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

| Part I | | | ccordance with the instruc | | | | |
|--|--|--|--|---|---|--|--|
| Cor colond | Annual Report Id | lentification Information | | | | | |
| For Calenda | ar plan year 2013 or fisc | al plan year beginning 10/01 | /2013 | and ending | 09/30/2 | 2014 | |
| A This ret | turn/report is for: | X a single-employer plan | a multiple-employer p | lan (not multiemploye | -) | a one-particip | pant plan |
| B This ret | turn/report is: | the first return/report | the final return/report | | | | |
| | Ī | an amended return/report | a short plan year retur | n/report (less than 12 | months) |) | |
| C Check | box if filing under: | Form 5558 | automatic extension | | | DFVC progra | am |
| | Ĭ | special extension (enter desc | cription) | | | | |
| Part II | Basic Plan Inform | nation—enter all requested in | formation | | | | |
| 1a Name | | | | | 1b | Three-digit | |
| | AR NOSE & THROAT 40 | 1K PLAN | | | | plan number | |
| | | | | | | (PN) • | 001 |
| | | | | | 1c | Effective date o | • |
| 2a Plan s | noneor's name and addr | ess; include room or suite numb | oor (omployer if for a single | omployor plan) | 2h | 06/01 | |
| | AR NOSE & THROAT P | | er (employer, il lor a single- | employer plan) | 20 | Employer Identi (EIN) 91-19 | 148319 |
| | | | | | 2c | Sponsor's telep | hone number |
| 911 S WASH | HINGTON STREET SUI | TE A | | | | 509-586 | |
| KENNEWIC | K, WA 99336-5600 | | | | 2d | Business code (| (see instructions) |
| | | _ | | | | 62111 | |
| 3a Plan a | dministrator's name and | address Same as Plan Spon | sor Name Same as Plar | Sponsor Address | 3b | Administrator's | EIN 948319 |
| RI-CITY EAF | R NOSE & THROAT PS | 911 S WA | SHINGTON STREET SUIT ICK, WA 99336-5600 | ΕA | 30 | | telephone number |
| | | KLININLVV | ICK, WA 99550-5000 | | | 509-586 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | olan sponsor has changed since | the last return/report filed for | or this plan, enter the | 4b | EIN | |
| | | per from the last return/report. | | | 4c | DN | |
| a spons | or's name | | | | 46 | | |
| 5a Total | number of participants at | t the beginning of the plan year | | | _ | 1 | 0 |
| _ | | t the beginning of the plan year. | | | 5а | | 8 |
| b Total i | number of participants at | t the end of the plan year | | | 5а | | 8 |
| b Total i | number of participants at per of participants with ac | | the plan year (defined bene | efit plans do not | 5a 5b | | |
| b Total i c Numb compl 6a Were | number of participants at per of participants with ac lete this item) | t the end of the plan year count balances as of the end of | the plan year (defined bene eligible assets? (See instruc | efit plans do not | 5a 5b 5c | | 8 |
| b Total I c Numb compl 6a Were b Are yo | number of participants at per of participants with ac lete this item) | t the end of the plan year count balances as of the end of | the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie | efit plans do not tions.)tions.) | 5a 5b 5c QPA) | | 8 5 X Yes No |
| b Total in complete C | number of participants at per of participants with ac lete this item) | t the end of the plan yearduring the plan year invested in the annual examination and repo | the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie bility and conditions.) | efit plans do not tions.)ed public accountant (| 5a 5b 5c QPA) | | 8 |
| b Total in C Numb complete 6a Were b Are you under If you | number of participants at the of participants with act lete this item) | t the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualified pility and conditions.) | efit plans do not tions.)tionsed public accountant (| 5a 5b 5c QPA) | 5500. | 5 X Yes No X Yes No |
| b Total in C Numb complete 6a Were b Are you under If you | number of participants at the of participants with act lete this item) | t the end of the plan yearduring the plan year invested in the annual examination and repo | the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualified pility and conditions.) | efit plans do not tions.)tionsed public accountant (| 5a 5b 5c QPA) | 5500. | 8 5 X Yes No |
| b Total in C Numb complete 6a Were b Are younder if you C If the p | number of participants at the or of participants with acted this item) | t the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualified ility and conditions.) | efit plans do not tions.) ed public accountant (and must instead us ERISA section 4021) unless reasonable c | 5a 5b 5c | 5500. Yes No established. | 8 5 |
| b Total in C Numb complete 6a Were b Are younder if you C If the p | number of participants at the or of participants with acted this item) | t the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- int of an independent qualified ility and conditions.) | efit plans do not tions.) ed public accountant (and must instead us ERISA section 4021) unless reasonable c examined this return/ | 5a 5b 5c 7c | 5500. Yes No established. noluding, if applic | 8 5 |
