Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [X] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [ ] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SUPPLEMENTAL INCOME 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

BOARD OF TRUSTEES OF SUPPLEMENTAL INCOME TRUST FUND

345 CALIFORNIA STREET, 29TH FLOOR
SAN FRANCISCO, CA 94104-2642

2b Employer Identification Number (EIN)
94-2554388

2c Sponsor's telephone number
800-477-3829

2d Business code (see instructions)
493100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/05/2014	RICHARD BARBOUR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/04/2014	ROME A. ALOISE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	21381
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	17980
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3337
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	21317
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	63
f	Total. Add lines **6d** and **6e**.	**6f**	21380
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	21380
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	728

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
SUPPLEMENTAL INCOME 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF SUPPLEMENTAL INCOME TRUST FUND

D Employer Identification Number (EIN)
94-2554388

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

NEW YORK LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5582869	66915	GA28035		01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	186399191
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	154392460
c	Additions: (1) Contributions deposited during the year	**7c(1)**	46383057		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	4305028		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	50688085
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	205080545
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	17538866		
	(2) Administration charge made by carrier	**7e(2)**	1142488		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	18681354
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	186399191

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶	
SUPPLEMENTAL INCOME 401(K) PLAN		002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BOARD OF TRUSTEES OF SUPPLEMENTAL INCOME TRUST FUND	94-2554388

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

RBC WEALTH MANAGEMENT

41-1416330

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NEW YORK LIFE INV. MGMT. LLC

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 59 63 12	NONE	350902	Yes [X] No [ ]	Yes [ ] No [X]	3383711	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

BEESON TAYER & BODINE

94-3126136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	200812	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

LINDQUIST LLP

52-2385296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	165211	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALAN D. BILLER & ASSOCIATES

94-2854658

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 17	NONE	42457	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

STEPHEN HORN INSURANCE SERVICES

94-3249244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	8369	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STEPHEN HORN INSURANCE SERVICES	22 53	6327

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHUBB GROUP OF INS. CO. 13-1963496	INDIRECT COMPENSATION RECEIVED BY STEPHEN HORN INSURANCE SERVICES IS ESTIMATED FOR CALENDAR YEAR 2013, INCLUDING COMMISSIONS RECEIVED ON INSURANCE POLICIES PLACED THROUGH THE SERVICE PROVIDER AND PAID BY THE RESPECTIVE INSURANCE COMPANIES, PLUS ANY "

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	121687

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO LTD. 94-3227220	50 BPS FOR SMALL CAP GROWTH FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	8800

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY INVESTMENTS 20-4689137	40 BPS FOR FIDELITY ADVISOR FREEDOM 2050 FUND

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	57479

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS 94-3233452	50 BPS FOR ALLIANZ RCM GLOBAL TECH FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	69731

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 52-0793788	65 BPS FOR AMERICAN FUNDS WASHINGTON MUTUAL FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	181480

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK 04-3496289	50 BPS FOR BLACKROCK HEALTH SCIENCES OPPORTUNITIES FUND.

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	241730
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA MANAGEMENT 01-0656226	50 BPS FOR COLUMBIA SMALL CAP VALUE FUND.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	25296
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY INVESTMENTS 20-0217758	40 BPS FOR FIDELITY ADVISOR FREEDOM 2015 FUND.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	45607
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY INVESTMENTS 54-2109814	40 BPS FOR FIDELITY ADVISOR FREEDOM 2020 FUND.	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	51783

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY INVESTMENTS 20-0217793	40 BPS FOR FIDELITY ADVISOR FREEDOM 2025 FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	45493

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY INVESTMENTS 54-2109827	40 BPS FOR FIDELITY ADVISOR FREEDOM 2030 FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	39523

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY INVESTMENTS 20-0217826	40 BPS FOR FIDELITY ADVISOR FREEDOM 2035 FUND.

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	44856

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY INVESTMENTS 54-2109833	40 BPS FOR FIDELITY ADVISOR FREEDOM 2040 FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	5674

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY INVESTMENTS 04-3758250	40 BPS FOR FIDELITY ADVISOR FREEDOM INCOME FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	58290

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL FUNDS 42-1509823	35 BPS FOR PRINCIPAL MID CAP S&P 400 INDEX FUND.

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	153652

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS GROUP, INC. 13-3827310	50 BPS FOR GOLDMAN SACHS MID CAP VALUE FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	101570

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SAYLES & CO. 04-3113274	60 BPS FOR LOOMIS SAYLES BOND FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	56635

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MAINSTAY INVESTMENTS 13-3588036	40 BPS FOR MAINSTAY INTERMEDIATE TERM BOND FUND.

