| Form 5500-SF | Short Form Annual Return/Report of Small Employee | | | | | | |
|---|---|-------------------------------|--|-------|---|----------------------------|--|
| Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo | | | | | 2 | 2013 | |
| Department of Labor Employee Benefits Security Administration | nd 4065 of the Employee ctions 6057(b) and 6058 Code). | | of This Form is Open to Public | | | | |
| Pension Benefit Guaranty Corporation | Complete all entries in accord | , | , |)-SF. | Ins | spection | |
| | entification Information | | | | | | |
| For calendar plan year 2013 or fisca | - | 3 | and ending 02 | 2/28/ | 2014 | | |
| A This return/report is for: | a single-employer plan | a multiple-employer pl | lan (not multiemployer) | | a one-partici | pant plan | |
| B This return/report is: | | the final return/report | | | | | |
| | onths | _ | | | | | |
| C Check box if filing under: | | | DFVC program | | | | |
| | special extension (enter description | , | | | | | |
| | nation—enter all requested informa | ation | | - | | | |
| 1a Name of plan DUNCAN CRANE SERVICE, INC. PI | | | | 1b | Three-digit plan number | | |
| DUNCAN CRANE SERVICE, INC. FI | COFIT SHARING PLAN | | | | (PN) ► | 001 | |
| | | | | 1c | Effective date o | f plan | |
| | | | | | 03/01 | | |
| 2a Plan sponsor's name and addre DUNCAN CRANE SERVICE, INC. | ess; include room or suite number (er | nployer, if for a single- | employer plan) | 2b | Employer Identi (EIN) 91-07 | fication Number 25041 | |
| P.O. BOX 582 | | | | 2c | Sponsor's telephone number 509-765-8661 | | |
| MOSES LAKE, WA 98837 | | | | 2d | Business code (23890 | (see instructions) | |
| 3a Plan administrator's name and DUNCAN CRANE SERVICE, INC. | address Same as Plan Sponsor Na P.O. BOX 582 | ame Same as Plar | n Sponsor Address | 3b | Administrator's 91-07 | EIN '25041 | |
| | MOSES LAKE, | WA 90037 | | 50 | 509-76 | telephone number 5-8661 | |
| name, EIN, and the plan numb | lan sponsor has changed since the la per from the last return/report. | ast return/report filed fo | or this plan, enter the | | EIN | | |
| a Sponsor's name | the beginning of the plan year | | | | PN | | |
| • | the beginning of the plan year | | | 5a | | 5 | |
| | the end of the plan year count balances as of the end of the p | | - | 5b | | 5 | |
| · · · | | • • | - | 5c | | 5 | |
| 6a Were all of the plan's assets d | luring the plan year invested in eligible | e assets? (See instruc | tions.) | | | X Yes No | |
| | ne annual examination and report of a | | | | | X Yes 🗌 No | |
| | See instructions on waiver eligibility a er line 6a or line 6b, the plan canno | | | | | | |
| | blan, is it covered under the PBGC ins | | | | | Not determined | |
| | • | | , | | |] | |
| | incomplete filing of this return/rep r penalties set forth in the instructions | | | | | abla a Sabadula | |
| | signed by an enrolled actuary, as we | | | | | | |
| SIGN Filed with authorized/va | lid electronic signature. | 10/14/2014 | WILLIAM H. FAIRBAN | KS | | | |
| HERE Signature of plan adn | ature of plan administrator Date Enter name of individ | | | | | ninistrator | |
| SIGN HERE Signature of employee | r/nlan anonaar | Dete | Enter normal of the ball | | mina es seste | | |
| Preparer's name (including firm name | ne, if applicable) and address; include | Date e room or suite numbe | Enter name of individu r (optional) | _ | | number (optional) | |
| | | | | . •1 | | | |

| Pa | Part III Financial Information | | | | | | | | | | |
|--|---|-------------|---------------------------------|---------|-----------------|-----------------|--------------|--------------|----------|------|----|
| 7 | In Assets and Liabilities (a) Beginning of Ye | | | ar | (b) End of Year | | | | | | |
| а | Total plan assets | 7a | 157114 | 6 | 1821616 | | | | | | |
| b | Total plan liabilities | 7b | | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 157114 | 6 | 1821 | | | | 21616 | | |
| 8 | ome, Expenses, and Transfers for this Plan Year (a) Amount | | | | | | (b) 1 | otal | | | |
| а | Contributions received or receivable from: | - (1) | 398 | 6 | | | | | | | |
| | od(1) | | | | | | | | | | |
| | (2) Participants | 8a(2) | 400 | U | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 24180 | 1 | | | | | | | |
| | Other income (loss) | 8b | 24100 | 4 | _ | | | | <u> </u> | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | _ | | | | 50470 | | |
