Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan						YEE OMB Nos. 12					
	tment of the Treasury nal Revenue Service	This form is required to be file		and 4065 of the Employee 2013							
	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6 the Internal Revenue Code (the Code).						This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in accor	dance with the instrue	ctions to the Form 5500							
Part I	Annual Report Id Ar plan year 2013 or fisca	entification Information al plan year beginning 01/01/201	2	and onding 1	2/31/2	2012					
		a single-employer plan		2	2/31/						
	urn/report is for:			lan (not multiemployer)		a one-partici	pant plan				
B This ret	B This return/report is:										
•	an amended return/report a short plan year return/report (less than 12 n										
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am				
		special extension (enter description	,								
Part II		nation—enter all requested inform	ation		16	Thurso distit					
1a Name	•	ICE, INC. PROFIT SHARING PLAN			a	Three-digit plan number					
MIDWEOTE						(PN) ▶	001				
					1c	Effective date o	f plan				
0							/1992				
	ponsor's name and addre	ess; include room or suite number (e NCE, INC.	employer, if for a single-	employer plan)			48276				
P.O. BOX 43	36909				2c	Sponsor's telep 502-42					
LOUISVILLE	E, KY 40253-6909				2d	Business code	(see instructions)				
	dministrator's name and			n Sponsor Address	3b	Administrator's 61-10	EIN)33238				
LOUISVILLE, KY 40253-6909 3c Administrator's telephone nu 502-429-9990											
		lan sponsor has changed since the left from the last return/report.	last return/report filed fo	or this plan, enter the	4b EIN						
· · · ·	or's name				-	PN					
		the beginning of the plan year			5a		46				
		the end of the plan year			5b		44				
		count balances as of the end of the			5c		36				
		uring the plan year invested in eligib	•	,			X Yes No				
		e annual examination and report of See instructions on waiver eligibility					🗙 Yes 🗌 No				
	•	er line 6a or line 6b, the plan cann	,								
-		blan, is it covered under the PBGC ir					Not determined				
				· · · · · · · · · · · · · · · · · · ·		· · · ·					
		incomplete filing of this return/rep					able a Schodule				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Filed with authorized/valid electronic signature. 10/09/2014 MARC H. RISEN											
HERE	Signature of plan adn	ure of plan administrator Date Enter name of individ					ninistrator				
SIGN											
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ter name of individual signing as empl						
Preparer's	name (including firm nan	ne, if applicable) and address; incluc	le room or suite numbe				number (optional)				

Par	Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear			
а	Total plan assets	7a	167374	5				20	62891			
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	t plan assets (subtract line 7b from line 7a) 7c			1673745			2062891				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total								
	Contributions received or receivable from: (1) Employers	8a(1)	4792	47925								
	(2) Participants	8a(2)	12063	6								
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	29617	8								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	64739			
	Benefits paid (including direct rollovers and insurance premiums		0550	•								
	to provide benefits)	8d	6558	0								
	Certain deemed and/or corrective distributions (see instructions)	8e	4004	_								
	Administrative service providers (salaries, fees, commissions)	8f	1001	3								
	Other expenses	8g			_							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				75593			
	Net income (loss) (subtract line 8h from line 8c)	8i			_			3	89146			
	Transfers to (from) the plan (see instructions)	8j										
Par												
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions	:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ons:				
Part	V Compliance Questions											
10	During the plan year:				Yes	No		Amo	ount			
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х						
С	Was the plan covered by a fidelity bond?			10c	Х				1	0000	00	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		х						
е	Were any fees or commissions paid to any brokers, agents, or oth											
-	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x					100	13	
f	Has the plan failed to provide any benefit when due under the plan			10f		Х						
				-		Х						
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	-		10g								
	2520.101-3.)	•		10h		Х						
i	If 10h was answered "Yes," check the box if you either provided the											
	exceptions to providing the notice applied under 29 CFR 2520.101-3 10i											
Part VI Pension Funding Compliance												
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No												
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a											
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	ne date of t	he le Yea		ing		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule											
b	Enter the minimum required contribution for this plan year					12b						

C	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	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)	13c(3) PN(s)				
Part	Part VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				

