Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pensio	on Benefit Guaranty Corporation					Inspection	
Part I	Annual Report Identif	fication Information					
For cale	ndar plan year 2013 or fiscal pla			and ending 05/31	/2014		
A This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or			
			a DFE (s	specify)			
B This	return/report is:	the first return/report;	the final	return/report;			
		an amended return/report;		olan year return/report (less			
C If the	plan is a collectively-bargained	plan, check here				.▶ ∐	
D Chec	k box if filing under:	Form 5558;		c extension;	th	e DFVC program;	
		special extension (enter desc	. ,				
Part		ation—enter all requested informat	tion				1
	ne of plan TELEPHONE COMPANY WEL	FARE BENEFIT PLAN			1b	Three-digit plan number (PN) ▶	501
II VEZ II VEZ	TEEET HONE COMPANY WEE	TAKE DENETTI EAN			1c	Effective date of pla	an
22 Dian	ananger's name and address:	include reem er quite number (empl	lover if for a single	omployer plan)	26	06/01/2006	tion
	TELEPHONE COMPANY	include room or suite number (empl	loyer, ir for a single	-employer plan)	20	Employer Identifica Number (EIN) 91-0449170	ltion
					2c	Sponsor's telephor number	
P. O. BO	OX 171	P. O. BOX	171			509-649-2211	
	N, WA 98941	ROSLYN, V			2d Business code (see instructions) 517000		3
Caution	: A penalty for the late or inco	omplete filing of this return/report	will be assessed	unless reasonable cause	is establi	shed.	
		nalties set forth in the instructions, I the electronic version of this return/					
SIGN	Filed with authorized/valid elec	tronic signature.					
HERE	Signature of plan administra	ator	Date	Enter name of individual	signing as	plan administrator	
SIGN							
HERE	Signature of employer/plan	sponsor	Date	Enter name of individual	signing as	employer or plan sp	onsor
SIGN							
HERE	Signature of DFE		Date	Enter name of individual	cianina ac	DEE	
Preparer		f applicable) and address; include ro		er. (optional)	Preparer's	telephone number	
EIDE BA	NILLY LLP				optional)	509-747-6154	
926 \// 9	SPRAGUE AVE., STE 300						
SPOKA	NE, WA 99201						

	Form 5500 (2013) Page 2			
3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor A	ddress	3b Adminis	strator's EIN
		<u></u>	3c Adminis	strator's telephone r
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, of EIN and the plan number from the last return/report:	enter the name,	4b EIN	
а	Sponsor's name	•	4c PN	
5	Total number of participants at the beginning of the plan year		5	182
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, an	d 6d).		
а	Active participants		6a	120
b	Retired or separated participants receiving benefits	<u> </u>	6b	
С	Other retired or separated participants entitled to future benefits		6c	
d	Subtotal. Add lines 6a, 6b, and 6c		6d	120
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	
f	Total. Add lines 6d and 6e.		6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution complete this item)		6g	
h		re	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans comp		7	
8a b	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C 4B 4D 4F 4H			
9a 10	(2) Code section 412(e)(3) insurance contracts (2) Cod (3) Trust (3) Trus (4) General assets of the sponsor (4) Gen	rance e section 412(e)(3) ir t eral assets of the spo	nsurance co	
а	Pension Schedules b General Schedule	es		
_	(1) R (Retirement Plan Information) (1)	H (Financial Informa	ation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan (3)	I (Financial Informa A (Insurance Inform C (Service Provider	nation)	,

(5)

(6)

SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(3)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