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	485640

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MAINSTAY INVESTMENTS 13-3588028	40 BPS FOR MAINSTAY S&P 500 INDEX FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	109816

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG 85-0451747	60 BPS FOR THORNBURG INTERNATIONAL VALUE FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	155645

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO LTD. 43-1469508	50 BPS FOR INVESCO EQUITY & INCOME FUND.

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	11145
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY INVESTMENTS 54-2109829	40 BPS FOR FIDELITY ADIVSOR FREEDOM 2010 FUND.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 63 12	7375
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY INVESTMENTS 20-4689091	40 BPS FOR FIDELITY ADVISOR FREEDOM 2045 FUND.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW YORK LIFE INV. MGMT. LLC	15 37 38 59 34	1304780
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEW YORK LIFE INV. MGMT. 52-2206685	70 BPS FOR STABLE VALUE OPTION	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STEPHEN HORN INSURANCE SERVICES	22 53	1562

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SULLIVAN BROKERS WHOLESALE 95-3711339	INDIRECT COMPENSATION RECEIVED BY STEPHEN HORN INSURANCE SERVICES IS ESTIMATED FOR CALENDAR YEAR 2013, INCLUDING COMMISSIONS RECEIVED ON INSURANCE POLICIES PLACED THROUGH THE SERVICE PROVIDER AND PAID BY THE RESPECTIVE INSURANCE COMPANIES, PLUS ANY "

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
SUPPLEMENTAL INCOME 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF SUPPLEMENTAL INCOME TRUST FUND

D Employer Identification Number (EIN)
94-2554388

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	-425044	-239297
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	26163357	28046341
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	383546201	451907185
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	154392460	186399191
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	563676974	666113420
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	563676974	666113420

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	10073587	
	(B) Participants	2a(1)(B)	35747766	
	(C) Others (including rollovers)	2a(1)(C)	1213715	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		47035068
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	208	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1302829	
	(F) Other	2b(1)(F)	3183437	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4486474
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	28608992	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		28608992
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		67814557
c Other income	2c		700039
d Total income. Add all **income** amounts in column (b) and enter total	2d		148645130
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41384408	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		41384408
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		196580
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	366023	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	42457	
(4) Other	2i(4)	106020	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		514500
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		42095488
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		106549642
l Transfers of assets:			
(1) To this plan	2l(1)		1351892
(2) From this plan	2l(2)		5465088

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LINDQUIST LLP **(2)** EIN: 52-2385296

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		365842
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
SO WINE & SPIRITS OF AMERICA, INC.	59-1285786	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
SUPPLEMENTAL INCOME 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF SUPPLEMENTAL INCOME TRUST FUND

D Employer Identification Number (EIN)
94-2554388

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3157927

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SUPPLEMENTAL INCOME 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013

SUPPLEMENTAL INCOME 401(K) PLAN

FINANCIAL STATEMENTS WITH ADDITIONAL INFORMATION

DECEMBER 31, 2013 AND 2012

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LINDQUIST LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Participants and Trustees of
Supplemental Income 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Supplemental Income 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2013 and 2012; the related statements of changes in net assets available for benefits - modified cash basis for the years then ended; and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1, which includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Plan's preparation and fair presentation of the

financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits - modified cash basis of Supplemental Income 401(k) Plan as of December 31, 2013 and 2012, and the changes in net assets available for benefits - modified cash basis for the years then ended in accordance with the modified cash basis of accounting described in Note 1.

Basis of Accounting

We draw your attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Lindquist LLP

August 7, 2014

SUPPLEMENTAL INCOME 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS

DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS		
INVESTMENTS - at fair value		
Participant-directed		
Mutual funds	$ 451,907,185	$ 383,546,201
Investment contract with insurance company	188,479,369	157,029,732
Total participant-directed	640,386,554	540,575,933
Unallocated assets		
Investment contract with insurance company	1,040,345	1,019,446
Total investments	641,426,899	541,595,379
RECEIVABLES		
Notes receivable from participants	28,046,341	26,163,357
CASH OVERDRAFT	(239,297)	(425,044)
NET ASSETS AVAILABLE FOR BENEFITS - at fair value	669,233,943	567,333,692
Adjustment from fair value to contract value for interest in fully benefit-responsive investment contract	(3,120,523)	(3,656,718)
	$ 666,113,420	$ 563,676,974
NET ASSETS AVAILABLE FOR BENEFITS		
Unallocated assets	$ 801,048	$ 594,402
Participant accounts	665,312,372	563,082,572
Total net assets available for benefits	$ 666,113,420	$ 563,676,974

See accompanying notes to financial statements.