| | to provide benefits) | 8d | | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | C |) | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 2 | 250470 |) | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Par | t IV Plan Characteristics | | | | • | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension | feature co | des from the List of Plan Chara | acteris | stic Co | des in | the instrue | ctions | : | | |
| <u> </u> | 2E 2F 2G 2J 2K 2R 3D | | | | | | | | | | |
| 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 | ions: | | | |
| Par | V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amo | | | |
| | a Was there a failure to transmit to the plan any participant contributions within the time period described in | | | | 100 | 110 | | AIII | Juni | | |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | 10a | | Х | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest | | • | 4.01 | | х | | | | | |
| | on line 10a.) | | | 10b | Х | | | | | | |
| | , , , | | | 10c | ~ | | | | | 1570 | 00 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | • | - | 10d | | х | | | | | |
| e | Were any fees or commissions paid to any brokers, agents, or oth | | | Tou | | | | | | | |
| Ŭ | insurance service, or other organization that provides some or all | | | | | х | | | | | |
| | instructions.) | | | 10e | | | | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | Х | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | Х | | | | | |
| h | · · · · · · · · · · · · · · · · · · · | • | | | | х | | | | | |
| —i | 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the | | | 10h | | | | | | | |
| • | exceptions to providing the notice applied under 29 CFR 2520.10 | • | | 10i | | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | ents? (If " | Yes," see instructions and corr | plete | Scheo | dule SE | 3 (Form | | | _ | |
| | 5500) and line 11a below) | | | | | | | | Yes | | No |
| <u>11a</u> | Enter the unpaid minimum required contribution for current year fr | om Sched | lule SB (Form 5500) line 39 | | | 11a | | 1 | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | e or se | ction (| 302 of | ERISA? | | Yes | X | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | - | · · · | | , and e | enter th Day | e date of | he le Yea | | ing | _ |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedul | e MB (For | m 5500), and skip to line 13. | | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | | | | |

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

| | rm 5500-SF | Short Form Annual Re Be | yee | OMB Nos. 1210-0110 1210-0089 | | | | | | |
|--|---|---|--------------------------|---|-------------|--|--|--|--|--|
| | rtment of the Treasury mal Revenue Service | This form is required to be filed u | е | 2013 | | | | | | |
| Employee B | epartment of Labor enefits Security Administration | Retirement Income Security Act of 19 the Internal F | 8(a) of | This Form is Open to Public | | | | | | |
| | enefit Guaranty Corporation | 0-SF. | Inspection | | | | | | | |
| Part I | Annual Report Id ar plan year 2013 or fisca | | | | | | | | | |
| | | | 01/2013 | and ending | r | 02/28/2014 | | | | |
| | | | | an (not multiemployer) | l | a one-participant plan | | | | |
| B This ret | turn/report is: | 국 님 | ne final return/report | | | | | | | |
| C of the | | | | n/report (less than 12 m | onths) r | 7 | | | | |
| C Check | box if filing under: | | utomatic extension | | l | DFVC program | | | | |
| Part II | Pagia Plan Inform | special extension (enter description) | | | | | | | | |
| 1a Name | | nation—enter all requested information | on | | 1h | Three-digit | | | | |
| | | INC. PROFIT SHARING P | LAN | | | plan number (PN) 001 | | | | |
| | | | | | 1c | Effective date of plan | | | | |
| 2a Plan s DUNCAN | ponsor's name and addre CRANE SERVICE, | ess; include room or suite number (emp INC . | bloyer, if for a single- | employer plan) | | Employer Identification Number (EIN) 91-0725041 | | | | |
| P.O. B | DX 582 | | | | 1 | Sponsor's telephone number 509-765-8661 | | | | |
| MOGEG | | | | | | Business code (see instructions) | | | | |
| MOSES 1 | | WA 98837 | | 0 | | 238900 | | | | |
| | dministrator's name and | L . | ne USame as Plan | Sponsor Address | | Administrator's EIN 91-0725041 | | | | |
| DUNCAN CRANE SERVICE, INC. P.O. BOX 582 | | | | 3c Administrator's telephone number 509-765-8661 | | | | | | |
| MOSES 1 | LAKE | WA 98837 | | н. с. | 1 | | | | | |