| b Total in Complete Services Total in Complete S | number of participants at the or of participants with acted this item) | t the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- int of an independent qualified ility and conditions.) | efit plans do not tions.) ed public accountant (and must instead us ERISA section 4021) unless reasonable c examined this return/ | 5a 5b 5c 7c | 5500. Yes No established. noluding, if applic | 8 5 |
| b Total in Complete Services Total in Complete S | number of participants at the of participants with acted this item) | the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualified pility and conditions.) | efit plans do not tions.) and public accountant (and must instead us ERISA section 4021) unless reasonable c examined this return/repo | See Form ause is report, and | 5500. Yes No established. Including, if applicate to the best of my | 8 5 |
| b Total in C Number complete 6a Were b Are younder if you C If the process of Scheler, it is to SIGN | number of participants at the of participants with acted this item) | t the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- int of an independent qualified ility and conditions.) | efit plans do not tions.) ed public accountant (and must instead us ERISA section 4021) unless reasonable c examined this return/ | See Form ause is report, and | 5500. Yes No established. Including, if applicate to the best of my | 8 5 |
| C Numb complete Are younder If you C If the pure SB or Schebelief, it is to see the complete Caution: A complete Are younder If you complete SB or Schebelief, it is to see the complete Caution: A complete C | number of participants at the of participants with acted this item) | the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualified pility and conditions.) | efit plans do not tions.) and public accountant (and must instead us ERISA section 4021) unless reasonable c examined this return/repo | 5a 5b 5c 7c | 5500. Yes No established. Including, if applic to the best of my | X Yes No X Yes No Not determined Able, a Schedule knowledge and |
| b Total I c Numb compl 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is to | number of participants at per of participants with actet this item) | the end of the plan year | the plan year (defined beneficially beneficially and conditions.) | efit plans do not ctions.) | 5a 5b 5c 7c | 5500. Yes No established. Including, if applic to the best of my | Yes No Yes No Not determined Able, a Schedule knowledge and |
| b Total in C Numb complete Surface Sign HERE | number of participants at per of participants with actet this item) | the end of the plan year | the plan year (defined beneficially beneficially and conditions.) | efit plans do not ctions.) | 5a 5b 5c 7c | 5500. Yes No established. Including, if applicate to the best of my | Yes No Yes No Yes No Solution Not determined Solution Not determine |
| b Total in C Number Complement of the process of th | promise of participants at the plants at the plants assets of the plants as defined benefit plants as defined benefit plants of perjury and other than the plants of perjury and complete than the plants of perjury and complete than the plants of plants of plants of the plants o | the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualification of the point of the plant o | efit plans do not ctions.) | 5a 5b 5c 7c | 5500. Yes No established. Including, if applicate to the best of my | Yes No Yes No Not determined Able, a Schedule knowledge and |
| b Total in C Number Complement of the process of th | promise of participants at the plants at the plants assets of the plants as defined benefit plants as defined benefit plants of perjury and other than the plants of perjury and complete than the plants of perjury and complete than the plants of plants of plants of the plants o | the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualification of the point of the plant o | efit plans do not ctions.) | 5a 5b 5c 7c | 5500. Yes No established. Including, if applicate to the best of my | Yes No Yes No Yes No Solution Not determined Solution Not determine |
| b Total in C Number Complement of the process of th | promise of participants at the plants at the plants assets of the plants as defined benefit plants as defined benefit plants of perjury and other than the plants of perjury and complete than the plants of perjury and complete than the plants of plants of plants of the plants o | the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualification of the point of the plant o | efit plans do not ctions.) | 5a 5b 5c 7c | 5500. Yes No established. Including, if applicate to the best of my | Yes No Yes No Yes No Solution Not determined Solution Not determine |
| b Total in C Number Complement of the process of th | promise of participants at the plants at the plants assets of the plants as defined benefit plants as defined benefit plants of perjury and other than the plants of perjury and complete than the plants of perjury and complete than the plants of plants of plants of the plants o | the end of the plan year | the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualification of the point of the plant o | efit plans do not ctions.) | 5a 5b 5c 7c | 5500. Yes No established. Including, if applicate to the best of my | Yes No Yes No Not determined Sable, a Schedule r knowledge and ministrator er or plan sponsor |