,			ERISA section 103(a)(2).	mation	Inspection		
For calendar plan year 20	13 or fiscal pla	n year beginning 06/01/2013	and	d ending 05/31/2014			
A Name of plan INLAND TELEPHONE CO	A Name of plan INLAND TELEPHONE COMPANY WELFARE BENEFIT PLAN			hree-digit blan number (PN)	501		
C Plan sponsor's name as shown on line 2a of Form 5500 INLAND TELEPHONE COMPANY D Employer Identification Number (EIN) 91-0449170							
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance ca	rrier						
DELTA DENTAL OF WA	SHINGTON						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		contract year		
(5) EIIV	code	identification number	policy or contract year	(f) From	(g) To		
91-0621480	47341	433	270	06/01/2013	05/31/2014		
2 Insurance fee and come descending order of the		ation. Enter the total fees and to	tal commissions paid. List in line	e 3 the agents, brokers, and	other persons in		
(a) Total amount of commissions paid (b) Total amount of fees paid							
	3563						
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all persons	s).			
		and address of the agent, broker		nissions or fees were paid			
CORKERY & JONES BE	NEFITS INC.		W. RIVERSIDE AVE. STE 800 KANE, WA 99201				
(b) Amount of sales ar	nd base	Fe	es and other commissions paid				
commissions pa		(c) Amount	(d) Purpose		(e) Organization code		
	3563				3		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales ar	nd base		es and other commissions paid		_		
commissions pa	id	(c) Amount	(d) Purp	oose	(e) Organization code		

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, stone	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	()	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
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Р	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contra	cts with each carrier ma	ay be treated as a	a unit for purposes of
		this report.			· ·	
		rent value of plan's interest under this contract in the general account at year				
_		rent value of plan's interest under this contract in separate accounts at year e	nd		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	L	Describera a cid to contra			Ch.	
	b	Premiums paid to carrier.			6b	
	۲ C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		•	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan. o	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma		<u> </u>		
	а	Type of contract: (1) deposit administration (2) immedia				
		(3) guaranteed investment (4) other		ŭ		
		(3) U guaranteed investment				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)		.,	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	<u> </u>
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
)				
		(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				
					1	

Page 4	
ployer(s) or members of the sa	me er

9e

10a

10b

Schedule A (Form 5500) 2013		Pa	ige 4	_	
Part III Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the sourposes if such contracts a	are experienc	ce-rated as a unit. Whe	ere contracts	
8 Benefit and contract type (check all applicable boxes)				
a Health (other than dental or vision)	b X Dental	С	Vision	d	Life insurance
e Temporary disability (accident and sickness)	f Long-term disabilit	у д	Supplemental unemp	loyment h	Prescription drug
i ☐ Stop loss (large deductible)	i HMO contract	k	PPO contract	I	Indemnity contract
m ☐ Other (specify) ▶	<i>,</i> –	<u> </u>	1		L ,
Care. (epoch),					
9 Experience-rated contracts:					
a Premiums: (1) Amount received		9a(1)		118893	
(2) Increase (decrease) in amount due but unpai	d	9a(2)			
(3) Increase (decrease) in unearned premium re	_	9a(3)			
(4) Earned ((1) + (2) - (3))				9a(4)	118893
b Benefit charges (1) Claims paid		9b(1)		82711	
(2) Increase (decrease) in claim reserves		9b(2)			
(3) Incurred claims (add (1) and (2))				9b(3)	82711
(4) Claims charged				9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis)				
(A) Commissions		9c(1)(A)		3563	
(B) Administrative service or other fees	•	9c(1)(B)			
(C) Other specific acquisition costs	•	9c(1)(C)			
(D) Other expenses	•	9c(1)(D)			
(E) Taxes	•	9c(1)(E)			
(F) Charges for risks or other contingencies.		9c(1)(F)			
(G) Other retention charges				2 (1) (1)	
(H) Total retention	_	_		9c(1)(H)	356
(2) Dividends or retroactive rate refunds. (These		<u></u>	•	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide I	benefits after	retirement	9d(1)	
(2) Claim reserves				9d(2)	
(3) Other reserves				9d(3)	

