGAN | 1 | | | |
| HERE | Signature of plan adn | ninistrator | Date | Enter name of individu | ual sig | ning as plan adm | ninistrator | |
| SIGN | Filed with authorized/va | alid electronic signature. | 08/13/2014 | VIOLET MORGAN | | | | |
| HERE | Signature of employe | | Date | | dual signing as employer or plan sponsor | | | |
| Preparer's | name (including firm nan | ne, if applicable) and address; include | room or suite number | r (optional) | Prep | arer's telephone | number (optional) | |

| Pa | t III Financial Information | | | | | | | | | |
|------------|--|---------------------------------------|--------------------------------|----------|--------|-----------------|-------------|--------------|-------|------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End | of Ye | ear | |
| а | Total plan assets | 7a | 9686 | 5 | | | | | C | I. |
| b | Total plan liabilities | 7b | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | line 7b from line 7a) 7c 96865 | | 5 | | | | 0 | 1 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) T | otal | | |
| а | Contributions received or receivable from: | | | | | | | | | |
| | (1) Employers | 8a(1) | 42 | 0 | _ | | | | | |
| | (2) Participants | 8a(2) | 43 | 0 | _ | | | | | |
| · · · | (3) Others (including rollovers) | 8a(3) | 240 | 0 | _ | | | | | |
| | Other income (loss) | 8b | 310 | 9 | _ | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | _ | | | | 3545 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 10017 | 0 | | | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 24 | 0 | | | | | | |
| | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 1 | 00410 |) |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 96865 | j |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Par | t IV Plan Characteristics | -, | | | _ | | | | | |
| | | | | | | | | | | |
| | 3D 2E 2F 2G 2J 2K | | | | | | | | | |
| b | b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: | | | | | | | | | |
| Dor | Part V Compliance Questions | | | | | | | | | |
| 10 | | | | | Yes | No | | A | | |
| | During the plan year: Was there a failure to transmit to the plan any participant contribu | tions within | n the time period described in | | 165 | NO | | Amo | bunt | |
| ŭ | 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 on line 10a.) | | | 10b | | Х | | | | |
| c | | | | 10c | | Х | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bo | nd that was caused by fraud | | | | | | | |
| | 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 | | | | | | | | | |
| | 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 vear e | end.) | 10g | | Х | | | | |
| h | | | | iug | | | | | | |
| | 2520.101-3.) | · · · · · · · · · · · · · · · · · · · | | 10h | | Х | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the | | | 405 | | x | | | | |
| Dert | exceptions to providing the notice applied under 29 CFR 2520.101-3 | | | | | | | | | |
| Part 11 | Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form | | | | | | | | | |
| | 5500) and line 11a below) | | | | | | | | Yes | X No |
| 11a | Enter the unpaid minimum required contribution for current year fr | om Sched | ule SB (Form 5500) line 39 | | | 11a | | 1 | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | e or sec | tion 3 | 302 of | ERISA? | | Yes | X 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 t | he 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. | | | | | | | |
| b | 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? | . 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 | | |
| | | | | | |
| | | | | | |

