Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	art I		Identification Informatio	n				
For	calend:	ar plan year 2013 or fis	scal plan year beginning 10/0	01/2013	and ending (9/30/2	2014	
A	This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
В	This ret	turn/report is:	the first return/report	x the final return/report				
			an amended return/report	a short plan year return	n/report (less than 12 m	onths)	1	
С	Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	m
			special extension (enter de	scription)				
Pa	art II	Basic Plan Info	rmation—enter all requested	information				
1a	Name	of plan				1b	Three-digit	
SUN	RIVER	ELECTRIC SERVICE,	, INC 401K PROFIT SHARING F	PLAN			plan number	004
						10	(PN) ▶ Effective date of	001
						10	01/01/	
			dress; include room or suite nun	nber (employer, if for a single-	employer plan)	2b	Employer Identif	
SUN	RIVER	R ELECTRIC SERVICE	, INC.				(EIN) 91-12	
						2c	Sponsor's telep	
		TH AVENUE CK, WA 99336				2d	Business code (
							23821	
3a	Plan a	dministrator's name an	nd address XSame as Plan Spo	onsor Name Same as Plar	Sponsor Address	3b	Administrator's I	ΞIN
						3c	Administrator's t	elephone number
1	16 Alb o .				andhia mlam ambandha	41-		
4			e plan sponsor has changed sinon mber from the last return/report.		or this plan, enter the	4b	EIN	
а		sor's name				4c	PN	
5a	Totalı	number of participants	at the beginning of the plan yea	ır		5a		13
b	Total r	number of participants	at the end of the plan year			5b		0
С		· ·	account balances as of the end		•	5c		0
6a		,	s during the plan year invested in					X Yes No
b	Are yo	ou claiming a waiver of	the annual examination and rep	port of an independent qualifie	ed public accountant (IQ	PA)		
			? (See instructions on waiver elig					X Yes No
			ther line 6a or line 6b, the plan					1
С	If the p	plan is a defined benefi	it plan, is it covered under the Pl	BGC insurance program (see	ERISA section 4021)?	Ц	Yes No	Not determined
C	ution: A	A penalty for the late of	or incomplete filing of this retu	urn/report will be assessed	unless reasonable cau	ıse is	established.	
ual		10: 6 : 1 0					alications of amounts	
Und			ner penalties set forth in the inst					
Und SB	or Sche	edule MB completed an	nd signed by an enrolled actuary					
Und SB	or Sche	edule MB completed an true, correct, and comp	nd signed by an enrolled actuary plete.	y, as well as the electronic ver				
Und SB beli	or Scheief, it is t	edule MB completed an true, correct, and comp	nd signed by an enrolled actuary					
Und SB beli	or Scheief, it is t	edule MB completed an true, correct, and comp	nd signed by an enrolled actuary plete. valid electronic signature.	y, as well as the electronic ver	sion of this return/report	and t	to the best of my	knowledge and
Und SB belie SIG HEF	or Scheief, it is t	edule MB completed an true, correct, and comp	nd signed by an enrolled actuary plete. valid electronic signature.	y, as well as the electronic ver	DANIEL G. WASHAM	and t	to the best of my	knowledge and
SIG HEI	or Scheief, it is to	Filed with authorized/ Signature of plan ac	nd signed by an enrolled actuary plete. valid electronic signature. dministrator yer/plan sponsor	y, as well as the electronic ver 04/16/2015 Date Date	DANIEL G. WASHAM Enter name of individ Enter name of individ	and t	to the best of my	knowledge and
SIG HEI	or Scheief, it is to	Filed with authorized/ Signature of plan ac	nd signed by an enrolled actuary plete. valid electronic signature. dministrator	y, as well as the electronic ver 04/16/2015 Date Date	DANIEL G. WASHAM Enter name of individ Enter name of individ	:, and t ual sig ual sig	ning as plan adn	knowledge and
SIG HEI	or Scheief, it is to	Filed with authorized/ Signature of plan ac	nd signed by an enrolled actuary plete. valid electronic signature. dministrator yer/plan sponsor	y, as well as the electronic ver 04/16/2015 Date Date	DANIEL G. WASHAM Enter name of individ Enter name of individ	:, and t ual sig ual sig	ning as plan adn	knowledge and ninistrator r or plan sponsor
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SIG HEI	or Scheief, it is to	Filed with authorized/ Signature of plan ac	nd signed by an enrolled actuary plete. valid electronic signature. dministrator yer/plan sponsor	y, as well as the electronic ver 04/16/2015 Date Date	DANIEL G. WASHAM Enter name of individ Enter name of individ	:, and t ual sig ual sig	ning as plan adn	knowledge and ninistrator r or plan sponsor