Midwestern Insurance Alliance, Inc. Profit Sharing Plan plan number (PN) 01 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 1c Effective date of plan 01/01/1992 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer thentification Number (EIN) 45-4348276 P.O. Box 436909 2c Sponsor's telephone number 502-429-9990 2d Business code (see instructions) 524290 3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address Midwestern Insurance Alliance, Inc. 3b Administrator's telephone number 502-429-9990 P.O. Box 436909 2d Ususiness code (see instructions) 524290 3c Administrator's telephone number 502-429-9990 Louisville KY 40253-6909 4d ElN 4c PN 4 If the name and/or EiN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor's name 5a d 46 5a Total number of participants at the beginning of the plan year 5a d 46 6b date or the size size during the plan year invested in eligible assets? (See instructions). Yes No b Are you claiming a waiver of the anional examination and report of an independent qualified public accountant (IQPA) Yes No b Are you claiming a waiver of the anional examination and report of an independent qualified public accountant (IQPA) Yes No </th <th>Form 5500-SF</th> <th>Short Form Annual Re</th> <th>-</th> <th>of Small Employ</th> <th>yee</th> <th>I</th> <th>OMB Nos. 1210-0110 1210-0089</th>	Form 5500-SF	Short Form Annual Re	-	of Small Employ	yee	I	OMB Nos. 1210-0110 1210-0089
Department Lacer propresent Control Additional Prents March Control Additional Prents March Control Additional Prents March Control Report March Control Conduct (Net Cold). This Form is Open to Public Inspection Part 1. Annual Report Identification in foromation 12/31/2013 and ording 12/31/2013 A This return/report is for: If a single-employee plan (not multiple-employee plan (not multiple-		_		2013			
Part I. Annual Report (decum) Complete all entries in accordance with the instructions to the Form 6500-SF. Part I. Annual Report (decum) Ide instructions of field play yee beginning IZ/31/2013 an annual Report (decum) a one-participant play. A This return/report is for: Ide single employer plan (instructions pour play method return/report) a short plan yeer return/report (less than 12 months) C Check box (filling under: DFVC program Image: Instruction and the plan return/report is instruction and the description) Image: Instruction and the plan return/report is instruction and the description) DFVC program Part II Basic Plan Information—enter all requested information Image: Instruction and the plan number (PR) (instructions) DFVC program Part II Basic Plan Information—enter all requested information Image: Instruction and the plan number (PR) (instructions) Description instructions A This return/report is negative and address; Include room or sulte number (employer, If for a single-employer plan) Descriptions instructions Descriptions instructions P. O. Box 436909 Zd Business code (sea instructions) Sd Administrator's Ells Sd Administrator's Ells P. O. Box 436909 KY 40253-6909 Sd Administrator's Ells Sd Administrator's Ells Sd Administra							
For calandar plan year 2013 or flocal plan year beginning 01/01/2013 and entiting 12/31/2013 A This return/report is for: If a single emptoyer plan a multiple emptoyer plan (not multiemptoyer) a one-participant plan B This return/report is: If a single emptoyer plan a bind plan year roturn/report DFVC program Part II: Basic Plan Information—enter all requested information 1 The return/report DFVC program Raise of the information—enter all requested information 1 The return/report is compared and the roturn/report DFVC program Part II: Basic Plan Information—enter all requested information 1 The return information or sulfie number (employer, If for a single-employer plan) 10: DFVC program Part II: Basic Plan Informatica Plan year the description 20: Employer identification Number (Employer if for a single-employer plan) 10: DFVC program Midwestern Insurance Alliance, Inc. P.O. Box 436909 20: Business code (ces instructions) 20: Business code (ces instructions) Jouisville KY 40253-6909 30: Administrator's ElM 30: Administrator's ElM A trin name of participants at the dor of the plan year roturn/report filed for this plan			ance with the instru	ctions to the Form 550	0-SF.	1113	pection
A This return/report is for: a single-employer plan a number of a single-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report a short plan vear return/report (sess than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program B Tais return/report is: a short plan year return/report (sess than 12 months) a of plan 01 C Check box if filing under: Form 5558 automatic extension DFVC program B Tais return/report is: B a short plan year return/report (sess than 12 months) 01 01 Tai Name of plan 10 Three-digit return/report (sess than number (return) 01 01 Tai Name of plan 10.1 Three-digit return/report (sess than ses) 01 <t< td=""><td></td><td></td><td>/01/2013</td><td>and onding</td><td></td><td>2/31/2013</td><td>8</td></t<>			/01/2013	and onding		2/31/2013	8
