Form 5500-SF Short Form Annual Return/Report of Small Emplo							OMB Nos. 1210-0110 1210-0089
	ent of the Treasury I Revenue Service	This form is required to be fil	Benefit Plan	and 1065 of the Employee	_		2013
	artment of Labor efits Security Administration	This form is required to be fil Retirement Income Security Act of the Interr		ections 6057(b) and 6058			s Open to Public
-	fit Guaranty Corporation	Complete all entries in according to the second		,	)-SF.	Ins	spection
		entification Information					
For calendar	plan year 2013 or fisca				2/31/2	2013	
	n/report is for:	a single-employer plan		blan (not multiemployer)		a one-partici	pant plan
<b>B</b> This retu	n/report is:	the first return/report	the final return/report				
•		an amended return/report		rn/report (less than 12 mo	onths	_	
C Check bo	x if filing under:	Form 5558	automatic extension			DFVC progra	am
Dort II	Pacia Plan Inform	special extension (enter descript	,				
Part II 1a Name of		nation—enter all requested inforr	nation		1b	Three-digit	
	•	RATED 401K PROFIT SHARING F	PLAN		10	plan number (PN)	001
					1c	Effective date c	f plan /2003
	nsor's name and addre	ess; include room or suite number ( RATED	employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 91-19	fication Number
0228 WEST (	LEARWATER DRIVE				2c	Sponsor's telep 509-73	
	WA 99336-8622				2d	Business code 5413	(see instructions)
	ninistrator's name and		Name Same as Pla	n Sponsor Address	3b	Administrator's	
			, WA 99336-8622		3с	Administrator's 509-73	telephone number 7-8333
name, E	IN, and the plan numb	lan sponsor has changed since the er from the last return/report.	e last return/report filed f	or this plan, enter the		EIN	
a Sponsor		the beginning of the plan year			4c	PN	20
_		the end of the plan year			5a 5b		29
<b>c</b> Number	of participants with ac	count balances as of the end of the	e plan year (defined ben	efit plans do not	5b 5c		<u>20</u> 18
		uring the plan year invested in elig					X Yes No
under 2 <b>If you a</b>	9 CFR 2520.104-46? ( nswered "No" to eith	e annual examination and report o See instructions on waiver eligibility er line 6a or line 6b, the plan can	/ and conditions.) not use Form 5500-SF	and must instead use	Form	5500.	X Yes No
<b>C</b> If the pla	an is a defined benefit p	blan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes No	Not determined
		incomplete filing of this return/re					
SB or Sched		r penalties set forth in the instructio signed by an enrolled actuary, as v te.					
SIGN	iled with authorized/va	lid electronic signature.	09/29/2014	DAVID HUSSEY			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adı	ministrator
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	er or plan sponsor
Preparer's na	ame (including firm nan	ne, if applicable) and address; inclu	ide room or suite numbe	er (optional)	Prep	parer's telephone	number (optional)

7 Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year				
a Total plan assets							6630	10
<b>b</b> Total plan liabilities	7b							
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	55851	0		66301			10
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
a Contributions received or receivable from:		0.475	_					
(1) Employers	8a(1)	24750						
(2) Participants	8a(2)	3907						
(3) Others (including rollovers)	8a(3)	2731						
<b>b</b> Other income (loss)	8b	7903	9					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						17017	79
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	65679	9					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						656	79
i Net income (loss) (subtract line 8h from line 8c)	8i						1045	
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics	oj							
Part V Compliance Questions								
Part V         Compliance Questions           10         During the plan year:				Yes	No		Amount	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)</li> </ul>	ciary Correc	tion Program)	10a	Yes	No X		Amount	
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	ciary Correc ? (Do not inc	ction Program)	10a 10b	Yes			Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul>	ciary Correc ? (Do not inc	ction Program)		Yes	Х		Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond?</li> </ul>	ciary Correc ? (Do not inc fidelity bond	ction Program) clude transactions reported 	10b		Х		Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all comparisons and comparisons and</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See	10b 10c 10d		× ×		Amount	2500
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.)</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons t of the benefi	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10b 10c 10d 10e	X	× ×		Amount	2500
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n?	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f	×	x x x		Amount	2500 318
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (See See See See See See See See See Se</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons t of the benefi n? s of year end See instruct	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g	X	x x x		Amount	2500 318
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the service of the service o</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons t of the benefi n? s of year end See instruct e required r	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	×	x x x x		Amount	2500 318
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons t of the benefi n? s of year end See instruct e required r	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g	×	x x x x		Amount	2500 318
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?.</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons t of the benefi n? s of year end See instruct e required r I-3	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X		Amount	2500
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit n? s of year end s of year end s of year end s e instruct e required r I-3	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X Schee	X X X X			2500
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not ind fidelity bond er persons h of the benefi n? s of year end See instruct e required r I-3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X Iule SE		Ye	2500 318 1880 s [] N
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit n? s of year end s of year end	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X Iule SE			2500 318 1880 s [] N
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit n? s of year end s of year end	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X X Schec	X X X X Iule SE 11a 302 of	ERISA?	Ye	2500 318 1880 s [] N s [] N
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to the minimum funding requirements 5500) and line 11a below)</li> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of the minimum funding requirements and the maximum funding requirements and the maximum funding requirements and the plan have any plan subject to the minimum funding requirements for plan contribution plan subject to the minimum funding requirements and the minimum funding requirements and the plan have any contribution plan subject to the minimum funding requirements for the minimum funding requirements and the plan have any contribution plan subject to the minimum funding requirements and the plan have any contribution plan subject to the minimum funding requirements and the plan have any contribution plan subject to the minimum funding requirements and the plan have any contribution plan subject to the minimum funding requirements and the plan have any contribution plan subject to the minimum funding requirements and the plan have any funding requirements and the plan have any contribut</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit a? s of year end s of y	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X X Schec	X X X X Iule SE	ERISA?	Ye	2500 318 1880 s _ M s _ M