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

a Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

10 Nonexperience-rated contracts:

Specify nature of costs >

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

		pursuant to E	ERISA section 103(a)(2)				
For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014							
A Name of plan INLAND TELEPHONE CO	OMPANY WELF	FARE BENEFIT PLAN		B Three plan	e-digit number (P	N)	501
	Plan sponsor's name as shown on line 2a of Form 5500 ILAND TELEPHONE COMPANY				yer Identifio 19170	cation Number (EIN)
		ing Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
UNUM LIFE INSURANCI	E COMPANY C	OF AMERICA					
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	entract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
01-0278678	62235	R0275404		0	06/01/20)13	05/31/2014
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	al commissions paid. Li	st in line 3	the agents,	brokers, and ot	her persons in
(a) Total a	amount of com			(b) To	tal amount	of fees paid	
	984						
3 Persons receiving com	missions and fo	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	and address of the agent, broker,			ions or fees	s were paid	
CORKERY & JONES BE	NEFITS INC.		V RIVERSIDE AVE STE KANE, WA 99201	800			
(b) Amount of sales ar	ad base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	
	984						
	(a) Name a	and address of the agent, broker,	or other person to whor	n commiss	ions or fees	were paid	
MOLONEY & O'NEILL LIFE INC. 818 W RIVERSIDE AVE STE 800 SPOKANE, WA 99201							
	T						
(b) Amount of sales and base Fees and other commissions paid							
commissions pa	id	(c) Amount		(d) Purpose	9		(e) Organization code
		67 Al	DDITIONAL COMPENS	ATION			3

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, stone	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / tinodin	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	(2)	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
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Р	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contra	cts with each carrier ma	ay be treated as a	a unit for purposes of
		this report.			· ·	
		rent value of plan's interest under this contract in the general account at year				
_		rent value of plan's interest under this contract in separate accounts at year e	nd		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	L	Describera a cid to contra			Ch.	
	b	Premiums paid to carrier.			6b	
	۲ C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		•	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan. o	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma		<u> </u>		
	а	Type of contract: (1) deposit administration (2) immedia				
		(3) guaranteed investment (4) other		ŭ		
		(3) U guaranteed investment				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)		.,	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	<u> </u>
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
)				
		(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				
					1	

Schedule A (Form 5500) 2013		Page 4	
Welfare Benefit Contract Information If more than one contract covers the same grant information may be combined for reporting put the entire group of such individual contracts of the contracts of the contracts of the contract of the cont	roup of employees of the samurposes if such contracts are	experience-rated as a unit. Where contra	. ,
and contract type (check all applicable boxes)			
lealth (other than dental or vision)	b Dental	c Vision	d X Life insurance
emporary disability (accident and sickness)	f X Long-term disability	g Supplemental unemployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	k PPO contract	I Indemnity contract
Other (specify) AD&D,			