A motion open to is:: the first return/report the final return/report B This return/report is:: the final return/report a short plan year return/report (less than 12 months) C Check box if filing under:: Special extension (enter description) DFVC program Part III: Basic Plan Information—enter all requested information 1 It Name of plan Ib Three-digit plan number Midwest ern Insurance Alliance, Inc. Profit Sharing Plan 1 To Effective date of plan 01/01/1992 Za Plan sponsor's name and address, include room or sulte number (emplayer, If for a single-emplayer plan) Zb Employer Identification Number (PN) Midwest ern Insurance Alliance, Inc. Zc Sponsor's telephone number 502-429-9990 Louisville KY 40253-5909 3D Administrator's telephone number 502-429-9990 Ja Plan administrator's name and address. Same as Plan Sponsor Name Sb Administrator's telephone number 502-429-9990 Louisville KY 40253-5909 3D Administrator's telephone number 502-429-9990 Louisville KY 40253-6909 3D Administrator's telephone number 502-429-9990 Louisville KY 40253-6909 3D Administrator's telephone number 502-429-9990 Louisville KY 40253			· · · ·	<u> </u>			
C Check box if filing unde: an amended return/report a short plan year return/report (less than 12 months) Part II Basic Plan Information—enter all requested information ID TA Name of plan ID Three-digit plan number (months) Part II Basic Plan Information—enter all requested information ID TA Name of plan ID Three-digit plan number (months) 2a Plan sponsor's name and address, include nom or suite number (employer, If for a single-employer plan) ID Etherohyse thenfitestion Number (ENN § 4.2276 2.0 Door (Station Station Control Station Control Station Control Station Control Station Number (ENN § 4.230 ID Three-digit plan (ENN § 4.23276 2.0 Discover thenfitestion Number (ENN § 4.230 ID Station Number (Station Station Station Station Station Station Station Station Number (Station Station Statio	-			ian (not mutterripioyer)	Ц	a one-particip	an pian
C Check box if filing under: Form 5658 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1b Three-digit Midwestern Insurance Alliance, Inc. Profit Sharing Plan 1b Three-digit Midwestern Insurance Alliance, Inc. Profit II and the plan number (PN) 001 C Effective date of plan 010/101992 2a Plan sponsor's name and address; include com or suito number (employer, If for a single-employer plan) Zb Employer identification Number (PN) Midwestern Insurance Alliance, Inc. 2c Sponsor's telephone number 502-429-9990 2d Louisville KY 40253-6909 2d Business code (see instructions) 524230 3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address] 3b Administrator's ElN (1+0) P.O. Box 436909 Iouisville KY 40253-6909 3b Administrator's ElN (1+0) 4 If the name and/or ElN of the plan number form the last return/report filed for this plan, enter the namo, ElN, and the plan number for the last return/report filed for this plan, enter the namo, ElN, and the plan number for the last return/report filed for this plan, enter the namo, ElN, and the plan number for the last return/report filed for this plan, enter the namo, ElN, and the plan sound teque the sate of the plan year (PA)	D This return/report is:		•	n/report (less than 12 m	onthe)		
gapdal extension (enter description) Part III Basic Plan Information—enter all requested information IA Name of plan 1b Midwestern Insurance Alliance, Inc. Profit Sharing Plan 1b The Effective date of plan 01/01/1992 1c Effective date of plan 01/01/1992 2d P.O. Box 436909 2b Employer defification Number (EN) 45-4348276 Louisville KY 40253-6909 2d Jan edministrators name and address. Same as Plan Sponsor Address 3b Midwestern Insurance Alliance, Inc. Same as Plan Sponsor Address 3b Midwestern Insurance Alliance, Inc. Same as Plan Sponsor Address 3b P.O. Box 436909 2d Business code (see Instructions) 502-429-9990 Louisville KY 40253-6909 3b Louisville KY 40253-6909 4c A fininistrator's telephone number 502-429-9990 502-429-9990 Louisville KY 40253-6909 4c A inthe name andre Filo other plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number form the last return/report filed for this plan, enter the complete this liem). 5a 4c	C Chook how if filing under		DEVC progra	m			
Part II Basic Plan Information					L	Di to progra	
1a Name of plan 1b Three-digit plan number (mPN) > 001 Midwestern Insurance Alliance, Inc. Profit Sharing Plan 001 1c Effective date of plan outlow: (PN) > 001 1c Effective date of plan outlow: (PN) > 001 2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) 2b Employer Identification Number (EM) 45/323 2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) 2b Employer Identification Number (EM) 45/323 1cuisville KY 40253-6909 2d Business code (see instructions) 3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address] 3b Administrator's EIN 61-103323.8 Midwestern Insurance Alliance, Inc. 7b Administrator's telephone number 502-429-9990 3c Administrator's telephone number 502-429-9990 1cuisville KY 40253-6909 3c Administrator's telephone number 502-429-9990 3c Administrator's telephone number 502-429-9990 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 4c PN 4c PN 5d Total number of participants at the ed of the plan year 5c 3c 5d Total number of participants at the ed of the plan year (defined benefit plans do not complet this filem) Yes No Not determined b Avey ou dating a valver of the annual axa	Part II Basic Plan Info		-				