SUPPLEMENTAL INCOME 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS

YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 67,814,557	$ 34,980,152
Interest	3,183,645	3,085,398
Dividends	28,608,992	10,800,892
	99,607,194	48,866,442
Less investment fees	(42,457)	(40,996)
Investment income - net	99,564,737	48,825,446
Employer contributions	10,073,587	9,636,822
Participant contributions	35,747,766	32,266,012
Rollover contributions	1,213,715	1,641,163
Interest income on notes receivable from participants	1,302,829	1,274,435
Other income	700,039	685,166
Trustee-to-trustee transfers in	1,351,892	63,320
Total additions	149,954,565	94,392,364
DEDUCTIONS		
Participant withdrawals	41,580,988	33,447,898
Trustee-to-trustee transfers out	5,465,088	2,564,678
Audit and accounting fees	165,211	173,494
Insurance and miscellaneous expense	106,020	71,264
Legal expense	200,812	228,863
Total deductions	47,518,119	36,486,197
NET CHANGE	102,436,446	57,906,167
TRANSFER DUE TO MERGER	-	14,395,474
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	563,676,974	491,375,333
End of year	$ 666,113,420	$ 563,676,974

See accompanying notes to financial statements.

SUPPLEMENTAL INCOME 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements have been prepared using the modified cash basis of accounting. This basis differs from generally accepted accounting principles primarily because the Supplemental Income 401(k) Plan (the Plan) has not recognized contributions receivable from employers and participants, or from accounts payable and related effects on additions and deductions to net assets.

Investment Valuation, Transactions and Income Recognition -

General - Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 820, *Fair Value Measurements and Disclosures.* Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities' own judgments and estimations, or some other pricing method using unobservable inputs.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

In May 2011, the FASB issued Accounting Standards Update 2011-04 (ASU 2011-04), *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amends FASB ASC 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in U.S. generally accepted accounting principles and International Financial Reporting Standards. The primary provisions applicable to the Plan are (1) the application of the highest and best use and valuation premise concepts, (2) quantitative information required for certain fair value measurements categorized within Level 3, and (3) non-public entities are no longer required to disclose information about transfers between Level 1 and Level 2 of the fair value hierarchy. The adoption of ASU 2011-04 did not have a material impact on the financial statements.

Inputs and Valuation Methods - In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan's investment classes are presented below.

Mutual funds: Values are determined using quoted prices in active markets (Level 1).

Investment contract with insurance company: The fair value of the investment contract with insurance company is estimated by the insurance company. The investment contract is valued based on the discontinuance value determined within contract specifications (see Note 8) (Level 3).

Valuation Methods, Consistency - The valuation techniques used in the accompanying financial statements have been consistently applied.

Transactions and Income Recognition - Purchases and sales of securities are recorded on a settlement-date basis rather than on a trade-date basis. Interest income and dividends are recorded when received.

Unallocated Assets - Amounts reported as cash and unallocated assets - investment contract with insurance company totaled $801,048 and $594,402 as of December 31, 2013 and 2012, respectively, and represent amounts contributed by employers or deducted from participant accounts in accordance with the Plan's provisions to fund the administrative operations of the Plan. These amounts have not been allocated to the participants' accounts.

Notes Receivable from Participants - Notes receivable from participants is measured at the unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan Document.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Participant Contributions - Participant contributions are reported net of trust management fees, which are reported as other income on the statements of changes in net assets available for benefits - modified cash basis.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - Administrative expenses are generally paid by the Plan.

Estimates - The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

As described in FASB ASC 962, *Plan Accounting - Defined Contribution Pension Plans,* investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by FASB ASC 962, the statements of net assets available for benefits - modified cash basis present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of net assets available for benefits - modified cash basis are prepared on a contract value basis.

Risks and Uncertainties - The Plan invests in mutual funds and an investment contract with an insurance company. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits - modified cash basis.

Reclassifications - The 2012 rollover contributions have been reclassified to be separately stated to conform to the current-year presentation.

NOTE 2. DESCRIPTION OF THE PLAN

On January 1, 1995, various employer associations and the Board of Trustees established a 401(k) profit sharing plan with a salary reduction provision. The Plan was established to provide retirement benefits for eligible employees of the various employers. The Plan is financed by contributions from the participants and employers and by the net earnings of the

NOTE 2. DESCRIPTION OF THE PLAN (CONT'D)

investments of the Plan. The Plan is a defined contribution plan covering all employees of the contributing employers whose employment is subject to the terms and conditions of the collective bargaining agreements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Elective contributions shall be made in a flat monthly amount (subject to a minimum of $20), a specified hourly contribution rate per compensable hour (subject to a minimum of fifteen cents [15¢] per hour), or as a percentage of total compensation paid to the participant during a reporting period (subject to a minimum of 1% of total compensation) and are subject to the salary reduction agreement and maximum contribution limits established by the Internal Revenue Code.