a	Ö	Ben	etit and contract type (check all applicable boxes)						
i		а	Health (other than dental or vision)	b Dental	c	Vision		d X	Life insurance
## State of the respective in amount due but unpaid. ## State of the respective in amount due to provide benefits after retirement. ## State of the respective in amount due to provide benefits after retirement. ## State of the respective in amount due to provide benefits after retirement. ## State of the respective in amount due to provide benefits after retirement. ## State of the respective in amount due to provide benefits after retirement. ## State of the respective in amount due to provide benefits after retirement. ## State of the respective in amount due to provide due. ## State of the respective in amount due to provide due. ## State of the respective in amount due to provide due. ## State of the respective in amount due to provide due. ## State of the respective in amount due to provide due. ## State of the respective in amo		е	Temporary disability (accident and sickness)	f X Long-term disability	y g	Supplemental unemp	loyment	h	Prescription drug
B Experience-rated contracts: a Premiums: (1) Amount received		i [Stop loss (large deductible)	j HMO contract	k 🗌	PPO contract		ΙŪ	Indemnity contract
a Premiums: (1) Amount received		m	X Other (specify) ▶AD&D,	_				_	
(2) Increase (decrease) in amount due but unpaid (3) Increase (decrease) in unearned premium reserve 9a(3) (4) Earned ((1) + (2) - (3))	9	Ехре	erience-rated contracts:						
(3) Increase (decrease) in unearned premium reserve 9a(3) (4) Earned ((1) + (2) - (3)). 9a(4) b Benefit charges (1) Claims paid. 9b(1) (2) Increase (decrease) in claim reserves 9b(2) (3) Incurred claims (add (1) and (2)). 9b(3) (4) Claims charged. 9b(4) c Remainder of premium: (1) Retention charges (on an accrual basis) — (A) Commissions. 9c(1)(B) (C) Other specific acquisition costs. 9c(1)(B) (D) Other expenses. 9c(1)(D) (E) Taxes. 9c(1)(E) (F) Charges for risks or other contingencies. 9c(1)(F) (G) Other retention charges. 9c(1)(G) (H) Total retention. 9c(1)(F) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) 9c(2) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1) (2) Claim reserves. 9d(2) (3) Other reserves. 9d(3) e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) 9e 10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier 9d(1) Fine Pack (1) Fine Pack (2)		a	Premiums: (1) Amount received		9a(1)				
(4) Earned ((1) + (2) - (3))			(2) Increase (decrease) in amount due but unpaid	d	9a(2)				
b Benefit charges (1) Claims paid			(3) Increase (decrease) in unearned premium res	serve	9a(3)				
(2) Increase (decrease) in claim reserves			(4) Earned ((1) + (2) - (3))				9a(4)		
(3) Incurred claims (add (1) and (2)) (4) Claims charged		b	Benefit charges (1) Claims paid		9b(1)				
(4) Claims charged C Remainder of premium: (1) Retention charges (on an accrual basis) — (A) Commissions (B) Administrative service or other fees. (C) Other specific acquisition costs (D) Other expenses. (E) Taxes. (F) Charges for risks or other contingencies. (G) Other retention charges. (H) Total retention. (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (C) Claim reserves. (B) Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement. (C) Claim reserves. (D) Other expenses. (D) other retention charges. (D) other retention charges. (E) Taxes. (F) Charges for risks or other contingencies. (B) Qc(1)(E) (C) Other retention charges. (D) Other retention charges. (D) Other retention charges paid to carrier. (D) Other retention or retention or or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			(2) Increase (decrease) in claim reserves		9b(2)				
C Remainder of premium: (1) Retention charges (on an accrual basis) — (A) Commissions			(3) Incurred claims (add (1) and (2))				9b(3)		
(A) Commissions							9b(4)		
(B) Administrative service or other fees		С	Remainder of premium: (1) Retention charges (c	n an accrual basis)					
(C) Other specific acquisition costs			(A) Commissions						
(D) Other expenses			(B) Administrative service or other fees					_	
(E) Taxes			(C) Other specific acquisition costs						
(F) Charges for risks or other contingencies			(D) Other expenses	·····				_	
(G) Other retention charges			(E) Taxes						
(H) Total retention			(F) Charges for risks or other contingencies.						
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)			(G) Other retention charges		9c(1)(G)				
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1) (2) Claim reserves 9d(2) (3) Other reserves			(H) Total retention				9c(1)(H))	
(2) Claim reserves			(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)						
(3) Other reserves		d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement						
(3) Other reserves									
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)									
Total premiums or subscription charges paid to carrier		е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	in line 9c(2).	.)			
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10	No	,		. ,				
retention of the contract or policy, other than reported in Part I, line 2 above, report amount		а	Total premiums or subscription charges paid to o	arrier			10a		9283
		b					10h		
		Sr		orted in Fait I, lille 2 above	, report arro	unt	100		

Part IV	Provision of Information		
11 Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No

Part III

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

, , , , , , , , , , , , , , , , , , , ,		pursuant to	ERISA section 103(a)(2)		ION		Inspection
For calendar plan year 20	13 or fiscal plar	n year beginning 06/01/2013		and en	ding 05/	/31/2014	
A Name of plan INLAND TELEPHONE CO	OMPANY WELF	FARE BENEFIT PLAN			e-digit number (PN	N) •	501
C Plan sponsor's name a INLAND TELEPHONE CO		e 2a of Form 5500		D Emplo 91-044		ation Numbe	r (EIN)
		ing Insurance Contract Individual contracts grouped as					
1 Coverage Information:	te Scriedule A.	marviduai contracts grouped as	s a unit in r arts ir ariu in t	can be repo	orted on a si	ingle Schedu	IC A.
(a) Name of insurance ca	prrior						
• •	iiiici						
THE HARTFORD		1	(e) Approximate nu	imber of		Policy or	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	t end of	(f)	From	(g) To
06-0838648	70815	ETB-144007	policy of contract		06/01/20	13	05/31/2014
		ation. Enter the total fees and to					
descending order of the		ation. Enter the total rees and to	ital commissions paid. Li	St III IIIIe S	ine agents,	biokers, and	other persons in
(a) Total	amount of comr	•		(b) To	otal amount	of fees paid	
113 0							
3 Persons receiving com		ees. (Complete as many entries	•		·		
CORKERY & JONES BE			W RIVERSIDE AVE STE		ions or rees	were paid	
		SPO	KANE, WA 99201				
(b) Amount of sales a	nd hase	Fe	es and other commission	ns paid			
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	
	113						3
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(a) Haine and dadress of the agent, should, or said person to whom commissions or loss were paid							
(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount		(d) Purpose	9		(e) Organization code