Indication of participants with account balances as of the end of the plan year (PN) 001 1c Effective date of plan 01/01/1992 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 45-4348276 2c Sponsor's telephone number 502-429-9990 2d Business code (see instructions) 52429-9990 3a Plan administrator's name and address. [Same as Plan Sponsor Name] Same as Plan Sponsor Address 3b Midwestern Insurance Alliance, Inc. P.O. Box 436909 3c Administrator's telephone number 502-429-9990 Louisville KY 40253-6909 3c Administrator's telephone number 502-429-9990 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the namo, EIN, and the plan number form the last return/report. 3c 5a Total number of participants at the end of the plan year 5a 4c 6a Marc R. R12820.004-005 Sc 3c 64 Yes] No 5c 3c 65 44 5c 3c 3c 64 Sponsor's name 5c 3c 3c 65 3c 3c 3c </td <td>1a Name of plan</td> <td></td> <td></td> <td></td> <td>1b T</td> <td>hree-digit</td> <td></td>	1a Name of plan				1b T	hree-digit	
2a Plan sponsor's name and address; include room or sulle number (employer, if for a single-employer plan) 1c Effective date of plan 01/01/1992 2a Plan sponsor's name and address; include room or sulle number (employer, if for a single-employer plan) 2b Employer identification Number (EIN) 45-4348276 P.O. Box 436909 2c Sponsor's telephone number 502-429-9990 Louisville KY 40253-6909 3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address Midwestern Insurance Alliance, Inc. P.O. Box 436909 Louisville KY 40253-6909 4 If the name andror 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 filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN and the plan number for the plan year b Total number of participants at the end of the plan year 5a 46 5b 44 c Number of participants at the end of the plan year (defined benefit plans do not complete this lem) 5a 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a waiver of the anual examption and regot of an indopandent qualified public accountant (QPA) Yes No b Are you claiming a waiver of the anual part of an indopandent qualified pub	Midwestern Insuranc	e Alliance, Inc. Profit	Sharing Plan		· ·		001
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (ElN) 45-4348276 P.O. Box 436909 2b Employer Identification Number (ElN) 45-4348276 2c Sponsor's telephone number 502-429-9990 2d Business code (see instructions) 524290 3d Jan endministrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's ElN 61-1032338 Nidwestern Insurance Alliance, Inc. 90 Box 436909 3c Administrator's telephone number 502-429-9990 Louisville KY 40253-6909 3c Administrator's telephone number 502-429-9990 Louisville KY 40253-6909 3c Administrator's telephone number 502-429-9990 Louisville KY 40253-6909 4c PN Sa Total number of participants at the eleginning of the plan year 5a Sa Total number of participants at the end of the plan year 5a Sa Total number of participants at the end of the plan year 5c Sa Total number of participants at the end of the plan year invested in eligible assets? (See instructions.) Se Sa Ba rotal number of partici					····· `	PINJ 🖡	
Midwestern Insurance Alliance, Inc. (EN) 45-4348276 P.O. Box 436909 20 Louisville KY A 253-6909 2d Business code (see instructions) S24290 A Plin administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Midwestern Insurance Alliance, Inc. 3b Pro. Box 436909 3c Louisville KY 40253-6909 4d Ithe name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number for the last return/report filed for this plan, enter the far and and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the far ange and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the far ange of participants at the end of the plan year 5a 5a total number of participants at the end of the plan year 5a 6a total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 6a the plan sace of the eanual examination and report of an independent qualified public accountant (IQPA) X Yes No If you answerd 'No' to either the Sa or line 6b, the plan canoru use Form 5500-SF and must instead use Form 5500-							
P.O. Box 436909 502-429-9990 Louisville KY 40253-6909 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Midwestern Insurance Alliance, Inc. 3b Administrator's ElN 61-1033238 P.O. Box 436909 3c Administrator's telphone number 502-429-9990 Louisville KY 40253-6909 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number of participants at the beginning of the plan year 4b ElN 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 36 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No No b A ey ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No No if you answerd "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No No I determined Caution: A penalty for the lade or incomplete filing of this return/report will be assets of under my kerwisely and other penalties set forth in the instructions, I declare that I have examined this return/report, and to file best of my knowledge and beleft, its true, correct, and complete. No I declare			nployer, if for a single	employer plan)	i i		1
Louisville KY 40253-6909 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN Midwestern Insurance Alliance, Inc. 3b Administrator's EIN P.O. Box 436909 Soc 4365909 3c Administrator's telephone number Jouisville KY 40253-6909 4b EIN 4a Sponsor's name 4c PN 4a So and/or sime 4c PN 4a So and/or sime 5a 4d Mumber of participants at the end of the plan year 5a 5a So and/or participants with account balances as of the end of the plan year (defined benefit plans do not complete this ltem) 5c 36 Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Signature of the sinterwice eligibling of conditions.) Signature of the sinterwice eligibling of conditions.) Signature of the plan, is it covered under the PBC insurance program (see ERISA section 4021)? Yes No M or the plan is a defined benefit plan, is it covered under the PBC insurance program (see ERISA section 4021)? Yes No M or t							