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

Form 5500-SF	Short Form Annual	-	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fi	Benefit Plan	nd 4065 of the Employe	9		2013
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act		ctions 6057(b) and 6058		This Form i	s Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance with the instru	ctions to the Form 550	)-SF.	Ins	spection
	lentification Information					
For calendar plan year 2013 or fisca	-	01/01/2013	and ending		12/31/2013	3
A This return/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan
B This return/report is:	the first return/report	the final return/report				
[	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check box if filing under:	X Form 5558	automatic extension			DFVC progra	m
[	special extension (enter descrip	otion)				
Part II Basic Plan Inform	mation-enter all requested infor	mation				,
<b>1a</b> Name of plan HUSSEY ENGINEERING IN	ICORPORATED 401K PROE	TIT SHARING PLA	N	1b	Three-digit plan number (PN)	001
					Effective date o	
2a Plan sponsor's name and addre HUSSEY ENGINEERING IN	•	(employer, if for a single	employer plan)		Employer Identi (EIN) 91-195	fication Number
9228 WEST CLEARWATER				2c	Sponsor's telep	hone number
KENNEWICK	WA 99336-8622			2d		(see instructions)
3a Plan administrator's name and	address Same as Plan Sponsor		n Sponsor Address	3b	Administrator's 91-195941	
HUSSEY ENGINEERING IN	CORPORATED			3c		telephone number
9228 WEST CLEARWATER					509-737-83	333
KENNEWICK	WA 99336-8622			-		
name, EIN, and the plan numb	lan sponsor has changed since the per from the last return/report.	e last return/report filed for	or this plan, enter the	4b 4c	EIN	
a Sponsor's name 5a Total number of participants at	the beginning of the plan year	· · · ·		 5a		20
<b>b</b> Total number of participants at				5a 5b		29
C Number of participants with ac		e plan year (defined ben	afit plans do not	<u>50</u>		20
6a Were all of the plan's assets d						X Yes No
<b>b</b> Are you claiming a waiver of th	• • • •					
	See instructions on waiver eligibilit					X Yes 🗌 No
If you answered "No" to eith C If the plan is a defined benefit p	er line 6a or line 6b, the plan can plan, is it covered under the PBGC					Not determined
Caution: A penalty for the late or	incomplete filing of this return/r	report will be assessed	unless reasonable cau	se is	established.	
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	ort, ir	cluding, if applic	able, a Schedule knowledge and
SIGN Janie Jo		09/29/2014	David Hussey			
HERE Signature of plan adm	ninistrator	Date	Enter name of individu	ual sic	ning as plan adı	ministrator
SIGN Same		9129/14				
HERE Signature of employe	wrinian enoneor	Date	Enter name of individu	ual sic	ning as employe	er or plan sponsor
Preparer's name (including firm name						number (optional)
				-		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