Form 5500-SF 2013 Page **2**

| Pa | rt III Financial Information | | | | | | | | | | |
|----------|---|--|--------------------------------|---------|----------|-----------------|--------------|--------------|--------|-------|------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | or. | | | (b) End | of V | oar | | |
| | Total plan assets | 7a | (a) Beginning of Tea | | + | | (b) Liid | | 52821 | 3 | |
| | Total plan liabilities | 7b | | | + | | | | 200 | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 47092 | :0 | | | | | 528018 | 3 | |
| | Income, Expenses, and Transfers for this Plan Year | 10 | (a) Amount | | | | (b) T | | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (5) 1 | otai | | | |
| | (1) Employers | 8a(1) | 636 | 9 | | | | | | | |
| | (2) Participants | 8a(2) | 1764 | 6 | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| b | Other income (loss) | 8b | 3944 | 9 | | | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 63464 | ŀ | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 88 | 2 | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | 548 | 4 | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 636 | 6 | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | | 5709 | 8 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instruc | tions | 3: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Cod | des in t | he instructi | ons: | | | |
| Dor | V Compliance Questions | | | | | | | | | | |
| Par | | | | | Yes | l Na | 1 | _ | | | — |
| 10 a | During the plan year: Was there a failure to transmit to the plan any participant contribute. | tions within | n the time period described in | ı | res | No | | Am | ount | | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ıciary Corr | ection Program) | 10a | | X | | | | | |
| N | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ` | • | 10b | | X | | | | | |
| | | | | 10c | X | | | | | 60 | 0000 |
| d | | | | 100 | | | | | | 00 | 1000 |
| | or dishonesty? | ······································ | | 10d | | X | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth 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 a | s of year e | end.) | 10g | | X | | | | | |
| 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 exceptions to providing the notice applied under 29 CFR 2520.10 | ne required | d notice or one of the | 10i | | | | | | | |
| Part | | 1-0 | | 101 | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | | | | | | | | 1 ٧ | | NIa |
| | 5500) and line 11a below) | | | | | | | L | Yes | Ц | No |
| | Enter the unpaid minimum required contribution for current year fr | | , | | - | 11a | | - | 1 | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | or se | ection | 302 of | ERISA? | | Yes | X | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | oti | 0:1 | ont== 11 | o deta -f' | hc ' | | lie - | |
| | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | Mon | | , and (| enter tr Day | ie date of t | he le Yea | | ııng | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | • | | | <u> </u> | 461 | 1 | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | Ī | | | | |

| Page | 3 - | | 1 |
|------|-----|--|---|
|------|-----|--|---|

| 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? | Y | 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 coof the PBGC? | ontrol | | Yes X 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.) |) | | |
| 1 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | l 4b Tr | ust's EIN | |
| | | | | |
| | | | | |
| | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

| Part I Annual Report Identification Information | | | |
|---|--|-------------------------|---|
| | 01/2013 | and ending | 09/30/2014 |
| A This return/report is for: | a multiple-employer pla | in (not multiemployer) | a one-participant plan |
| | he final return/report | | |
| an amended return/report | short plan year return | report (less than 12 mo | onths) |
| C Check box if filling under: Form 5558 | automatic extension | | DFVC program |
| special extension (enter description | | | |
| Part II Basic Plan Information—enter all requested informat | ion | | |
| 1a Name of plan | | | 1b Three-digit plan number |
| TRI-CITY EAR NOSE & THROAT 401K PLAN | | | (PN) DOOL |
| | | | 1c Effective date of plan 06/01/2001 |
| 2a Plan sponsor's name and address; include room or suite number (em TRI-CITY EAR NOSE & THROAT PS | iployer, if for a single-e | employer plan) | 2b Employer Identification Number (EIN) 91-1948319 |
| 911 S WASHINGTON STREET SUITE A | | | 2c Sponsor's telephone number 509-586-8368 |
| KENNEWICK WA 99336-5600 | | | 2d Business code (see instructions) 621111 |
| 3a Plan administrator's name and address Same as Plan Sponsor Na | ime Same as Plan | Sponsor Address | 3b Administrator's EIN 91-1948319 |
| TRI-CITY EAR NOSE & THROAT PS | | | 3c Administrator's telephone number |
| 911 S WASHINGTON STREET SUITE A | | | 509-586-8368 |
| KENNEWICK WA 99336-5600 | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. | st return/report filed fo | r this plan, enter the | 4b EIN |
| a Sponsor's name | | | 4c PN |
| 5a Total number of participants at the beginning of the plan year | | | 5a 8 |
| b Total number of participants at the end of the plan year | | | 5b 8 |
| Number of participants with account balances as of the end of the placement of the pla | | | 5c 5 |
| 6a Were all of the plan's assets during the plan year invested in eligible | the convenience of the same services and the same services are same services are same services and the same services are same serv | | |
| b Are you claiming a waiver of the annual examination and report of a | | | |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot | | | |
| c If the plan is a defined benefit plan, is it covered under the PBGC ins | | | |
| | | | |
| Caution: A penalty for the late or incomplete filing of this return/rep | | | |
| Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete. | | | |
| SIGN | 4/14/15 | Shelley Thiel | |
| HERE Signature of plan administrator | Date | Enter name of individ | lual signing as plan administrator |
| SIGN | | | |
| HERE Signature of employer/plan sponsor | Date | Enter name of individ | lual signing as employer or plan sponsor |
| Preparer's name (including firm name, if applicable) and address; include | | 5 (5) 5 | Preparer's telephone number (optional) |
| | CFIVE | ELO | |
| | APR 2 0 20 | 015 | |