Employers may make a contribution on behalf of the participant; the rates are set forth in the collective bargaining agreements and participation agreements.

Vesting - Each participant's account will be fully vested at all times.

Participant Accounts - Each participant's account is credited with the participant's contribution and employers' contributions received on behalf of the participant, if applicable, and earnings on the investments in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Certain participant accounts may be subject to assessment of administrative costs.

Notes Receivable from Participants - The Plan provides for loans to participants. Participants may borrow a minimum of $1,000 up to a maximum loan amount of the lower of $50,000 or 50% of the account balance. Five years is the maximum length of the loan, unless it qualifies as a home loan for which the maximum length is 30 years. Loans must be adequately secured and bear a reasonable rate of interest, as determined by the Board of Trustees. Such rate of interest must provide the Plan with a return commensurate with the prevailing interest rate charged by those in the business of making loans under similar circumstances. Currently, participant loan interest rates range from 3.25% to 11.50%. During the years ended December 31, 2013 and 2012, $1,167,387 and $1,400,563, respectively, of loans were classified as deemed distributions because the participants failed to meet the repayment requirements of their loans, which were written off. These amounts are included in the total distributions on the statements of changes in net assets available for benefits - modified cash basis.

Payment of Benefits - A participant may receive the total value of their account only upon attainment of age 59½, retirement, death, disability, termination of employment or as otherwise described in the Plan.

NOTE 2. DESCRIPTION OF THE PLAN (CONT'D)

Investment Options - Contributions to the Plan are invested, as directed by the participant, in various investment options, including mutual funds and investment contracts. Participants must evaluate their own investment goals and objectives and choose the investment options best suited to achieve those goals and objectives. Poor investment performance by the investment options selected by the participants may cause their vested balances to be lower than the amounts contributed to the Plan on their behalf.

Participants should refer to the Summary Plan Description for more information.

NOTE 3. PRIORITIES UPON TERMINATION

Although it has not expressed any intent to do so, the Board of Trustees has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participant account balances would be distributed to the participants and their beneficiaries (adjusted if necessary), as provided for in the Plan, for Plan expenses in excess of unallocated assets available to pay such expenses.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter, dated July 19, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of Internal Revenue Code Sections 410(b) and 401(a)(4).

The Plan's administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2013, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's administrator believes it is no longer subject to income tax examinations for the fiscal years prior to 2010.

NOTE 5. INVESTMENTS

The following summary presents the fair value for each of the Plan's investment categories:

	2013	2012
Investments at fair value, as determined by quoted market prices		
Mutual funds	$ 451,907,185	$ 383,546,201
Investments at estimated fair value, as determined by the insurance company		
Investment contract with insurance company	189,519,714	158,049,178
Total	$ 641,426,899	$ 541,595,379

Investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	2013	2012
Investments at fair value, as determined by quoted market prices		
Mutual funds		
MainStay Funds		
S&P 500 Index Fund	$ 121,410,062	$ 77,609,396
Government Fund	-	36,387,168
Columbia Small-Cap Value Fund II	48,345,968	35,407,537
BlackRock Health Science Fund	36,295,970	23,737,428
Investments at estimated fair value, as determined by the insurance company		
New York Life Insurance Company		
Guaranteed Interest Account	189,519,714	158,049,178

The Plan's investments, including gains and losses in investments bought, sold or held during the year, appreciated in value as follows:

	Years Ended December 31,	
	2013	2012
Investments at fair value, as determined by quoted market prices		
Mutual funds	$ 67,814,557	$ 34,980,152

NOTE 6. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at December 31, 2013 and 2012, are as follows:

Description	December 31, 2013	Fair Value Measurements at Reporting Date Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual funds			
Equity	$ 318,305,194	$ 318,305,194	$ -
Balanced	102,514,783	102,514,783	-
Fixed income	31,087,208	31,087,208	-
Total mutual funds	451,907,185	451,907,185	-
Investment contract with insurance company			
New York Life Insurance Company			
Guaranteed Interest Account	189,519,714	-	189,519,714
Total	$ 641,426,899	$ 451,907,185	$ 189,519,714