| | 08/12/2014 12:58 Form 5500-SF | 15099311077 Short Form Annual I | | ALTH CONNECT Small Employ | /ee | F | РАGE 01/03 ОМЫ Nos. 1210-0089 1210-0089 |
|---------------|--|--|--------------------------------|---------------------------------------|----------|-----------------------------|---|
| | Department of the Treasury Internal Revenue Service | This form is required to be fil | 3 | 2 | 2013 | | |
| | Department of Labor ployee Benefits Security Administration ension Benefit Guaranty Corporation | Retirement Income Security Act of the Intern | (a) of | Inspection | | | |
| | | Complete all entries in acco entification information | ordance with the instruct | ions to the Form 5500 | J-SF. | | ····· |
| <u>Bor</u> | calendar plan year 2013 or fisca | a plan vear beginning | 01/01/2014 | and ending | | 08/11/20 | 14 |
| | This return/report is for: | a single employer plan | a multiple-employer pla | n (not multiemployer) | | a one-partici | pant plan |
| | This return/report is: | the first return/report | X the final return/report | | | | |
| Ð | inis return/report is: | | X a short plan year return/ | report (less than 12 m | onths) | | |
| ~ | Dharah Kara II (11) an ang ang ang ang ang ang ang ang ang | Form 5558 | automatic extension | · · · · · · · · · · · · · · · · · · · | Í | DFVC progra | am |
| 6 | Check box if filing under: | special extension (enter descript | | | | | |
| 秘密室 | t II Basic Plan Inform | nation enter all requested infor | | | | | |
| | Name of plan | nation - etter an requested mon | maton | | 1b | Three-digit | |
| | - | Connections 401K Pla | n | | | plan number | |
| | Independente nooren | | | | 4- | (PN) 🕨 | 001 |
| | | | | | 10 | Effective date of 07/01/201 | |
| 29 | Plan econeor's name and addr | ess; include room or suite number | (employer, if for a single-e | molover plan) | 2b | | ification Number |
| £a | Independent Wealth | Connections | (autho1a)(0.1-0 - 0.8-0 - | | | (EIN) 27-167 | |
| | | | | | 2c | Sponsor's telep | bhone number |
| | 2610 N. Pines Road | | 1 47 73 | 99206 | | Business code 812990 | (see instructions) |
| | Spokane Valley Plan administrator's name and | address XSame as Plan Sponsor | | Sponsor Address | | Administrator's | EIN |
| 4 | If the name and/or EIN of the p name, EIN, and the plan numb | plan sponsor has changed since th | e last return/report filed for | this plan, enter the | 4b | EIN | |
| а | Sponsor's name | Set from the last recommepore | | | 4c | PN | |
| | | t the beginning of the plan year | | | 5a | | 5 |
| b | Total number of participants at | t the end of the plan year | | | 5b | | 0 |
| c | | count balances as of the end of the | | | 5c | | 0 |
| 6a | | during the plan year invested in elig | | | | | X Yes 🗌 No |
| þ | under 29 CFR 2520.104-46? (| he annual examination and report of (See instructions on waiver eligibility) | ty and conditions.) | | | | X Yes 🗌 No |
| - | | her line 6a or line 6b, the plan can plan, is it covered under the PBGC | | | | | Not determined |
| | | | | | | | |
| <u> Cau</u> | tion: A penalty for the late or | incomplete filing of this return/r | report will be assessed u | niess reasonable cau | ise is | established. | |
| SB | ler penalties of perjury and other or Schedule MB completed and ef, it is true, correct- and completed | er penalties set forth in the instruction i signed by an enrolled actuary, as ate. | well as the electronic vers | ion of this return/report | ;, and ' | to the best of m | y knowledge and |
| SIG | N C Y | | aluk | Donald F. More | yan | | |
| She l | | ministrator | Date | Enter name of individ | ual sig | ning as plan ad | ministrator |
| SIG | 2992250322 | | 8/12/14 | Violet Morgan | | | |
| HE | | er/plan sponsor | Date | Enter name of individ | ual sig | ning as employ | er or plan sp <u>onsor</u> |
| Pre | parer's name (including firm na | me, if applicable) and address; inc | lude room or suite number | | | | e number (optional) |
| | | | | , | | | |
| | | | | | | | |