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)	and and address of the agent, stone	.,				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / tinodit	(a) 1 dipose	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(O) / tinodin	(a) 1 diposes	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
	_					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unoun	(4)	3345			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
		Fees and other commissions paid	() 0			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(1)	(2)				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	, ,	, , ,				

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Р	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contra	cts with each carrier ma	ay be treated as a	a unit for purposes of
		this report.			· ·	
		rent value of plan's interest under this contract in the general account at year				
_		rent value of plan's interest under this contract in separate accounts at year e	nd		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	L	Describera a cid to contra			Ch.	
	b	Premiums paid to carrier.			6b	
	۲ C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		•	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan. o	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma		<u> </u>		
	а	Type of contract: (1) deposit administration (2) immedia				
		(3) guaranteed investment (4) other		ŭ		
		(3) U guaranteed investment				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)		.,	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	<u> </u>
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
)				
		(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				
					1	

Schedule A (Form 5500) 2013		Page	4	
Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the sourposes if such contracts	are experience-i	rated as a unit. Where contra	1 3 0 17
and contract type (check all applicable boxes)			
ealth (other than dental or vision)	b Dental	c∏∨	ision/	d Life insurance
emporary disability (accident and sickness)	f Long-term disability	ty g	Supplemental unemployment	h Prescription drug
top loss (large deductible)	j HMO contract	k∏ F	PPO contract	I Indemnity contract
other (specify) BUSINESS TRAVEL ACCID	DENT	<u>—</u>		
ce-rated contracts:				
niums: (1) Amount received		9a(1)		
Increase (decrease) in amount due but unpai	id	9a(2)		
Increase (decrease) in unearned premium re				
Earned ((1) + (2) - (3))			9a(4)	
nefit charges (1) Claims paid			•	
Increase (decrease) in claim reserves				
Incurred claims (add (1) and (2))			9b(3)	
Claims charged				
mainder of premium: (1) Retention charges (
(A) Commissions	············	9c(1)(A)		
				

the entire group of such individual contracts with each carrier may be tr 8 Benefit and contract type (check all applicable boxes) a Health (other than dental or vision) **b** Dental Temporary disability (accident and sickness) Long-term disabilit Stop loss (large deductible) j HMO contract m X Other (specify) ▶BUSINESS TRAVEL ACCIDENT Experience-rated contracts: a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid..... (3) Increase (decrease) in unearned premium reserve (4) Earned ((1) + (2) - (3))..... Benefit charges (1) Claims paid (2) Increase (decrease) in claim reserves...... (3) Incurred claims (add (1) and (2))...... (4) Claims charged Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions (B) Administrative service or other fees..... 9c(1)(B) 9c(1)(C) (C) Other specific acquisition costs (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... 9c(1)(F) (F) Charges for risks or other contingencies..... (H) Total retention..... 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)..... 9c(2)d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1) (2) Claim reserves 9d(2) 9d(3) (3) Other reserves..... Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)..... 9e **10** Nonexperience-rated contracts: 10a Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or 10b retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

Part IV	Provision of Information		
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No