Description	December 31, 2012	Fair Value Measurements at Reporting Date Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual funds			
Equity	$ 237,567,229	$ 237,567,229	$ -
Balanced	77,654,242	77,654,242	-
Fixed income	68,324,730	68,324,730	-
Total mutual funds	383,546,201	383,546,201	-
Investment contract with insurance company			
New York Life Insurance Company			
Guaranteed interest account	158,049,178	-	158,049,178
Total	$ 541,595,379	$ 383,546,201	$ 158,049,178

NOTE 6. INVESTMENTS AT FAIR VALUE HIERARCHY (CONT'D)

A reconciliation of the activity from the beginning to the end of year for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) at December 31, 2013 and 2012, is as follows:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3):	
	Investment Contract with Insurance Company	
	2013	2012
Beginning balance	$ 158,049,178	$ 140,218,486
Total realized/unrealized gains or losses included in changes in net assets	(536,195)	1,951,195
Purchases	50,688,085	29,186,896
Sales	(18,681,354)	(13,307,399)
Issuances	-	-
Settlements	-	-
Ending balance	$ 189,519,714	$ 158,049,178
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at reporting date	$ 3,120,523	$ 3,656,718

For fair value measurements categorized within Level 3 of the fair value hierarchy, the following table presents quantitative information about the significant unobservable inputs used:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Significant Input Values (Weighted Average)
Investment Contract with Insurance Company	$ 189,519,714	Discontinuance value	Duration	4.7
			Market value adjustment factor	1.02115%

NOTE 7. MUTUAL FUND FEES

The Plan contracts with New York Life Investment Management (NYLIM) to: (1) provide day-to-day administrative services, including recordkeeping, enrollment and related participant services, and (2) maintain a platform of mutual funds and other participant-directed investment vehicles. The contract allows NYLIM to receive fees from non-proprietary mutual funds selected by the Board of Trustees and provides that these fees are intended to defray the costs of administering the Plan. The Plan's investment income, as reported on the statements of changes in net assets available for benefits - modified cash basis, is shown net of these fees.

For the years ended December 31, 2013 and 2012, NYLIM's portion of the mutual fund's expense ratio ranged from 0.35% to 0.70%. Based on the investment balances and expense ratios as of and for the years ended December 31, 2013 and 2012, the approximate fee paid to NYLIM would be $3,384,000 and $2,957,000, respectively.

NOTE 8. INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Plan invests in a benefit-responsive investment contract with New York Life Insurance Company (New York Life). New York Life maintains the contributions in a guaranteed interest account. The account is credited with the earnings and is charged for participant withdrawals and administrative expenses.

The issuer of the investment contracts is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits - modified cash basis attributable to the guaranteed investment contract. Contract value, as reported to the Plan by New York Life, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than one percent (1%). The interest rate is reviewed periodically for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan's sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction

NOTE 8. INVESTMENT CONTRACTS WITH INSURANCE COMPANY (CONT'D)

exemption under the Employee Retirement Income Security Act of 1974. If the Plan terminates the contract and provides proper notice to New York Life in accordance with the investment contract, the Plan will continue to transact at contract value with the issuer. The Plan's administrator does not believe that an occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	Average Yield	
	2013	2012
Based on actual earnings	2.80 %	2.85 %
Based on interest rate credited to participants	2.05 %	2.10 %

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of investments in the investment contract per the financial statements at December 31, 2013 and 2012, to the Form 5500:

	2013	2012
Investment contract per the financial statements - at fair value	$ 189,519,714	$ 158,049,178
Adjustment from fair value to contract value for interest in fully benefit-responsive investment contract	(3,120,523)	(3,656,718)
Investment contract per the Form 5500 at contract value	$ 186,399,191	$ 154,392,460

NOTE 10. PLAN MERGER AND OTHER TRANSFERS

On June 30, 2012, the Teamsters-Food Industry Supplemental Income Security Plan (the Food Plan) merged into the Plan. The Food Plan was a defined contribution plan under an Agreement and Declaration of Trust by and between certain local unions affiliated with the International Brotherhood of Teamsters and employers signatory to certain collective bargaining agreements. As a result of the merger, the Food Plan transferred approximately $14,395,000 in participant account balances to the Plan.

NOTE 10. PLAN MERGER AND OTHER TRANSFERS (CONT'D)

Trustee-to-trustee transfers in represents transfers of new and existing employer's participant account balances into the Plan. Trustee-to-trustee transfers out represents transfers out of the Plan for existing employer account balances for all or a specific group of participants of the employer.

NOTE 11. SUBSEQUENT EVENTS

Subsequent events were evaluated through the date on which the financial statements were available to be issued. This date is approximately the same as the independent auditors' report date.