Form 5500-SF 2013 130118

Page **2**

| _%₽å | Financial Information | | | | | | | |
|-----------------------|---|--|--|--|---|-------------|-----------------------------------|---------------------------------------|
| <u>xwatereta</u> 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | r | T | (b) End | l of Year | |
| a | Total plan assets | 7a | | 5,865 | 5 | | | 0 |
| | Total plan llabilities | 7Ь | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 70 | 96,865 | | | | | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b)) | Total | |
| | Contributions received or receivable from: | (1999年) (1999年) (1999年) (1999年) (1999年) | | | | | | |
| | (1) Employers | 8a(1) | | | | | . Feathering | |
| | (2) Participants | · 8a(2) | | 436 | 2 新設設設備 | | | |
| | (3) Others (including rollovers) | 8a(3) | | _ | | | | |
| b | Other income (loss) | 8b | - | 3,109 | | | | (CONT |
| c | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 和國語的 | 215 | | | 3,545 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 10 |),170 | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | e Marcelei | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 24(| | | | |
| g | Other expenses | <u>8g</u> | | | | ne spra | 國際自由的特 | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | 1010A | 100,41 | | |
| i | Net Income (loss) (subtract line 8h from line 8c) | 8 í | | | | (96,86 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| R a | N Plan Characteristics | | | | | | | |
| 9a | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare f | aature cod | es from the List of Plan Chara | cteristic | : Codes ir | the instruc | tions: | |
| | Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes No | | Amount | |
| | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide) | tions withi | n the time period described in | | | | | |
| | | | rection Program) | 10a | - X. | | | |
| ł | Were there any nonexempt transactions with any party-in-interest on line 10a.). | ? (Do not | include transactions reported | 10a 10b | | | | |
| k | on line 10a.) | ? (Do not | include transactions reported | 10b | X | | | |
| _ | on line 10a.) Was the plan covered by a fidelity bond? | ? (Do not | include transactions reported | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| _ | 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? | ? (Do not fidelity bo | include transactions reported | 10b | X | | | |
| _ | 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? | fidelity bo | include transactions reported nd, that was caused by fraud s by an insurance carrier, afits under the plan? (See | 10b 10c | X X V | | | |
| | 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 ot insurance service or other organization that provides some or all | 7 (Do not fidelity bo ner person of the beno | include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10b 10c 10d | x x x | | | |
| | on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan | fidelity bo | include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10b 10c 10d 10e 10f | x x x x x | | | · · · · · · · · · · · · · · · · · · · |
| | on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period? | 7 (Do not fidelity bo ner person of the bene n? is of year of (See instru | include transactions reported nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See end.) | 10b 10c 10d 10e 10f 10g | x x x x | | | |
| | on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the planes the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a fit his 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 to the plane backout period in the plane backout period? | ? (Do not fidelity bo ner person of the bene n? is of year of (See instru- | include transactions reported nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See end.) | 10b 10c 10d 10e 10f 10g 10h | | | | |
| | on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a plat 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 t exceptions to providing the notice applied under 29 CFR 2520.10 | ? (Do not fidelity bo ner person of the bene n? is of year of (See instru- | include transactions reported nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See end.) | 10b 10c 10d 10e 10f 10g | | | | |
| | on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the planes the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 If 10h any participant does benefit plan subject to minimum funding requ | ? (Do not fidelity bo ner person of the bene n? is of year of (See instru- ter require- 1-3 | include transactions reported nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See end.) | 10b 10c 10d 10e 10f 10g 10h 10h | X X X X X X X X X X X X X X X | | | |
| | 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 bit the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a fit 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 t exceptions to providing the notice applied under 29 CFR 2520.10 Weisen Funding Compliance | i? (Do not fidelity bo ner person of the bene n? is of year of (See instru- te require 1-3 nents? (If " | include transactions reported nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See end.) | 10b 10c 10d 10e 10f 10g 10h 10h | X X X X X X X X X X X X X X X X X X X | | Yes | X No |
| | 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? | i? (Do not fidelity bo ner person of the bend in? (See instru- the required 1-3 ments? (If " | include transactions reported nd, that was caused by fraud s by an insurance carrier, afits under the plan? (See end.) ictions and 29 CFR d notice or one of the Yes," see instructions and com fule SB (Form 5500) line 39 | 10b 10c 10d 10e 10f 10f 10g 10h 10i | X X X X X X X X X X X X I I 11a | | Yes | <u>.</u> |
| | on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a State plan benefit plan subject to minimum funding requirem 5500) and line 11a below). Enter the unpaid minimum required contribution for current year 1 Is this a defined contribution plan subject to the minimum funding | i? (Do not fidelity bo ner person of the bene in? is of year of (See instru- ter require- ter scheol requirements? (If " | include transactions reported nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See end.) | 10b 10c 10d 10e 10f 10f 10g 10h 10i | X X X X X X X X X X X X 11a | | | <u>.</u> |
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|--|---|---------|----------|-----|--------|-------|
| C Enter the amount contributed by the employer to the plan for this plan ye | ar | 12c | ŀ | | | |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount) | | 12d | | | | |
| e Will the minimum funding amount reported on line 12d be met by the fun | | | γ | 'es | No [| N/A |
| Rant MILE Plan Terminations and Transfers of Assets | | | | | | |
| 13a Has a resolution to terminate the plan been adopted in any plan year? | | X | Yes | No | | |
| If "Yes," enter the amount of any plan assets that reverted to the employ | er this year | 13a | | | | 0 |
| b Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC? | | control | | | X Yes | N≎ |
| C If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.) | s plan to another plan(s), identify the plan(s) | to | | | | |
| 13c(1) Name of plan(s): | 1 | 3c(2) E | IN(s) | | 13c(3) | PN(s) |
| Part VIIIs Trust Information (optional) | | | | | | |

Part VIII- Trust Information (optional)

| 14a Name of trust | 14b Trust's EIN |
|-------------------|-----------------|
| | |
| | |