Louisville KY 40253-6909 524290 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's ElN 61-10323238 Midwestern Insurance Alliance, Inc. 3b Administrator's ElN 61-10323238 3c Administrator's ElN 61-10323238 P.O. Box 436909 So Administrator's telephone number 502-429-9990 Louisville KY 40253-6909 4b ElN 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number form the last return/report. 4c PN 5a Total number of participants at the beginning of the plan year 5a 4d C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this flem) 5c 36 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes C No Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountart (IQPA) Xes No Yes No No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Ke PN No Not determined Gaution: A penalty for the late or incomplete filling of this return/report. No Not det	P.O. Box 436909						
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN Midwestern Insurance Alliance, Inc. Same as Plan Sponsor Address 3c Administrator's EIN P.O. Box 436909 Interview 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. 4b EIN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 46 bT otal number of participants at the end of the plan year 5a 46 complete this item) 5c 36 Adverse all of the plan's assets during the plan year invested in eligible assets? (See instructions.) See Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No if you answered "No" to either line Sa or line 6b, the plan report use Form 5500-SF and must instead use Form 5500. Cif the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Caution: Apenalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Midwest of the plan's applicable, a Schedule Storm 500. Cif the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No No	Louisville	KY 40253-6909					see instructions)
Midwestern Insurance Alliance, Inc. 61-1033238 Box 436909 3c Administrator's telephone number Louisville KY 40253-6909 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. 4b EIN a Sponsor's name 4c PN 5a Totai number of participants at the beginning of the plan year 5a 4c bT otai number of participants at the end of the plan year 5a 4c c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 6a Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xers No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xers No if you answerd "No" to either line 6a or line 6a or line 6b, the plan cannot use Form 5500. Xers No cift he plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Caution: A penalty for the late or incomplete filling 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, if applicable, a Sch		d address Same as Plan Sponsor Na	ame Same as Plai	n Sponsor Address			
P.O. Box 436909 502-429-9990 Louisville KY 40253-6909 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. 4b EIN 4 A sponsor's name 4c PN 5a 5a 46 5b 44 c Number of participants at the beginning of the plan year 5a 4c c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 36 6a Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes No Yes No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Clf the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of prijury and other ponalties set forth in the instructions, i declare that I have examined this return/report, including, if applicable, a Schedule SB or Sch		L					
P.O. Box 436909 Louisville KY 40253-6909 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. 4b EIN a Sponsor's name 4c PN 5a 5a 46 bT otal number of participants at the end of the plan year 5a 5a 4c PN 5a Cotal number of participants at the end of the plan year 5a 5a 4d 5b 44 c Number of participants at the end of the plan year 5a 5a 4d 5b 44 c Number of participants at the end of the plan year invested in eligible assets? (See Instructions.) 5c 36 36 6a Vere all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) 5x Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public account at (IQPA) Yes No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Cif the plan is a defined benefit plan, is it covered under the PBGC Insurance program (see ERISA section 4021)? Yes No Not determined					E Contraction of the second se		
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. 4b EIN a Sponsor's name 4c PN 5a 5a 46 5b 44 c Number of participants at the beginning of the plan year 5a 46 5b 44 c Number of participants at the end of the plan year 5c 36 6a 4c PN 5a 44 5b 44 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 36 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Clf the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Caution: A penalty for the late or incomplete filling of this return/report will be assesed unless reasonable cause is established. Uo/7//4<	P.O. Box 436909					02 127 77	
