For	m 5500-SF	Short Form Annual Ret	yee	OMB Nos. 1210-0110 1210-0089							
	rtment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2013					
	epartment of Labor enefits Security Administration	ctions 6057(b) and 6058 ode).		This Form is Open to Public							
Pension Be	enefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 550	0-SF.	Inspection					
Part I		lentification Information				÷					
For calenda	ar plan year 2013 or fisca			and ending 0	7/31/2	2014					
A This ret	urn/report is for:		multiple-employer pla	an (not multiemployer)		a one-participant plan					
<b>B</b> This ret	urn/report is:	글 ' 브	e final return/report								
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)						
C Check I	box if filing under:		utomatic extension			DFVC program					
		special extension (enter description)									
Part II		mation—enter all requested information	on								
1a Name	of plan FIRST MORTGAGE, INC				1b	Three-digit plan number					
SECORITY	-IRST MORTGAGE, INC	2. 401(K) PLAN				(PN) ▶ 001					
					1c	Effective date of plan					
						01/01/1998					
2a Plan s SECURITY	ponsor's name and addr FIRST MORTGAGE, INC	ess; include room or suite number (emp C.	oloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1343726					
2900 MERIE	DIAN ST.				2c	Sponsor's telephone number 360-734-5768					
BELLINGHA	M, WA 98225				2d	Business code (see instructions) 522292					
3a Plan a	dministrator's name and	address Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's EIN					
					30	Administrator's telephone number					
		plan sponsor has changed since the last per from the last return/report.	t return/report filed fo	or this plan, enter the	4b	EIN					
a Spons					4c	PN					
5a Total r	number of participants at	t the beginning of the plan year			5a	9					
<b>b</b> Total r	number of participants at	t the end of the plan year			5b	7					
		count balances as of the end of the plar			5c	6					
		during the plan year invested in eligible a									
<b>b</b> Are yo	ou claiming a waiver of th	he annual examination and report of an i	independent qualifie	d public accountant (IQI	PA)						
		See instructions on waiver eligibility and the second second second second second second second second second s									
-		plan, is it covered under the PBGC insu									
·				,							
		incomplete filing of this return/report									
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/va	alid electronic signature.	10/16/2014	MARK CROSS							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator					
SIGN											
HERE	Signature of employe		Date		-	ning as employer or plan sponsor					
Preparer's	name (including firm nar	me, if applicable) and address; include r	oom or suite number	r (optional)	Prep	parer's telephone number (optional)					

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
а	Total plan assets	7a	43838	6				2	181887		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	43838	6	481887					•	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)	520	4							
		ers (including rollovers)									
b	Other income (loss)										
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							46888		
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d	338	7							
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							3387	7	
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_				43501		
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	:		
	2E 2G 2J 2K 2T 3D		les from the List of Dian Chara				h a linatur at				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charac	cterist		ies in t	ne instruci	ions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			Х		,			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	-		10a		~					
D	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					200	000
d		•	-	10d		Х					
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			Tou							
C	insurance service, or other organization that provides some or all				х						
	instructions.)			10e	~					1	08
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	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			х					
<u> </u>	2520.101-3.)			10h		~					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CER 2520 10			10i							
exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance											
11											
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding		· · · · ·				FRISA?	ГГ	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 51 50		002 01					-
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling										
lf	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day		Yea			
	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	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						

Form 5500-SF	Short Form Annual R	eturn/Report of Benefit Plan	f Small Employ	yee		OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed	1 ESZIZIENENE I TIERZIEN	d 4065 of the Employe	6	2	013			
Department of Labor Employee Benefits Security Administration	Labor thy Administration Relirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6 the Internal Revenue Code (the Code).					s Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in accord	lance with the instruct	ions to the Form 550	JO-SF.					