Additional Information

LINDQUIST LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON ADDITIONAL INFORMATION

To the Participants and Trustees of
Supplemental Income 401(k) Plan

We have audited the financial statements of Supplemental Income 401(k) Plan (the Plan) for the year ended December 31, 2013, and have issued our report thereon dated August 7, 2014, which contained an unmodified opinion on those basic financial statements. Our audit was performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying information, which appears on Schedule H - Financial Schedules (IRS Form 5500), is presented for the purpose of additional analysis and is not a required part of the basic financial statements. The Schedule H - Financial Schedules (IRS Form 5500) is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements taken as a whole.

Lindquist LLP

August 7, 2014

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Supplemental Income 401(k) Plan
EIN: 94-2554388 **Plan Number: 002**
FYE: December 31, 2013

Schedule of Assets Held for Investment Purposes, Form 5500, Schedule H, Line 4i

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost *	(e) Current value
	AIM	AIM Small Cap Growth Fund		$ 24,337,315
	American Funds	American Funds - Wamu Investors Fund		10,727,887
	RAGTX	Allianz RCM Global Technology Fund/PIMCO		11,495,751
	BlackRock	BlackRock Capital Appreciation		5,062
	BlackRock	BlackRock Health Science Fund		36,295,970
	Columbia	Columbia Small Cap Value II		48,345,968
	Fidelity	Fidelity Advisor Freedom 2010 A		2,786,245
	Fidelity	Fidelity Advisor Freedom 2015 A		6,323,891
	Fidelity	Fidelity Advisor Freedom 2020 A		11,401,643
	Fidelity	Fidelity Advisor Freedom 2025 A		12,945,716
	Fidelity	Fidelity Advisor Freedom 2030 A		11,373,198
	Fidelity	Fidelity Advisor Freedom 2035 A		9,880,782
	Fidelity	Fidelity Advisor Freedom 2040 A		11,214,055
	Fidelity	Fidelity Advisor Freedom 2045 A		1,843,695
	Fidelity	Fidelity Advisor Freedom 2050 A		2,200,042
	Fidelity	Fidelity Advisor Freedom Income-CL A		1,418,594
	Goldman Sachs	Goldman Sachs Mid Cap Value Fund		30,730,445
	Loomis Sayles	Loomis Sayles Bond Fund		16,928,383
	MainStay	Mainstay Intermediate Term Bond Fund		14,158,825
	MainStay	Mainstay S&P 500 Index Fund		121,410,062
	Principal	Principal Midcap S&P 400 Index		16,654,148
	Thornburg	Thornburg International Value Fund		18,302,586
	Van Kampen	Van Kampen Equity & Income Fund		31,126,922
	NYLIM	Stable Value Option - NYLIM GIA		185,358,846
	NYLIM	Stable Value Option - NYLIM GIA	$ 1,040,345	1,040,345
	Davis Funds	Davis Government Money Market	(239,297)	(239,297)
	Participant Loans	3.25% to 11.50%		28,046,341

* Cost information has been omitted for participant-directed assets

Supplemental Income 401(k) Plan
EIN: 94-2554388 **Plan Number: 002**
FYE: December 31, 2013