name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 46 5a Total number of participants at the beginning of the plan year 5a 46 bT otal number of participants at the end of the plan year 5b 44 c Number of participants at the end of the plan year 5b 44 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 36 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes [] No Xes [] No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes [] No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes [] No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes [] No c If you answerd "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Clf the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [] Yes [] No [] Not determined Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury	Louisville	KY 40253-6909					
name, EIN, and the plan number from the last return/report. 4C PN 5a 4c PN 5a 5a 46 b T otal number of participants at the beginning of the plan year 5a 46 b T otal number of participants at the end of the plan year 5b 44 b T otal number of participants at the end of the plan year 5c 36 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 36 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes □ No Xes □ No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes □ No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes □ No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes □ No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes □ No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes □ No <td>4 If the name and/or EIN of the</td> <td>plan sponsor has changed since the la</td> <td>st return/report filed for</td> <td>or this plan, enter the</td> <td>4b E</td> <td>IN</td> <td></td>	4 If the name and/or EIN of the	plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b E	IN	
5a Total number of participants at the beginning of the plan year 5a 46 bT otal number of participants at the end of the plan year 5b 44 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 36 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No lf you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Clf t he plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No In determined Caution: A penalty for the late or incomplete filling 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, and to the best of my knowledge and bellef, it is true, correct, and complete. Signature of plan administrator Date Inter name of individual signing as plan administrator <t< td=""><td>name, EIN, and the plan nur</td><td></td><td>•</td><td>•</td><td></td><td></td><td></td></t<>	name, EIN, and the plan nur		•	•			
bT otal number of participants at the end of the plan year 5b 44 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 36 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes Xes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500. Clf t he plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of periury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB complete. Yes (10/2/1/4/ Marc H. Risen Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		of the basissing of the slop year			1	<u>N</u>	
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 36 5a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Clf t he plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Signature of plan admjnistrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as e		• • • •			<u> </u>		
complete this item) 5c 36 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to elther line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. No Not determined Caution: A penalty for the late or incomplete filling 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Image: Calify of Marc H. Risen Signature of plan administrator Date Enter name of individual signing as plan administrator SiGN Image: Calify of the reprover of plan sponsor Date Enter name of individual signing as employer or plan spons		• •			20		44
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	complete this item)	account balances as of the end of the pl	an year (denned bene		5c		36
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to elther line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Clf t he plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Caution: A penalty for the late or incomplete filling 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Signature of plan administrator Date Enter name of individual signing as plan administrator SiGN Isignature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	6a Were all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes 🗌 No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Clf t he plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Caution: A penalty for the late or incomplete filling 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Image: Amage:							X Yes 🗌 No
Caution: A penalty for the late or incomplete filling 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Io/7/14/ Marc H. Risen HERE Signature of plan administrator Date Sign Io/7/14/ Marc H. Risen HERE Signature of employer/plan sponsor Date							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 /a/2//4/ Marc H. Risen HERE Signature of plan administrator SiGN /a/2//4/ Marc H. Risen HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Clft he plan is a defined benef	t plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?	🗌 Y	′es 🗌 No 🗌	Not determined
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 /a/2//4/ Marc H. Risen HERE Signature of plan administrator SiGN /a/2//4/ Marc H. Risen HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A penalty for the late	or incomplete filling of this return/repo	ort will be assessed	unless reasonable cau	ise is es	tablished.	