Part I Annual Repor or calendar plan year 2013 or	t Identification Information fiscal plan year beginning 08/01/2013			710410					
· · · · · · · · · · · · · · · · · · ·	X a single-employer plan	and the state of t		7/31/2					
This return/report is for:		a multiple-employer pla	in (not multiemployer)		pant plan				
3 This return/report is:	the first return/report	the final return/report	-						
		a short plan year relum/	report (less than 12 m	onlhs)					
Check box if filing under:					DFVC progra	im			
	special extension (enter descriptio								
	ormation-enter all requested information	ation							
a Name of plan				1b	Three-digit				
CURITY FIRST MORTGAGE	, INC. 401(k) PLAN				plan number (PN)	001			
				10	Effective date o	fnlan			
					01/01/1				
a Plan sponsor's name and a CURITY FIRST MORTGAGE	address; include room or suite number (e , INC.	mployer, if for a single-e	mployer plan)	2b	Employer Identi (EIN) 91-134				
00 MERIDIAN ST.				2c	Sponsor's telep (360) 73				
					2d Business code (see instructions) 522292				
ELLINGHAM, WA 98225				2d					
ELLINGHAM, WA 98225 3a Plan administrator's name	and address Same as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b	522292 Administrator's I				
<b>3a</b> Plan administrator's name				3b 3c	522292 Administrator's Administrator's i	EIN			
<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of the name and/</li></ul>	and address Same as Plan Sponsor N the plan sponsor has changed since the I number from the last return/report.			3b 3c	522292 Administrator's I	EIN			
<ul> <li>3a Plan administrator's name</li> <li>4 If the name and/or EIN of t</li> </ul>	he plan sponsor has changed since the I			3b 3c	522292 Administrator's Administrator's EIN	EIN			
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<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of taname, EIN, and the plan name, EIN, and the plan name</li> <li>Sponsor's name</li> <li>Total number of participan</li> </ul>	he plan sponsor has changed since the l number from the last return/report.	ast relum/report filed fo	r this plan, enter the	3b 3c 4b 4c 5a	522292 Administrator's Administrator's EIN	EIN telephone number			
<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of taname, EIN, and the plan name, EIN, and the plan name, EIN, and the plan name, Total number of participan</li> <li>Total number of participants wita</li> </ul>	the plan sponsor has changed since the l number from the last return/report. Its at the beginning of the plan year	ast relum/report filed fo	r this plan, enter the	3b 3c 4b 4c	522292 Administrator's Administrator's EIN	2 EIN telephone number			
<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of the name, EIN, and the plan name, EIN, and the plan name, EIN, and the plan name, Total number of participan</li> <li>Total number of participants with complete this item)</li> </ul>	the plan sponsor has changed since the l number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year h account balances as of the end of the p	ast relum/report filed fo	r lhis plan, enter the	3b 3c 4b 4c 5a 5b 5c	522292 Administrator's Administrator's EIN PN	2 EIN telephone number 9 7 6			
<ul> <li>3a Plan administrator's name</li> <li>4 If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item)</li></ul>	the plan sponsor has changed since the l number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year h account balances as of the end of the p ets during the plan year invested in eligib of the annual examination and report of 16? (See instructions on waiver eligibility	ast return/report filed fo plan year (defined benef le assets? (See instruct an independent qualifier and conditions.)	r lhis plan, enter the fit plans do not ions.) d public accountant (IQ	3b 3c 4b 4c 5a 5b 5c	522292 Administrator's Administrator's EIN PN	2 EIN telephone number 9 7			
<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of t name, EIN, and the plan n</li> <li>Sponsor's name</li> <li>Total number of participan</li> <li>Total number of participants wit complete this item)</li></ul>	the plan sponsor has changed since the l number from the last return/report. Its at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the p ets during the plan year invested in eligib of the annual examination and report of 16? (See instructions on waiver eligibility either line 6a or line 6b, the plan cam	ast relum/report filed fo plan year (defined benef le assets? (See instruct an independent qualifier and conditions.)	r this plan, enter the fit plans do not ions.) d public accountant (IQ and must instead use	3b 3c 4b 4c 5a 5b 5c PA) Form	522292 Administrator's Administrator's EIN PN 5500.	2 EIN telephone number 9 7 6 X Yes No			
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<ul> <li>3a Plan administrator's name</li> <li>4 If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item)</li></ul>	the plan sponsor has changed since the l number from the last return/report. Its at the beginning of the plan year the account balances as of the end of the plan h account balances as of the end of the plan tes during the plan year invested in eligib of the annual examination and report of the structions on waiver eligibility <b>either line 6a or line 6b, the plan cann</b> the fit plan, is it covered under the PBGC in	ast relum/report filed fo plan year (defined benef le assets? (See instruct an independent qualifier and conditions.)	r this plan, enter the fit plans do not ions.) d public accountant (IQ and must instead use ERISA section 4021)?	3b 3c 4b 4c 5a 5b 5c PA) Form	522292 Administrator's Administrator's EIN PN 5500. Yes   No [	2 EIN telephone number 9 7 6 X Yes No No X Yes No			
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<ul> <li>3a Plan administrator's name</li> <li>4 If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item)</li></ul>	the plan sponsor has changed since the l number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year the account balances as of the end of the plan the account balances as of the end of the plan the account balances as of the end of the plan the account balances as of the end of the plan the account balances as of the end of the plan the account balances as of the end of the plan the account balances as of the end of the plan the annual examination and report of the annual examination and the annual examina	ast relum/report filed for blan year (defined beneficial le assets? (See instruct an independent qualifier and conditions.) ot use Form 5500-SF a isurance program (see in port will be assessed u s, I declare that I have a	r this plan, enter the fit plans do not ions.) d public accountant (IQ and must instead use ERISA section 4021)? Inless reasonable cau examined this return/report	3b 3c 4b 4c 5a 5b 5c Form	522292 Administrator's Administrator's EIN PN 5500. Yes No established. weluding if applic	EIN telephone number 9 7 6 X Yes No X Yes No Not determined			