| | | lan sponsor has changed since the las | t return/report filed fo | r this plan, enter the | 4b | EIN | | | | |
| name, a Spons | | er from the last return/report. | | | 40 | PN | | | | |
| | | the beginning of the plan year | | | 5a | 5 | | | | |
| | | the end of the plan year | | | 5b | | | | | |
| c Numb | er of participants with ac | count balances as of the end of the pla | n year (defined bene | fit plans do not | 5c | | | | | |
| | | uring the plan year invested in eligible | | | | | | | | |
| b Are yo | ou claiming a waiver of th | e annual examination and report of an | independent qualifie | d public accountant (IQI | PA) | | | | | |
| under If you | 29 CFR 2520.104-46? (3 answered "No" to eith | See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot | d conditions.) | and must instead use | Eorm I | X Yes No | | | | |
| | | plan, is it covered under the PBGC insu | | | | | | | | |
| | | | | | | | | | | |
| | | incomplete filing of this return/report | | | | | | | | |
| SB or Sche | dule MB completed and rue, correct, and comple | penalties set forth in the instructions, signed by an enrolled actuary, as well te. | as the electronic vers | sion of this return/report | , and to | buding, if applicable, a Schedule the best of my knowledge and | | | | |
| SIGN | Wm. b | 1 Janbank. | William H. Fai | airbanks | | | | | | |
| HERE | Signature of plan adm | ninistrator | Date | Enter name of individu | ual sigr | ing as plan administrator | | | | |
| SIGN HERE | | | | | | | | | | |
| | Signature of employe | r/plan sponsor ne, if applicable) and address; include r | Date | Enter name of individu | | ning as employer or plan sponsor rrer's telephone number (optional) | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| <u> </u> | rt III Financial Information | | | | | | | | |
|--|---|---|--|---|------------|--|-----------------|------------|------------------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Ye | ar | T | | (b) End | of Year | |
| a | Total plan assets | 7a | | 711 | | | | | 1821616 |
| b | Total plan liabilities | 7b | | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 15 | 711 | 46 | | | | 1821616 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) T | | |
| а | Contributions received or receivable from: | | | 2.0 | | | <u>(~)</u> . | orai | |
| | (1) Employers | 8a(1) | | 39 | | | | | |
| | (2) Participants | 8a(2) | | 46 | 30 | | | | |
| b | (3) Others (including rollovers) | 8a(3) | | | | | | _ | |
| | Other income (loss) | 8b | 2 | 418 | 04 | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | | | | | 250470 |
| | to provide benefits) | 8d | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | · · · · · · · · | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | · | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 0 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 250470 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | 2001/0 |
| Pa | rt IV Plan Characteristics | | | | | | | | |
| b | 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fe | ature codes | from the List of Plan Chara | cterist | ic Cod | les in the i | instructio | ons: | |
| Par | V Compliance Questions | | | | - | | | | |
| | | | | | V | | | | |
| Par 10 a | During the plan year: Was there a failure to transmit to the plan any participant contribut | ions within t | he time period described in | | Yes | No | , | Amount | |
| 10 a | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? | ciary Correct ? (Do not inc | tion Program) | 10a | Yes | x | | Amount | |
| 10 a | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.). | ciary Correc ? (Do not inc | ction Program) clude transactions reported | 10b | Yes | | | Amount | |
| 10 a b | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f | ciary Correc ? (Do not inc fidelity bond | tion Program) | 10b 10c | | x | | Amount | 157000 |
| 10 a b c d | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest? on line 10a.) | ciary Correc ? (Do not inc fidelity bond er persons b of the benefi | tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See | 10b | | x x | | Amount | |
| 10 a b c d | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all of | ciary Correc ? (Do not inc fidelity bond er persons b of the benefi | tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d | | x x x | | Amount | |
| 10 a b c d e | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan | ciary Correc ? (Do not inc fidelity bond er persons b of the benefi | tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f | | x x x x x x x | | Amount | |