Schedule H Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Company Name	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☐	AIRGAS SPECIALTIY PRODUCTS		$1,766.65		
☐	AIRGAS WEST INC		$4,699.19		
☐	AKZO NOBEL PAINTS, LLC		$101.19		
☐	ALASKA TEAMSTERS EMPLOYER SERV CORP		$1,536.26		
☐	ALEUT GLOBAL SOLUTIONS		$388.20		
☐	AMERICAN LINEN SAN DIEGO		$36.79		
☐	AMERICAN PARKING		$3,040.12		
☐	ANGELICA TEXTILE SERVICES		$3,016.23		
☐	ANHEUSER-BUSCH SALES OF WASHINGTON		$2,853.28		
☐	ARAMARK UNIFORM SERVICE		$4,610.35		
☐	ARAMARK UNIFORM-FRESNO		$639.70		
☐	ARAMARK UNIFORM-MODESTO		$325.22		
☐	ARAMARK UNIFORM-PORTLAND		$440.00		
☐	ARAMARK UNIFORM-SACRAMENTO		$784.41		
☐	ARAMARK UNIFORM-SEATTLE		$123.40		
☐	ASSOCIATED THIRD PARTY ADMIN/DBA		$70.00		
☐	AVIS RENT A CAR - SF & SAN MATEO		$3,710.97		
☐	BAE SYSTEMS		$43,965.78		
☐	BAY AREA TRAFFIC SOLUTIONS		$346.29		
☐	BAY CITY NEWS		$230.71		
☐	BCTGM LOCAL 125		$492.23		
☐	BELL/TIKIGAQ J.V.		$4,717.51		
☐	BERONIO LUMBER COMPANY		$533.88		
☐	BRANNON EQUIPMENT SALES & LEASING		$276.96		
☐	BRENNTAG PACIFIC		$1,203.47		
☐	BSA / LB & B JOINT VENURE		$1,899.35		
☐	BUDGET RENT A CAR OF SAN FRANCISCO		$4,977.96		
☐	BUDGET RENT A CAR SEATTLE		$1,477.62		
☐	CAL SIERRA DISPOSAL		$2,038.59		
☐	CALIFORNIA PARKING		$2,232.28		
☐	CARPENTERS UNION LOCAL 1109		$229.71		
☐	CENTRAL PARKING SYSTEM		$3,140.00		
☐	CHUGACH-KING SALMON AFB		$1,924.50		
☐	CLEAR CHANNEL OUTDOOR BAY AREA		$1,318.18		
☐	DAIRY FARMERS OF AMERICA		$432.60		
☐	DEAN FOODS DBA SWISS DAIRY		$9,286.07		
☐	DELAWARE NORTH CO.-YOSEMITE		$7,521.51		
☐	DP SERVICES		$980.00		
☐	EARTHGRAINS CO OF SACTO		$53,443.60		
☐	FOUR SEASONS HOTEL SAN FRANCISCO		$10,720.95		
☐	GALLO WINE		$14,241.98		
☐	GOLDEN STATE LUMBER		$130.00		
☐	HANSEL FORD		$254.95		
☐	HIGHLANDS INN A PARK HYATT HOTEL		$225.44		
☐	HILTON HOTEL PORTLAND		$79.58		
☐	HYATT REGENCY MONTEREY		$703.19		
☐	HYATT REGENCY SAN FRANCISCO		$4,400.48		
☐	IMPERIAL PARKING		$2,470.04		
☐	IRON MOUNTAIN RECORDS MGMT INC		$244.74		
☐	LAKE MERWIN CAMPERS HIDEAWAY		$157.17		
☐	LATHERS LOCAL UNION 9068/68L		$100.00		
☐	LINEAGE LOGISTICS ICM		$1,513.02		
☐	MARRIOTT SF UNION SQUARE		$1,811.51		
☐	MARRIOTT-FISHERMANS WHARF		$4,123.58		
☐	Matich Brothers LLC		$786.60		
☐	MIKE BROWN GRANDSTANDS		$25,861.02		
☐	MODEL DAIRY		$4,484.73		
☐	NAPA RECYCLING		$269.96		
☐	NATIONAL STARCH & CHEMICAL		$138.74		
☐	NOTHERN CALIF TMSTRS APPRNTCE TRUST		$125.68		
☐	OK PRODUCE INC		$116.61		
☐	PACIFIC FEDERAL INSURANCE CORP		$918.00		
☐	PACIFIC MEDIA WORKERS GUILD		$1,493.82		

Supplemental Income 401(k) Plan
EIN: 94-2554388 **Plan Number: 002**
FYE: December 31, 2013

Schedule H Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Company Name	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☐	PAJARO DUNES SOUTH ASSOCIATION		$1,067.46		
☐	PALACE HOTEL		$879.80		
☐	PARC 55 HOTEL		$3,005.31		
☐	PETALUMA ACQUISITION LLC		$15,147.86		
☐	PRECISION CRANE SERVICE INC		$162.50		
☐	RELIANCE METAL CENTER		$809.65		
☐	RENAISSANCE STANFORD COURT HOTEL		$1,764.18		
☐	REPUBLIC SERVICE OF SOUTHERN NEVADA		$10,545.04		
☐	SCHAEFER COLD STORAGE		$330.81		
☐	SHELDON'S PEST MANAGEMENT SERVICES		$319.82		
☐	SHERATON FISHERMANS WHARF		$397.86		
☐	SIERRA DENTAL CARE		$508.87		
☐	SIERRA POINT LUMBER		$1,503.95		
☐	SIMSMETAL USA CORPORATION		$1,303.60		
☐	SOUTH BAY RECYCLING LLC		$1,451.54		
☐	STANFORD COURT HOTEL		$581.85		
☐	STATE BLDG & CONSTR TRADES		$125.00		
☐	T C C		$1,967.85		
☐	TEAMSTERS UNION LOCAL #223		$145.76		
☐	TEAMSTERS UNION LOCAL #431		$1,830.00		
☐	TEAMSTERS UNION LOCAL 162		$577.25		
☐	TEAMSTERS UNION LOCAL 2785		$1,086.00		
☐	TEAMSTERS UNION LOCAL 439		$1,466.09		
☐	THE EARTHGRAINS CO FRESNO		$19,820.91		
☐	THRESHOLD ENTERPRISES		$5,118.08		
☐	TOMRA PACIFIC INC		$1,453.50		
☐	TOYOTA MOTOR SALES USA INC		$10,782.34		
☐	UNION LOCAL #52/TEAMSTERS		$100.00		
☐	UNISOURCE CORP		$46.60		
☐	US BAKERY		$9,393.30		
☐	VPS, LLC		$801.60		
☐	WALT DISNEY PICTURES & TELEVISION		$3,156.46		
☐	WASHINGTON STATE NURSES ASSN		$4,098.04		
☐	WASTE MANAGEMENT - LANCASTER		$113.71		
☐	WASTE MANAGEMENT OF ALAMEDA		$850.22		
☐	WASTE MANAGEMENT OF NEVADA		$16,512.96		
☐	WESTIN ST FRANCIS HOTEL		$272.55		
☐	WM OF NEVADA-RECYLCLE AMERICA		$161.22		