| Pa | rt III Financial Information | | | | | | | | |
|--|--|--|--|---|--------|---|-----------------|---------|------------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ŗ | | | (b) End of | Year | |
| а | Total plan assets | 7a | 47 | 092 | 0 | | | 52 | 28218 |
| b | Total plan liabilities | 7b | | | | | | | 200 |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 47 | 092 | 0 | | | 52 | 28018 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Tot | al | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | | 636 | 9 | | | | |
| | (2) Participants | 8a(2) | 1 | 764 | 6 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | . 8b | 3 | 944 | 9 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 6 | 53464 |
| d | Benefits paid (including direct rollovers and insurance premiums | | | 0.0 | | | | | |
| | to provide benefits) | . 8d | | 88 | 4 | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | . 8e | | - 1 O | + | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | 548 | 4 | | | | |
| <u>g</u> | Other expenses | 8g | | | + | | | | |
| - | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | +- | | | | 6366 |
| _ <u>i</u> | Net income (foss) (subtract line 8h from line 8c) | | | | - | | | | 57098 |
| | Transfers to (from) the plan (see instructions) | - 8j | L | | | | | | |
| | rt IV Plan Characteristics | | | | | A111 | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D | feature co | odes from the List of Plan Chara | acteris | tic Co | des in | the instruction | ons: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | des from the List of Plan Charac | cterist | ic Cod | es in th | ne instruction | ns: | |
| | | | | | | | | | |
| Pai | t V Compliance Questions | | | | | | | | |
| | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | A | mount | |
| | Was there a failure to transmit to the plan any participant contribu | | | 10a | Yes | No X | A | mount | |
| | | uciary Cor t? (Do not | rection Program)include transactions reported | 10a | Yes | | ΑΑ | mount | |
| | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest | uciary Cor t? (Do not | rection Program)include transactions reported | | Yes | Х | A | | 60000 |
| | 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.) | t? (Do not | include transactions reported | 10b | | Х | A | | 60000 |
| | 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 ot | t? (Do not | include transactions reported ond, that was caused by fraud as by an insurance carrier, | 10b 10c | | х | Α | | 60000 |
| | 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? | t? (Do not s fidelity bother person | include transactions reported and, that was caused by fraud as by an insurance carrier, nefits under the plan? (See | 10b 10c | | х | A | | 60000 |
| | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interess 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 ot insurance service, or other organization that provides some or all instructions.) | t? (Do not t? (Do not s fidelity bo her persoi l of the be | include transactions reported and, that was caused by fraud ans by an insurance carrier, nefits under the plan? (See | 10b 10c 10d | | х | A | | 60000 |
| | Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interess 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 of insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the plan have any participant loans? (If "Yes," enter amount a position of the plan have any participant loans? (If "Yes," enter amount a position of the plantage of the plan | t? (Do not s fidelity bo her person of the be an? | include transactions reported and that was caused by fraud as by an insurance carrier, nefits under the plan? (See | 10b 10c 10d | | x x x | A | | 60000 |
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| | Form 5500-SF 2013 Page 3 - | | | | |
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| | | | | | |
| 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? | | 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 PBGC? | e control | | Ye | es X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.) | s) to | | | |
| • | I3c(1) Name of plan(s): | 13c(2) E | IN(s) | 13c | (3) PN(s) |
| | | | | i | |

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| | 14b Trust's EIN | |
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