| 10 a b c d e | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (S | ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? of year end See instructi | tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g | | x x x x x | | Amount | |
| 10 a b c d d e f g | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (S 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the | ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? of year end See instructi e required n | tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g 10h | | X X X X X X X | | Amount | |
| 10 a b c d d e f g | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (S 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- | ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? of year end See instructi e required n | tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g | | X X X X X X X | | Amount | |
| 10 a b c d d e f g h i i | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 1f this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement | ciary Correc ? (Do not inc fidelity bond er persons b of the benefi ? | tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X X | | | 157000 |
| 10 a b c d d e f g h i i 2art | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) | ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefit ? of year end See instruction e required not -3 | tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X ule SB (Fo | | Amount | 157000 |
| 10 a b c d d e f f g h i i Part 11 | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (S2520.101-3.) 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.) Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the set of the se | ciary Correc ? (Do not inc fidelity bond fidelity bond of the benefi n? of year end See instructi e required no -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 | tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X Ule SB (Fo | orm | | 157000 s 🗌 No |
| 10 a b c d d e f g h i i 2art | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding requirements for the second contribution plan subject to the minimum funding requirements for the second contribution plan subject to the minimum funding requirements for the second contribution plan subject to the minimum funding requirements for the second contribution plan subject to the minimum funding requirements for the second contribution plan subject to the minimum funding requirements for the second contribution plan sub | ciary Correc ? (Do not inc fidelity bond fidelity bond er persons b of the benefit ? of year end See instruction e required not -3 ents? (If "Yes om Schedule requirements | tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X Ule SB (Fo | orm | | 157000 |
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| 10 a b c d e f g h i 2art 11a 12 a | During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.) VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding r | ciary Correc ? (Do not inc fidelity bond er persons b of the benefi ? a of year end See instructi e required n -3 ents? (If "Yes m Schedule requirements as applicable g amortized | tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i 0r se | X Sched | X X X X X X X Ule SB (Fo | orm SA? | ☐ Yes | 157000 s No |

Form 5500-SF 2013

| C | Enter the amount contributed by the omployer to the star for the star | | | T | | | |
|-------------------|--|-----------|-----------|-----------------|-----------|-------|--|
| d | Enter the amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| u | 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) | | | | | | |
| e | | | | | Νο | N/A | |
| Part | VII Plan Terminations and Transfers of Assets | | | Yes | | | |
| 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 | | | | |
| | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC? | control | | Yes X | No | | |
| с | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | e plan(s) | to | I | | . 110 | |
| 1 | 3c(1) Name of plan(s): | | 0. (0) 51 | | | | |
| | | 1. | 3c(2) El | N(S) | 13c(3) PN | V(s) | |
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| | | | | | 1 | | |
| Part | VIII Trust Information (optional) | | | | | | |
| 14a Name of trust | | | | 14b Trust's EIN | | | |
| | | | | LIN LIN | | | |
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