Form 5500-SF Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089			
	ment of the Treasury al Revenue Service	<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee				2013			
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 603           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						a) of This Form is Open to Publi			
Pension Be	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Identification Information									
For calendar plan year 2013 or fiscal plan year beginning       01/01/2013       and ending       12/31/2013									
A This return/report is for: A single-employer plan a multiple-employer plan (not multiemployer)							pant plan		
B This return/report is:									
an amended return/report a short plan year return/report (less than 12 m									
C Check b	ox if filing under:		utomatic extension		DFVC program				
Devit	special extension (enter description)								
Part II		nation—enter all requested information	on		1h	Three-digit			
<b>1a</b> Name of MUNN AG SI	•	PROFIT SHARING PLAN			10	plan number (PN) ▶	001		
					1c	Effective date o	f plan /2010		
	onsor's name and addre	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi			
PO BOX 130	1				2c	Sponsor's telephone number 509-544-8877			
RICHLAND,	WA 99352				2d	Business code (see instructions) 484200			
3a Plan ad	Iministrator's name and	address 🛛 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN		
	<ul> <li>If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the able EIN</li> <li>4b EIN</li> </ul>								
a Sponso					4c	PN			
		the beginning of the plan year			5a	5a			
<b>b</b> Total n	umber of participants at	the end of the plan year			5b		4		
		count balances as of the end of the pla			5c		4		
	•	uring the plan year invested in eligible	•	,			X Yes No		
under	29 CFR 2520.104-46? (	e annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	d conditions.)		·····		X Yes 🗌 No		
<b>c</b> If the p	lan is a defined benefit p	plan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)? .		Yes No	Not determined		
		incomplete filing of this return/report							
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.							
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ining as plan adr	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individu	-				
Preparer's r	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)								

		(a) Beginning of Yea	f Year			(b) End of Year
a Total plan assets		18203				220748
<b>b</b> Total plan liabilities						
C Net plan assets (subtract line 7b from line 7a)		18203	5			220748
Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
a Contributions received or receivable from:		055				
(1) Employers		655				
(2) Participants		1893		_		
(3) Others (including rollovers)			0			
<b>b</b> Other income (loss)		4440	3	_		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		69894
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		3105	6			
e Certain deemed and/or corrective distributions (see instructions)			0			
f Administrative service providers (salaries, fees, commissions)		12	5			
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						31181
Net income (loss) (subtract line 8h from line 8c)	8i					38713
j Transfers to (from) the plan (see instructions)	··· 8j					
Part IV Plan Characteristics						
art V Compliance Questions						
0 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	luciary Correct	ion Program)	10a		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interes on line 10a.)	•	•	10b		Х	
<b>C</b> Was the plan covered by a fidelity bond?						
			10c	Х		2000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		that was caused by fraud	10c 10d	X	X	2000
<ul> <li>or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al</li> </ul>	ther persons b Il of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See		X	× ×	2000
or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of	ther persons b Il of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10d 10e	×		2000
<ul> <li>or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	ther persons b Il of the benefit an?	that was caused by fraud y an insurance carrier, s under the plan? (See	10d 10e 10f	X	х	2000
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)</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 a lift this is an individual account plan, was there a blackout period?</li> </ul>	ther persons b Il of the benefit an? as of year end ? (See instructi	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g	×	X X	2000
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)</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 and the plan have any participant loans?</li> </ul>	ther persons b I of the benefit an? as of year end ? (See instruction the required no	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f	×	X X X	2000
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plane</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	ther persons b I of the benefit an? as of year end ? (See instruction the required no	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h	×	X X X	2000
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)</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 in 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</li> </ul>	ther persons b Il of the benefit an? as of year end ? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Schec	X X X X	3 (Form
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)</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 in 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 exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirer</li> </ul>	ther persons b I of the benefit an? as of year end ? (See instruction the required no 01-3 ments? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Schec	X X X X	3 (Form
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)</li> <li>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 lift 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 exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)</li> </ul>	ther persons b Il of the benefit an? as of year end ? (See instruction the required no 01-3 ments? (If "Yes from Schedule	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Schee	X X X Iule SE	3 (Form
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)</li> <li>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 lif 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 exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)</li> <li>2 Is this a defined contribution plan subject to the minimum funding</li> </ul>	ther persons b Il of the benefit an? as of year end ? (See instruction the required no 01-3 ments? (If "Yes from Schedule g requirements	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Schee	X X X Iule SE	3 (Form
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)</li> <li>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 lift 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 exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)</li> </ul>	ther persons b Il of the benefit an? as of year end ? (See instruction the required no 01-3 ments? (If "Yes from Schedule g requirements v, as applicable ing amortized	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i e or see	Schec	X X X Iule SE 11a 302 of	3 (Form ☐ Yes ⊠ N  ERISA? ☐ Yes ⊠ N