Form 5500-SF 2013 Page **2**

	am Les and a									
Pa	t III Financial Information		I							
7_	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En	d of Y		
<u>a</u>	Total plan assets	7a	32987						(
	Total plan liabilities	7b		0			(
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	32987	⁷⁹			()		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	1924	.0						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							19240	
	Benefits paid (including direct rollovers and insurance premiums		34911	Ω.					10210	
	to provide benefits)	8d		0						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f_	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g		0					0.404.4	
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							349119	
-	Net income (loss) (subtract line 8h from line 8c)	8i							329879	•
	Transfers to (from) the plan (see instructions)	8j		0						
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2G 2R 2F	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uction	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions		
Par	V Compliance Questions									
					V	N ₂	l			
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions within	n the time period described in	l	Yes	No		Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					50000
d				10d		X				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
-	insurance service, or other organization that provides some or all	•	,							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the							
Dowl	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part 11			Van II ann implimentions and asset		Cabaa	J. J. O.) /Fame	1		
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		-	_	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-	the state of the s		, and e	enter th Day	ne date d	of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b	I			

Page	3 -	. 1	
raye	J		

С	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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X 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) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

D-41	Assess Deve of Identification Information							
Part i	Annual Report Identification Information plan year 2013 or fiscal plan year beginning 10/0	1/2013	and ending	09/30/20	14			
	₩ a single employer plan		n (not multiemployer)		icipant plan			
	uniffeport is for.	e final return/report	m (not maillemple)		, or provide the control of the cont			
D This ret		•	report (less than 12 mo	onths)				
C Obs. 144	HH	tomatic extension	Topoli (1000 than 1= 111	DFVC pro	gram			
C Check t	oox if filling under: Form 5558 au au special extension (enter description)	tomatic extension			9.4			
Part II	Basic Plan Information—enter all requested information	n		Ab There dies	1			
1a Name	ofplan VER ELECTRIC SERVICE, INC 401K PROFIT	SHARING PLAN		1b Three-digit plan number (PN) ▶	001			
				1c Effective date 01/01/19				
	oonsor's name and address; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b Employer Ide (EIN) 91-1	entification Number			
9312 W.	. 10TH AVENUE			2c Sponsor's te 509-627-	•			
KENNEW				2d Business coo	de (see instructions)			
	dministrator's name and address Same as Plan Sponsor Nam	ne XSame as Plan	Sponsor Address	3b Administrato	r's EIN			
• Tunu	Annious of the state of the sta		·					
				Autilitistrato	r's telephone number			
4 If the r	name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b EIN				
name, a Sponso	EIN, and the plan number from the last return/report.			4c PN				
5a Total r	number of participants at the beginning of the plan year			5a	13			
	number of participants at the end of the plan year			5b	0			
compl	er of participants with account balances as of the end of the plar ete this item)			5c	0			
b Are you under If you c If the p	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
Caution: A	penalty for the late or incomplete filing of this return/repor	t will be assessed	uniess reasonable ca	use is established				
SB or Sche	alties of perjury and other penalties set forth in the instructions, ledule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	declare that I have on the electronic vers	examined this return/resion of this return/repor	port, including, if ap t, and to the best of	plicable, a Schedule my knowledge and			
SIGN		4-16-15	DANIEL G. WAS	HAM				
HERE	Signature of plan administrator	Date	Enter name of individ	dual signing as plan	administrator			
SIGN	4							
HERE	Signature of employer/plan sponsor	Date			loyer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite numbe	r (optional)	Preparer's teleph	one number (optional)			
					//			