SUPPLEMENTAL INCOME 401(k) PLAN
Attachment to Schedule H of Form 5500
EIN: 94-2554388
Plan Number: 002
FYE: 12/31/2013

The Plan is a multiemployer 401(k) plan in which well over 500 employers participate through collective bargaining agreements with a wide variety of unions. All of the entries listed on the Schedule H attachment were payments received by the Plan after the Plan's due date for employer contributions. While all, or substantially all, of these contributions were subsequently paid into the Plan, it appears that the delinquent employers may be in violation of DOL Regulation 29 CFR 2510.3-102. On that basis, they are reported in the Plan's Schedule H attachment.

FOOTNOTES STATEMENT 1

SCHEDULE C, PART I, LINE 1B
INFORMATION ON PERSONS RECEIVING ONLY ELIGIBLE
INDIRECT COMPENSATION

THE PLAN PROVIDES VARIOUS MUTUAL FUNDS AND AN INVESTMENT CONTRACT FOR THE PARTICIPANTS TO INVEST IN. THE MUTUAL FUND COMPANIES AND INVESTMENT CONTRACT (SHOWN ON THE SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, FORM 5500, SCHEDULE H, LINE 4I) PROVIDE "INDIRECT" COMPENSATION TO VARIOUS SERVICE PROVIDERS. THE EXPENSES ARE REFLECTED IN THE VALUE OF THE INVESTMENTS OR THE RETURN ON THE INVESTMENTS. THE PLAN'S ADMINISTRATOR, RBC WEALTH MANAGEMENT, PROVIDED THE REQUIRED WRITTEN DISCLOSURES REGARDING THE MUTUAL FUND COMPANIES AND INSURANCE CONTRACTS' ELIGIBLE INDIRECT COMPENSATION AND, THEREFORE, RBC WEALTH MANAGEMENT IS REPORTED ON SCHEDULE C, PART I, LINE 1B.

STATEMENT 3

INDIRECT COMPENSATION RECEIVED BY STEPHEN HORN INSURANCE SERVICES IS ESTIMATED FOR CALENDAR YEAR 2013, INCLUDING COMMISSIONS RECEIVED ON INSURANCE POLICIES PLACED THROUGH THE SERVICE PROVIDER AND PAID BY THE RESPECTIVE INSURANCE COMPANIES, PLUS ANY "GUARANTEED SUPPLEMENTAL COMPENSATION" OR "COMMERCIAL LINES FIXED, VALUE-BASED COMPENSATION" RECEIVED ON AN OVERALL BOOK OF BUSINESS FROM THE INSURERS IN 2013.

STATEMENT 4

INDIRECT COMPENSATION RECEIVED BY STEPHEN HORN INSURANCE SERVICES IS ESTIMATED FOR CALENDAR YEAR 2013, INCLUDING COMMISSIONS RECEIVED ON INSURANCE POLICIES PLACED THROUGH THE SERVICE PROVIDER AND PAID BY THE RESPECTIVE INSURANCE COMPANIES, PLUS ANY "GUARANTEED SUPPLEMENTAL COMPENSATION" OR "COMMERCIAL LINES FIXED, VALUE-BASED COMPENSATION" RECEIVED ON AN OVERALL BOOK OF BUSINESS FROM THE INSURERS IN 2013.