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	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	Part VIII Trust Information (optional)							
14a	Name of trust	<b>14b</b> Tru	ust's EIN					

Form	Ponofit Dian Annual Retain Report of Sman Employee						OMB Nos. 1210-0110 1210-0089	
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2	2013	
Employee Benefit	Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).           Pension Benefit Guaranty Corporation         Complete all entries in accordance with the instructions to the Form 55						is Open to Public spection	
Part I A	Annual Report Id	entification Information	nce with the instruc	ctions to the Form 550	0-SF.			
	olan year 2013 or fisca			and ending 1	2/31/2	2013		
A This return	/report is for:		a one-partici	pant plan				
B This return	/report is:	the first return/report the	e final return/report					
	[	] an amended return/report 🛛 🗌 a s	short plan year return	n/report (less than 12 m	onths)			
C Check box	if filing under:	Form 5558	tomatic extension		DFVC program			
special extension (enter description)								
		nation-enter all requested information	n					
1a Name of p					1b	Three-digit		
Munn Ag Servic	ces, LLC 401(k) Profit	Sharing Plan				plan number (PN)	001	
					1c	c Effective date of plan 08/16/2010		
2a Plan spon Munn Ag Servic	sor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)		Employer Identi		
Munin Ay Servic	.es, LLO					(EIN) 20-077		
PO Box 1301						Sponsor's telephone number (509) 544-8877		
Richland, WA 9	0352				2d	Business code (see instructions) 484200		
		address XSame as Plan Sponsor Nam	ne Same as Plar	Sponsor Address	3b	Administrator's I		
					30	Administrator's t	elephone number	
3-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0								
		lan sponsor has changed since the last er from the last return/report.	return/report filed for	or this plan, enter the	4b EIN			
a Sponsor's	8	er nom me last returnneport.			4c	PN		
5a Total num	ber of participants at	the beginning of the plan year			5a		6	
<b>b</b> Total num	ber of participants at	the end of the plan year			5b		4	
		count balances as of the end of the plan						
					5c		4	
		uring the plan year invested in eligible a e annual examination and report of an i					X Yes No	
		See instructions on waiver eligibility and					X Yes 🗌 No	
If you ans	swered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.		
c If the plan	is a defined benefit p	lan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes No	Not determined	
Caution: A pe	nalty for the late or	incomplete filing of this return/report	t will be assessed	unless reasonable cau	se is e	established.		
Under penaltie	s of perjury and other	penalties set forth in the instructions, I	declare that I have	examined this return/rep	ort, in	cluding, if applica	able, a Schedule	
	, correct, and completed	signed by an enrolled actuary, as well a te.	as the electronic ver	sion of this return/report,	, and t	o the best of my	knowledge and	
	$\leq$		10	Decedes D. Muss				
SIGN /0-/3-/1/ Brandon D. Munn								
Si	ignature of plan adm	ninistrator	Date	Enter name of individu	ual sigi	ning as plan adm	inistrator	
SIGN HERE								
SI	ignature of employe		Date	Enter name of individu				
	ne (including firm flam	ne, if applicable) and address; include r	com or suite numbe	(optional)	Prepa	arer s telephone	number (optional)	
							12 - S. S. S. A.	
		OND Control Numbers, and the instru-						