Part III

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

,			ERISA section 103(a)(2).	imation	Inspection	
For calendar plan year 20	13 or fiscal pla	n year beginning 06/01/2013	ar	nd ending 05/31/2014		
A Name of plan INLAND TELEPHONE CC	MPANY WEL	FARE BENEFIT PLAN		Three-digit plan number (PN)	501	
C Plan sponsor's name a INLAND TELEPHONE CO		ne 2a of Form 5500		mployer Identification Numb I-0449170	er (EIN)	
		ning Insurance Contract Individual contracts grouped as				
1 Coverage Information:						
(a) Name of insurance ca	rrier					
THE STANDARD	1			, Dallana		
(b) EIN	(c) NAIC	(d) Contract or identification number	(e) Approximate number persons covered at end of	of	r contract year	
	code	identification number	policy or contract year	(f) From	(g) To	
93-0242990	69019	156299	120	06/01/2013	05/31/2014	
2 Insurance fee and come descending order of the		ation. Enter the total fees and to	tal commissions paid. List in li	ne 3 the agents, brokers, and	d other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid						
3490						
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all persor	ns).		
		and address of the agent, broker		missions or fees were paid		
CORKERY & JONES BE	NEFITS INC.		W RIVERSIDE AVE STE 800 KANE, WA 99201			
(b) Amount of sales ar	nd base _	Fe	es and other commissions paid	1		
commissions pa		(c) Amount	(d) Pu	(e) Organization code		
3490					3	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(b) Amount of sales and base Fees and other commissions paid						
commissions pa	id	(c) Amount	(d) Pu	rpose	(e) Organization code	

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)	and and address of the agent, stone	.,				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / tinodit	(a) 1 dipose	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(O) / timodine	(a) 1 diposes	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
	_					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unoun	(4)	3345			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
		Fees and other commissions paid	() 0			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(1)	(2)				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	, ,	, , ,				

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Р	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contra	cts with each carrier ma	ay be treated as a	a unit for purposes of
		this report.			· ·	
		rent value of plan's interest under this contract in the general account at year				
_		rent value of plan's interest under this contract in separate accounts at year e	nd		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	L	Describera a cid to contra			Ch.	
	b	Premiums paid to carrier.			6b	
	۲ C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		•	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan. o	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma		<u> </u>		
	а	Type of contract: (1) deposit administration (2) immedia				
		(3) guaranteed investment (4) other		ŭ		
		(3) U guaranteed investment				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)		.,	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	<u> </u>
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
)				
		(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				
					1	

Page	4
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Pá	art I	Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the surposes if such contracts	are experienc	ce-rated as a unit. Wh	ere contrac	
8	Ben	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	С	Vision		d X Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unemp	ployment	h Prescription drug
	i	Stop loss (large deductible)	i HMO contract	k 🗍	PPO contract		I Indemnity contract
	m	Other (specify)	, <u> </u>	_	1		ь .
	!						
9	Ехр	erience-rated contracts:					
	a	Premiums: (1) Amount received		9a(1)		29721	
		(2) Increase (decrease) in amount due but unpaid	b	9a(2)			
		(3) Increase (decrease) in unearned premium res	serve	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	29721
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves				5540	
		(3) Incurred claims (add (1) and (2))				9b(3)	5540
	_	(4) Claims charged				9b(4)	5540
	С	Remainder of premium: (1) Retention charges (c	•	00(4)(A)		2400	
		(A) Commissions		9c(1)(A) 9c(1)(B)		3490	
		(B) Administrative service or other fees (C) Other specific acquisition costs		9c(1)(C)		7583	_
		(D) Other expenses		9c(1)(D)		3122	
		(E) Taxes		9c(1)(E)		594	
		(F) Charges for risks or other contingencies.		0 (4)(5)		2080	
		(G) Other retention charges		- (1)(-)		7312	
		(H) Total retention				9c(1)(H)	24181
		(2) Dividends or retroactive rate refunds. (These	e amounts were paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	5540
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)	.)	9e	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to o				10a	
	b	If the carrier, service, or other organization incur retention of the contract or policy, other than rep	, ,		•	10b	
	S	pecify nature of costs					

Part	١٧	Provision of Information			
11	Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