	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Year			(b	End of Year	
		7a		987	9			0
	Total plan assets	7b			0			0
	Net plan assets (subtract line 7b from line 7a)	7c	32	987	9			0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:		(4)					
	(1) Employers	8a(1)			U			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)			0			
	Other income (loss)	8b	1	924	0			1001
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4			19240
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	34	911	9			
	Certain deemed and/or corrective distributions (see instructions)	8e			0			
	Administrative service providers (salaries, fees, commissions)	8f			0			
	Other expenses	8g			0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1			34911
	Net income (loss) (subtract line 8h from line 8c)	8i			1			-32987:
+	Transfers to (from) the plan (see instructions)	8j			0			
<u>.</u>	t IV Plan Characteristics	0						
b			from the List of Plan Charac					
Par								
	V Compliance Questions During the plan year:				Yes	No	Amount	
Par	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fidure.	tions within t	he time period described in tition Program)	10a				
Pari	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fidure 1.	tions within t uciary Correct? (Do not inc	he time period described in tion Program)			No		
Pari	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	tions within t uciary Correct ? (Do not inc	he time period described in ction Program)	10a		No X		
Pari 10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within t uclary Correct (? (Do not inc	the time period described in stion Program)	10a 10b	Yes	No X		
Pari 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 Fide 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or othinsurance service, or other organization that provides some or all	tions within t uclary Correct (? (Do not inc fidelity bond her persons in of the benef	the time period described in stion Program)	10a 10b 10c	Yes	No X		
Pari 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 Fide 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 or dishonesty?	tions within t uclary Correct (? (Do not inc fidelity bond her persons to of the benef	the time period described in stion Program)	10a 10b 10c	Yes	No X X X		
Part 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 Fide 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan.	tions within t uciary Correct ? (Do not inc fidelity bond her persons in of the benef	the time period described in stion Program)	10a 10b 10c 10d 10e 10f	Yes	No X X X X		5000
Part 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all 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 at If this is an individual account plan, was there a blackout period?	tions within tuckary Correct (Control of the benefits) (See instructions within the correction)	the time period described in stion Program)	10a 10b 10c 10d	Yes	No X X X X		
Part 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 Fide 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a	tions within tuckary Correct (P (Do not income fidelity bond fidelity bond fidelity bond fidelity bond finer persons for the benefit finer) as of year end (See instruction)	the time period described in stion Program)	10a 10b 10c 10d 10e 10f 10g	Yes	X X X X X		5000
Part 10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all 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 at 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 to exceptions to providing the notice applied under 29 CFR 2520.10	tions within tuckary Correct (P (Do not income fidelity bond fidelity bond fidelity bond fidelity bond finer persons for the benefit finer) as of year end (See instruction)	the time period described in stion Program)	10a 10b 10c 10d 10e 10f 10g	Yes	X X X X X		5000
Part Part Part	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 Fide 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at 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 to exceptions to providing the notice applied under 29 CFR 2520.10	tions within tuciary Correct (Continued of the benefits) (See instructions) (See instructions) (If "Year enters)	the time period described in action Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X A X A X X A X X X X X X X X X	Amount	5000
Part 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 Fide 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all 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 at 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 to exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101.	tions within tuciary Correct (Property (Do not income persons) of the benefit of the persons in the required representation of	the time period described in stion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X A X A X X A X X X X X X X X X	Amount	5000
Part 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 Fidt 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 at 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 to exceptions to providing the notice applied under 29 CFR 2520.101. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirent 5500) and line 11a below). Enter the unpaid minimum required contribution for current year for the plan in the plan	tions within tuckary Correct (Control of the benefits) (See instruct the required representation) (See instruct the required representation) (See instruct the required representation)	the time period described in action Program)	10a 10b 10c 10d 10e 10f 10g 10h 10l	X	X X X X X A X A X A A A A A A A A A A A	Amount	5000
Part 10 a b c d d e f g h i 11a 11a 12	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all 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 at 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 2520.10 (VI) Pension Funding Compliance Is this a defined benefit plan subject to minimum funding required to the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the unpaid minimum funding the plan subject to the minimum funding the plan subject	tions within tuciary Correct (P (Do not income fidelity bond) fidelity bond fidelity b	the time period described in action Program). Solude transactions reported I, that was caused by fraud by an insurance carrier, lits under the plan? (See Id.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X X Scheetion	X X X X X X X X X X X X X X X X X X X	orm Y	es No
Part 10 a b c d e f g h i 11a 11a	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 Fidt 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 at 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. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding required to the unpaid minimum required contribution for current year for the unpaid minimum required contribution for current year for the waiver of the minimum funding standard for a prior year is beingranting the waiver.	tions within to uciary Corrections (Po not incomplete persons for the benefit of the required of the required of the required of the person of the person of the benefit of the person of the p	the time period described in action Program). Solute transactions reported the second of the second	10a 10b 10c 10d 10e 10f 10g 10h 10i	X X Scheetion	X X X X X X X X X X X X X X X X X X X	orm Y	es No
Part 10 a b c d e f g h i 11a 11a 12	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 Fidt 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 at 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. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for the service of the minimum funding standard for a prior year is being the service of the minimum funding standard for a prior year is being the service of the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum fu	tions within to uciary Corrections (Po not incomplete persons for the benefit of the required of the required of the required of the person of the person of the benefit of the person of the p	the time period described in action Program). Solute transactions reported the second of the second	10a 10b 10c 10d 10e 10f 10g 10h 10i	X X Scheetion	X X X X X X Adule SB (F	orm Y	es No

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С	Enter the amount contributed by the employer to the plan for this pl	lan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount).			12d		
е	Will the minimum funding amount reported on line 12d be met by the	ne 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?			X Ye	s No	
	If "Yes," enter the amount of any plan assets that reverted to the er	mployer this year		13a		C
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	transferred to another plan, or brough	t under the	control		X Yes No
С	If during this plan year, any assets or liabilities were transferred fro which assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), identify	the plan(s)	to		
	3c(1) Name of plan(s):		1	3c(2) EIN	(\$)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust			14b Tru	st's EIN	

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