<ul> <li>3a Plan administrator's name</li> <li>4 If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name</li> <li>5a Total number of participants with complete this item)</li></ul>	the plan sponsor has changed since the l number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year the account balances as of the end of the plan the account balances as of the end of the plan the account balances as of the end of the plan the account balances as of the end of the plan the account balances as of the end of the plan the account balances as of the end of the plan the account balances as of the end of the plan the annual examination and report of the annual examination and the annual examina	ast relum/report filed for blan year (defined beneficial le assets? (See instruct an independent qualifier and conditions.) ot use Form 5500-SF a isurance program (see in port will be assessed u s, I declare that I have a	r this plan, enter the fit plans do not ions.)	3b 3c 4b 4c 5a 5b 5c Form	522292 Administrator's Administrator's EIN PN 5500. Yes No established. Including, if applic to the best of my	EIN telephone number 9 7 6 X Yes No X Yes No Not determined			
<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name</li> <li>Total number of participants with complete this item)</li> <li>Number of participants with complete this item)</li> <li>Were all of the plan's assort b Are you claiming a waiver under 29 CFR 2520.104-4 If you answered "No" to C If the plan is a defined being Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and construct and construct</li></ul>	the plan sponsor has changed since the l number from the last return/report. Its at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the plan ets during the plan year invested in eligib of the annual examination and report of 16? (See instructions on waiver eligibility either line 6a or line 6b, the plan cann hefit plan, is it covered under the PBGC in e or incomplete filing of this return/repother penalties set forth in the instruction and signed by an enrolled actuary, as w mplete.	ast relum/report filed fo plan year (defined benef le assets? (See instruct an independent qualifier and conditions.)	r this plan, enter the fit plans do not ions.)	3b 3c 4b 4c 5a 5b 5c Form Use is port, int, and	522292 Administrator's Administrator's EIN PN S500. Yes No established. Including, if applic to the best of my	EIN telephone number 9 7 6 X Yes No X Yes No Not determined howledge and			
<ul> <li>Plan administrator's name</li> <li>If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name</li> <li>Total number of participants with complete this item)</li></ul>	the plan sponsor has changed since the l number from the last return/report. Its at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the plan ets during the plan year invested in eligib of the annual examination and report of 16? (See instructions on waiver eligibility either line 6a or line 6b, the plan cann hefit plan, is it covered under the PBGC in e or incomplete filing of this return/repother penalties set forth in the instruction and signed by an enrolled actuary, as w mplete.	ast return/report filed fo plan year (defined benefi- le assets? (See instruct an independent qualifier and conditions.)	r this plan, enter the fit plans do not ions.) d public accountant (IQ and must instead use ERISA section 4021)? Inless reasonable can examined this return/report	3b 3c 4b 4c 5a 5b 5c Form Use is port, int, and	522292 Administrator's Administrator's EIN PN S500. Yes No established. Including, if applic to the best of my	EIN telephone number 9 7 6 X Yes No X Yes No Not determined howledge and			
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Par	III Financial Information			8							
7 f	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	ar		1000
a	Fotal plan assets	. 7a	438386	3			- Andrew -		81887	8	_
b	Fotal plan liabilities	7b						30-0		1. 399	_
CI	Net plan assets (subtract line 7b from line 7a)	. 7c	438386	3		M	No.	4	81887		_
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			_
	Contributions received or receivable from: 1) Employers	8a(1)								0.00 1010-0	_
	2) Participants	8a(2)	5204	1	-		-				
	3) Others (including rollovers)	8a(3)									
100	Other income (loss)	8b	41684	1	-						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			-				10000		
	Benefits paid (including direct rollovers and insurance premiums	1							16888		_
	o provide benefils)	8d	3387	1							
e	Certain deemed and/or corrective distributions (see instructions)	. 8e					0		1102-5	1	1
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	- 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-					3387	6	
1	Net income (loss) (subtract line 8h from line 8c)	8i							43501	544 A	-
j	Transfers to (from) the plan (see instructions)	81			1	RI CE	3 <sup>1</sup> 00				
Par	IV Plan Characteristics			-	2		a la construcción de la construc	0			_
0.51 155500	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	tions			
	2E 2G 2J 2K 2T 3D							Alono	•		
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Plan Chara	cleristi	c Cod	les in t	he instruct	ions:			_
	Anna an anna anna anna anna anna anna a				-						
Part							····				
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Con	rection Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		x					
C	Was the plan covered by a fidelity bond?			10c	Х					2000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	17.0		10d		x					
	Were any fees or commissions paid to any brokers, agents, or ot			100					000		
v	insurance service, or other organization that provides some or al instructions.)	l of the ber	efits under the plan? (See	10e	x					10	8
f	Has the plan failed to provide any benefit when due under the plan				4	x				10	
	Did the plan have any participant loans? (If "Yes," enter amount a			10f 10g		x					Ties.
<del>5</del> h		· · · · · · · · · · · · · · _ · · _ · · _ · ~ ~ _ = ~		109						14 - S	
<u> </u>	2520.101-3.)			10h	-	X					
1	If 10h was answered "Yes," check the box if you either provided 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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes		lo
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			-							
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedu										
	Enter the minimum required contribution for this plan year			an a second a second a second		12b					_

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<u> </u>	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?	[] Y	'es 🗍 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 brought under the of the PBGC?		Yes 🕅 No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
	3c(1) Name of plan(s): 1	3c(2) EIN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			