			ERISA section 103(a)(2).	mation	Inspection			
For calendar plan year 20	13 or fiscal plar	n year beginning 06/01/2013	and	d ending 05/31/2014				
A Name of plan INLAND TELEPHONE CO	A Name of plan INLAND TELEPHONE COMPANY WELFARE BENEFIT PLAN			hree-digit blan number (PN)	501			
C Plan sponsor's name a INLAND TELEPHONE CO	OMPANY		91-	nployer Identification Numb -0449170				
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:								
(a) Name of insurance ca	irrier							
THE STANDARD	_	1						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		r contract year			
(6) LIN	code	identification number	policy or contract year	(f) From	(g) To			
93-0242990	69019	156299	120	06/01/2013	05/31/2014			
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid. List in lin	e 3 the agents, brokers, and	d other persons in			
(a) Total amount of commissions paid (b) Total amount of fees paid								
		3406			0			
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as needed to report all persons	s).				
0001/507/ 0 101/50 05			r, or other person to whom comm W RIVERSIDE AVE STE 800	nissions or fees were paid				
CORKERY & JONES BE	NEFITS INC.		KANE, WA 99201					
(b) Amount of sales ar			es and other commissions paid		(e) Organization code			
commissions pa	3406	(c) Amount	(a) Pur	(d) Purpose				
	3400				3			
	(a) Name a	nd address of the agent, broke	, or other person to whom comn	nissions or fees were paid				
		-						
(b) Amount of sales ar	nd base	Fe	es and other commissions paid					
commissions pa		(c) Amount	(d) Pur	pose	(e) Organization code			

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, stone	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	(2)	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	, ,	, , ,	

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Р	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contra	cts with each carrier ma	ay be treated as a	a unit for purposes of
		this report.			· ·	
		rent value of plan's interest under this contract in the general account at year				
_		rent value of plan's interest under this contract in separate accounts at year e	nd		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	L	Describera a cid to contra			Ch.	
	b	Premiums paid to carrier.			6b	
	۲ C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		•	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan. o	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma		<u> </u>		
	а	Type of contract: (1) deposit administration (2) immedia				
		(3) guaranteed investment (4) other		ŭ		
		(3) U guaranteed investment				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)		.,	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	<u> </u>
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
)				
		(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				
					1	

Page	4
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	art III	If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts of	oup of employees of the urposes if such contracts with each carrier may be	are experience	ce-rated as a unit. Wh	ere contract	
8	Bene	fit and contract type (check all applicable boxes)	- 🗂	_	1		
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f X Long-term disabili	ty g	Supplemental unem	ployment	h Prescription drug
	i [Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Expe	rience-rated contracts:					
	a P	Premiums: (1) Amount received		9a(1)		18521	
	((2) Increase (decrease) in amount due but unpaid	1				
	((3) Increase (decrease) in unearned premium res	serve	9a(3)			
	((4) Earned ((1) + (2) - (3))				9a(4)	18521
	b	Benefit charges (1) Claims paid		9b(1)			
	((2) Increase (decrease) in claim reserves		9b(2)		5796	
	((3) Incurred claims (add (1) and (2))				9b(3)	5796
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (o	,	[[_
		(A) Commissions		9c(1)(A)		3406	_
		(B) Administrative service or other fees		- (1)(-)			_
		(C) Other specific acquisition costs				5708	_
		(D) Other expenses		9c(1)(D)		2890	_
		(E) Taxes		0 (4)(5)		370	_
		(F) Charges for risks or other contingencies				1418	_
		(G) Other retention charges				0.747711	
		(H) Total retention	_	_		9c(1)(H)	13792
		(2) Dividends or retroactive rate refunds. (These	amounts were paid ir	n cash, or 🔲 (credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	5796
		(3) Other reserves				9d(3)	
		Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	. 9e	
10) Nor	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to o	arrier			10a	
	b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount				. 10b		
	Spe	ecify nature of costs •					

Part	١٧	Provision of Information			
11	Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

¹² If the answer to line 11 is "Yes," specify the information not provided.