Sign 10/7/14 Marc H. Risen HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SiGN 10/7/14 Marc H. Risen HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Under penalties of perjury and ot	er penalties set forth in the instructions	, I declare that I have	examined this return/rep	port, incli	uding, if applic	able, a Schedule
Sign Io/7/14 Marc H. Risen HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SiGN Io/7/14 Marc H. Risen HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor			I as the electronic ver	sion of this return/report	, and to	the best of my	knowledge and
Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of plan administrator Date Enter name of individual signing as plan administrator SiGN ///// Marc H. Risen HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Date					Jenne		1
Signature of plan administrator Date Enter name of individual signing as plan administrator SiGN /c/a//f Marc H. Risen HERE Signature of employer/plan sponsor Date			10/7/14	Marc H. Risen			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Signature of plan a	dministrator	Date		ual signii	ng as plan adn	ninistrator
Signature of employer/plan sponsor Date Enter name of individual signing as employer of plan sponsor	SIGN /	7 	10/7/14	Marc H. Risen			
Preparer's name (including limit name, it applicable) and address; include room or suite number (optional)	Signature of emplo						
1	Preparens name (including firm n	ame, ir applicable) and address; include	room of suite humbe	a (optional)	repar	ers tetephone	number (optional)
					- 141 A		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2013)		e and OMB Control Numbers, see the instr	uctions for Form 5500-	SE		19 ¹ -	Form 5500-SF (2013)

Part III Financial Information		(a) Doutantan of V-				/h) =-	d of Vee	ar .
7 Plan Assets and Liabilities	7-	(a) Beginning of Yea	ar 7374	5	(b) End of Year			20628
a Total plan assets	7a		1515					20020
bT otal plan liabilities	7b 7c	16	7374	5				20628
C Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	76	(a) Amount	,,,,,			(b)	Total	20020
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	at ta pi ta X					(u)	TULAI	
(1) Employers	8a(1)		4792	25				
(2) Participants	8a(2)	1	2063	36	194 QQ			
(3) Others (including rollovers)	8a(3)							
bOthe rincome (loss)	8b	2	9617	/8				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4647
dBenefit s paid (including direct rollovers and insurance premiums to provide benefits)	8d		6558	30				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		1001	L3				
gOthe r expenses	- 8g			63	99.90			
hT otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							755
i Net income (loss) (subtract line 8h from line 8c)	- 8i			i v V			e a la cartacta ya	3891
j Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	es from the List of Plan Chara	cterist	ic Cod	ies in ti	ne instruc		
	eature coo	es from the List of Plan Chara	cterist	ic Cod	ies in ti	ne instruc		
Part V Compliance Questions		es from the List of Plan Chara	cterist	Yes	No		Amou	Int
rta nutra remat	tions within	n the time period described in						int
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution	tions within uciary Corr I? (Do not i	n the time period described in ection Program) nclude transactions reported			No			int
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidultion) b Were there any nonexempt transactions with any party-in-interest	tions withi uciary Corr ? (Do not i	n the time period described in ection Program) nclude transactions reported	10a		No X			int 10000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule) b Were there any nonexempt transactions with any party-in-interest on line 10a.).	tions within uciary Corr ? (Do not i fidelity bon	n the time period described in ection Program) nclude transactions reported	10a 10b	Yes	No X			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	tions within uciary Corr ? (Do not i fidelity bon ner person: of the ben	n the time period described in ection Program) nclude transactions reported 	10a 10b 10c 10d	Yes	No X X			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	tions within uciary Corr ? (Do not i fidelity bon ner persons of the ben	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	Yes	No X X X			10000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan	tions within uclary Corr ? (Do not i fidelity bon ner persons of the ben	n the time period described in ection Program) nclude transactions reported 	10a 10b 10c 10d 10e 10f	Yes	No X X X X			10000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a participant loans? (If "Yes," enter amount a participant loans?	tions within uciary Corr ? (Do not i fidelity bon ner person of the ben n? s of year e	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	Yes	No X X X			10000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520.101-3.)	