7 Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year				
a Total plan assets	7a	18203		22074			8	
<b>b</b> Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	18203	5	220748				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
a Contributions received or receivable from:	0-(4)	6554	4	100				
(1) Employers	8a(1)	1893		-				-
(2) Participants	8a(2)		0			<del></del>	-	
(3) Others (including rollovers)	8a(3)		-					
<b>b</b> Other income (loss)	8b	4440:	3					
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c			-			69894	1
to provide benefits)	8d	31056	6	3				
e Certain deemed and/or corrective distributions (see instructions)	8e	(	0			1.	di ta ta ta ta	
f Administrative service providers (salaries, fees, commissions)	8f	12	5	2	12.7	10. 10.		
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3118	1
i Net income (loss) (subtract line 8h from line 8c)	8i		1.97		38713			3
j Transfers to (from) the plan (see instructions)	8j						1821 10	
Part IV Plan Characteristics								
9a       If the plan provides pension benefits, enter the applicable pension in 2A         2A       2E       2F       2G       2J       2K       2T       3B       3D         b       If the plan provides welfare benefits, enter the applicable welfare feet         Part V       Compliance Questions								
10 During the plan year:				Yes	No		Amount	
<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> </ul>			10a		x		Amount	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10b		х			
c Was the plan covered by a fidelity bond?			10c	V				
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud							20000
				X	x		100	20000
<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> </ul>	er persons b of the benefit	y an insurance carrier, s under the plan? (See	10d 10e	^	× ×			20000
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	er persons b of the benefit	y an insurance carrier, s under the plan? (See	10d		X-C1			20000
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er persons b of the benefit	y an insurance carrier, s under the plan? (See	10d 10e 10f	<u>^</u>	x			20000
<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	er persons b of the benefit n? s of year end See instructi	y an insurance carrier, s under the plan? (See	10d 10e		x x			20000
<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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</li> <li>h If this is an individual account plan, was there a blackout period? (</li> </ul>	er persons b of the benefit n? s of year end See instructi ne required no	y an insurance carrier, s under the plan? (See .)	10d 10e 10f 10g		x x x			20000
<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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</li> <li>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 th</li> </ul>	er persons b of the benefit n? s of year end See instructi ne required no	y an insurance carrier, s under the plan? (See .)	10d 10e 10f 10g 10h		x x x			20000
<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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 at 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 th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	er persons b of the benefit n? s of year end See instructi ne required no 1-3 ents? (If "Yes	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Sched	X X X X	3 (Form	Yes	
<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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</li> <li>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 th exceptions to providing the notice applied under 29 CFR 2520.10"</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	er persons b of the benefit n? s of year end See instructi ne required no 1-3 ents? (If "Yes	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Sched	X X X X	3 (Form	Yes	
<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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</li> <li>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 th exceptions to providing the notice applied under 29 CFR 2520.10"</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	er persons b of the benefit n? s of year end See instruction ne required no 1-3 ents? (If "Yes om Schedule	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Sched	X X X ule SE		Yes	
<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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</li> <li>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 th exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	er persons b of the benefit n? s of year end See instructi ne required no 1-3 ents? (If "Yes om Schedule requirements	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i	Sched	X X X ule SE			
<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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</li> <li>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 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fr</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	er persons b of the benefit ? s of year end See instructi ne required no 1-3 ents? (If "Yes om Schedule requirements as applicable g amortized	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i e or see	Sched	X X X ule SE	ERISA?	Yes	
<ul> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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</li> <li>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 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fr</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is beir</li> </ul>	er persons b of the benefit ? s of year end See instructi ne required no 1-3 ents? (If "Yes om Schedule requirements as applicable g amortized	y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i e or see	Sched	X X X x ule SE 11a 302 of	ERISA?	he letter ru	X No

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c	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	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)				
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	s 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?	e control			
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			
	3c(1) Name of plan(s):         1	3c(2) EIN	(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tru:	st's EIN		