Plan: Inland Telephone Company Welfare Benefit Plan

Plan No.: Plan 501

Sponsor EIN: 91-0449170 Plan Year Ended: May 31, 2014

Form M-1 Compliance Information

- 1. The plan was not subject to the Form M-1 filing requirements during the plan year.
- 2. Not applicable
- 3. Not applicable

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pens on Bonelit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

➤ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1219 - 0110 1210 - 0050

2013

This Form is Open to Public Inspection

Part I Annual Report Identification	Information						
For calendar plan year 2013 or fiscal plan year be	ginning 06/01/	2013 and ending	05/31/2014				
A This return/report is for: Z a multiemploye X a single-employe	•	a multiple-employer plan; or a DFE (specify)					
B This return/report is: the first return/report; an amended return/report;			the final return/report; a short plan year return/report (less than 12 months).				
C If the plan is a collectively-bargained plan, check	here	m	· · · · · · · · · · · · · · · · · · ·				
D Check box if filing under: Form 5558; special extensi	on (enter description)	autom	atic extension; the DFVC program;				
Part II Basic Plan Information - enter							
1a Name of plan		ĺ	1b Three-digit				
INLAND TELEPHONE COMPANY WELFARE BENEFIT PLAN			plan number (PN) ► 501 1c Effective date of plan 06/01/2006				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)			2b Employer Identification Number (EIN) 91-0449170				
INLAND TELEPHONE COMPANY			2c Sponsor's telephone number (509) 649-2211				
P. O. BOX 171			2d Business code (see instructions) 517000				
ROSLYN WA P. O. BOX 171 ROSLYN WA	98941	Lba account unless core	complie cause is established				
Caution: A penalty for the late or incomplete filing Under penalties of perjury and other penalties set forth in the instruction as the electronic version of this return/report, and to the best of my known	on I decigre that I have examined	this return/report, including accomi	panying schedules, statements and attachments, as well				
SIGN HERE Signature of plan administrator	12/22/14 Date		AMES K. BROOKS_ Inter name of individual signing as plan administrator				
SIGN BUT DIONS	12/22/14	JAMES K. BROOKS					
Signature of employer/plan sponsor	Date/ / /	Enter name of individual	signing as employer or plan sponsor				
HERE Signature of DFE	Date	Enter name of individual					
Preparer's name (including firm name, if applicable)	and address; include root	n or suite number (option)	(509) 747-6154				
DI 0.14.21.2	99201						
For Paperwork Reduction Act Notice and OMB Co	ontrol Numbers, see the	instructions for Form 550	00. Form 5500 (2013) v. 130118				

Form 5500 (2013) 130118 Page 2									
3a	Plan administrator's name and address 🔀 Same as Plan Sponsor Name 🔀 San	ne as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number						
4 a	If the name and/or EIN of the plan sponsor has changed since the last re EIN and the plan number from the last return/report: Sponsor's name	eturn/report filed for this pl	an, enter the nam	ne,	4b EIN 4c PN				
5	Total number of participants at the beginning of the plan year			5	182				
6 a b	Number of participants as of the end of the plan year (welfare plans con Active participants Retired or separated participants receiving benefits Other retired or separated participants entitled to future benefits	6a 6b 6c	120						
d	Subtotal. Add lines 6a, 6b, and 6c			6d	120				
θ	Deceased participants whose beneficiaries are receiving or are entitled	<u>6e</u>							
f	Total, Add lines 6d and 6e			6f					
g	Number of participants with account balances as of the end of the plan complete this item)	6g							
h	Number of participants that terminated employment during the plan year			6h					
- -	100% vested								
7	7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).								
b	8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:								
00	Star funding agreement (shock all that apply)	9b Plan benefit arrange	ment (check all th	nat app	oly)				
74	Plan funding arrangement (check all that apply) (1) X Insurance	(1) X Insurance			••				
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts		ion 412(e)(3) insu	rance	contracts				
	(3) Trust	(3) Trust							
	(4) General assets of the sponsor	I	sets of the spons	sor					
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)								
a Pension Schedules b General Schedules									
	(1) R (Retirement Plan Information)	(1) 📙 н	(Financial Info	ormatio	on)				
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	/ (2) 📙 1	•		on · Small Plan)				
	Purchase Plan Actuarial Information) - signed by the plan	(3) X _ 5 A	(Insurance Inf						
	actuary	(4) 📙 C	(Service Prov	ider in	formation)				
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) 📙 D		_	Plan Information)				
	Information) - signed by the plan actuary	(6) G	(Financial Tra	nsacti	on Schedules)				