tions within uciary Corr ? (Do not i fidelity bon ner person of the ben n? s of year e (See instru	n the time period described in ection Program) nclude transactions reported 	10a 10b 10c 10d 10e 10f	Yes	No X X X X			10000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules Voluntary Participant Voluntary Participants Voluntary Participant Voluntary Participant Participa	tions within uciary Corr ? (Do not i fidelity bound of the ben of the ben n? s of year e (See instru	n the time period described in ection Program) nclude transactions reported 	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X			10000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduler 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduler 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduler 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduler 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduler 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduler 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduler 20 CFR 2510.3-102? (See instructions with any party-in-Interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance	tions within uciary Corr ? (Do not i fidelity borner person of the ben n? s of year e (See instru	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) intions and 29 CFR	10a 10b 10c 10d 10d 10f 10g 10h	Yes X X	No X X X X X X X			10000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules Voluntary Fidules Voluntary Fidules Volumes and DOL's Volumes and Volumes and Volumes and Volumes and Power	tions within uciary Corr ? (Do not i fidelity bon ner person of the ben n? s of year e (See instru he required 1-3 	n the time period described in ection Program) nclude transactions reported 	10a 10b 10c 10d 10f 10g 10h 10j	Yes	No X X X X X X X		Amou	10000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules Voluntary Fidules Volume and Doles Verses Verses and Participant Verses Verses and Participant Verses Verses and Doles Verses And Doles Verses Verses Verses And Doles Verses Ver	tions within uciary Corr ? (Do not i fidelity bound of the ben of the ben n? s of year e (See instru- he required 1-3 ments? (If maging rom Sched	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ind.) ictions and 29 CFR I notice or one of the Yes," see instructions and con ule SB (Form 5500) line 39	10a 10b 10c 10d 10f 10g 10h 10j	Yes X X Sched	No X X X X X X X Iule SE	3 (Fom		10000 100 Yes N
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within uciary Corr ? (Do not i fidelity bound of the ben of the ben n? s of year e (See instru- he required 1-3 ments? (If maging rom Sched	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ind.) ictions and 29 CFR I notice or one of the Yes," see instructions and con ule SB (Form 5500) line 39	10a 10b 10c 10d 10f 10g 10h 10j	Yes X X Sched	No X X X X X X X Iule SE	3 (Fom		10000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules Voluntary Participant Ioans? c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan Q Did the plan have any participant loans? (if "Yes," enter amount a H if this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12	tions within iciary Corr ? (Do not i fidelity bout the person of the ben n? s of year e (See instru- the required 1-3 ments? (If " toom Sched requirements , as applica	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ind.) ind.) from and 29 CFR d notice or one of the fres," see instructions and con ule SB (Form 5500) line 39 ents of section 412 of the Code able.)	10a 10b 10c 10d 10d 10f 10g 10h 10i 10i	Yes X X Sched	No X X X X X X X X X X 11a 302 of	3 (Form	Amou	10000 100 Yes [] N Yes X N
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules Voluntary Participant I volumes Voluntary Participant Villes Voluntary Participant I volumes Volumes Voluntary Participant I volumes V	tions within uciary Corr ? (Do not i fidelity bout the persons of the ben n?	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ind.) retions and 29 CFR I notice or one of the Yes," see instructions and con ule SB (Form 5500) line 39 ints of section 412 of the Code able.) ed in this plan year, see instru Mor	10a 10b 10c 10d 10d 10f 10g 10h 10i 10i	Yes X X Sched	No X X X X X X X X X X 11a 302 of	3 (Form	Amou	10000 100 Yes [] N Yes X N

Form 5500-SF 2013

C Enter the amount contributed by the employer to the plan for this plan year		12c			
dSubtr act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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?		`	Yes 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 brou of the PBGC?	•	ontrol		[] Ye	es 🛛 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	lify the plan(s) t	0			
13c(1) Name of plan(s):	1:	3c(2) E	N(s)	13c	(3) PN(s)
	İ				
Part VIII Trust Information (optional)	<u> </u>				
14a Name of trust	14b T	rust's Ell	N		