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7 Plan Ass	ets and Liabilities		(a) Beginning of Yea	t <b>r</b>	(b) End of Year				r
a Total pla	n assets	7a		5851	.0				663010
b Total pla	n liabilities	7Ь							
C Net plan	assets (subtract line 7b from line 7a)	7c	5	5851	.0				663010
Income, I	Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
	ions received or receivable from: loyers	8a(1)		2475	6				
(2) Parti	cipants	8a(2)		3907	0				
(3) Othe	rs (including rollovers)	8a(3)		2731	4				
b Other inc	ome (loss)	8b	·	7903	9				
c Total inc	ome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	for an end of the second s						170179
	paid (including direct rollovers and insurance premiums a benefits)	8d		6567	9				
e Certain d	eemed and/or corrective distributions (see instructions)	80							
f Administr	ative service providers (salaries, fees, commissions)	8f			, in the second s				
g Other ex	Denses	8g				E gift i	destar for Seler Heisen von Seler		
h Total exp	enses (add lines 8d, 8e, 8f, and 8g)	8h		4 C	. S.				65679
i Net incor	ne (loss) (subtract line 8h from line 8c)	8i		in tur	N.				104500
j Transfers	to (from) the plan (see instructions)	8j							
<b>b</b> If the pla	F 2G 2J 2K 3D n provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in ti	ne instructi	ons:	
Part V Co	n provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist			ne instructi	ons:	
art V Co O During	n provides welfare benefits, enter the applicable welfare fe <b>ompliance Questions</b> the plan year:			cterist	ic Cod	les in ti No	ne instructi	ons: Amou	nt
Part V Co O During a Was the 29 CFI	n provides welfare benefits, enter the applicable welfare ferm <b>pmpliance Questions</b> the plan year: ere a failure to transmit to the plan any participant contribur R 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withi uciary Con	n the time period described in rection Program)	cterist			ne instructi		nt
Part V Co During a Was the 29 CFI b Were th	n provides welfare benefits, enter the applicable welfare fe <b>ompliance Questions</b> the plan year: ere a failure to transmit to the plan any participant contribu	tions withi uciary Con ? (Do not	n the time period described in rection Program)			No	ne instructi		nt
art V Co O During a Was the 29 CFI b Were the on line	n provides welfare benefits, enter the applicable welfare fer <b>ompliance Questions</b> the plan year: ere a failure to transmit to the plan any participant contribuing 2510.3-102? (See instructions and DOL's Voluntary Fidu- tere any nonexempt transactions with any party-in-interest	tions withi uciary Con ? (Do not	n the time period described in rection Program) include transactions reported	10a		No X	ne instructi		
Part V Co O During a Was the 29 CFI b Were th on line C Was the d Did the	n provides welfare benefits, enter the applicable welfare fer <b>ompliance Questions</b> the plan year: the plan year: the plan any participant contribut R 2510.3-102? (See instructions and DOL's Voluntary Fidu- tionere any nonexempt transactions with any party-in-interest 10a.)	tions withi uciary Con ? (Do not fidelity bo	n the time period described in rection Program) include transactions reported  nd, that was caused by fraud	10a 10b	Yes	No X	ne instructi		
Part V Co During a Was the 29 CFI b Were th on line C Was the or dishe e Were a insuran	n provides welfare benefits, enter the applicable welfare fer <b>ompliance Questions</b> the plan year: are a failure to transmit to the plan any participant contribut R 2510.3-102? (See instructions and DOL's Voluntary Fidu- ere any nonexempt transactions with any party-in-interest 10a.)	tions withi uciary Con ? (Do not fidelity bo mer person of the ben	n the time period described in rection Program) include transactions reported  nd, that was caused by fraud  s by an insurance carrier, refits under the plan? (See	10a 10b 10c	Yes	No X X			25000
art V Ce 0 During a Was the 29 CFI b Were th on line C Was the d Did the or dishe e Were a insuran instruct	n provides welfare benefits, enter the applicable welfare fer <b>ompliance Questions</b> the plan year: are a failure to transmit to the plan any participant contribut 2510.3-102? (See instructions and DOL's Voluntary Fidu- ere any nonexempt transactions with any party-in-interest 10a.) e plan covered by a fidelity bond? plan have a loss, whether or not reimbursed by the plan's onesty? ny fees or commissions paid to any brokers, agents, or oth ce service, or other organization that provides some or all	tions withi uciary Con ? (Do not fidelity bo ner person of the ben	n the time period described in rection Program) include transactions reported  nd, that was caused by fraud s by an insurance carrier, lefts under the plan? (See	10a 10b 10c 10d	Yes	No X X			25000
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granting the waiver.	Month	Day	Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	p to line 13.		

Page 3 -

С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		۲ 🗌 ۱	′es X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes 🕅	] No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)					
	I3c(1) Name of plan(s):	1:	<b>3c(2)</b> El	N(s)	13c(3) PI	N(s)
Pari	VIII Trust Information (optional)					
14a	Name of trust		14b Tr	ust's Ell	N	