For	m 5500-SF	Short Form Annual Re		OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2013		
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 609           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						B(a) of This Form is Open to Pub		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		entification Information						
For calenda	ar plan year 2013 or fisca				0/31/2			
	urn/report is for:			an (not multiemployer)		a one-partici	oant plan	
B This ret	urn/report is:		he final return/report					
an amended return/report a short plan year return/report (less than 12 more								
C Check box if filing under:						DFVC progra	m	
		special extension (enter description	,					
Part II		nation—enter all requested informat	ion					
<b>1a</b> Name M. CAMPBE	•	ROFIT SHARING PLAN			1b	Three-digit plan number	001	
					1c	(PN) Effective date o		
					10	11/01	•	
	oonsor's name and addre LL & COMPANY, INC.	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-12		
2828 WEST	IRVING				2c	Sponsor's telephone number 509-545-9848		
PASCO, WA					2d	Business code ( 81149		
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's		
					0.0		elephone number	
name,	EIN, and the plan numb	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the		EIN		
a Sponso						PN		
		the beginning of the plan year			5a		109	
		the end of the plan year			5b		117	
compl	ete this item)	count balances as of the end of the pla			5c		45 	
	•	luring the plan year invested in eligible ne annual examination and report of ar	· ·	,			X Yes No	
		See instructions on waiver eligibility ar					X Yes No	
lf you	answered "No" to eith	er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.		
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC inst	urance program (see	ERISA section 4021)? .		Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established.		
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.						
SIGN	Filed with authorized/va	lid electronic signature.						
HERE Signature of plan administrator Date Enter name of individ				idual signing as plan administrator				
SIGN	<b>v</b> .				,			
HERE				Enter name of individu	vidual signing as employer or plan sponsor			
Preparer's		ne, if applicable) and address; include			Preparer's telephone number (optional)			
				·				

l

7 Plan Assets and Liabilities		(a) Boginning of Va-				(b) En -!	of Voc-	
	7a	(a) Beginning of Yea				(b) End	2388680	
<ul> <li>a Total plan assets</li> <li>b Total plan liabilities</li> </ul>	7a 7b	201000	0				2300000	
C Net plan assets (subtract line 7b from line 7a)	76 7c	207996	8				2388680	
8 Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	•			(b) T		
a Contributions received or receivable from:		(a) Allount				(0) 1	otai	
(1) Employers	8a(1)	2759	0					
(2) Participants	8a(2)	19007	8					
(3) Others (including rollovers)	8a(3)	1511	9					
<b>b</b> Other income (loss)	8b	19408	5					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						426872	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	04	11724	0					
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)	8d		0					
	8e	920	-					
f Administrative service providers (salaries, fees, commissions)	8f	520	~					
<ul><li>g Other expenses</li><li>h Total expenses (add lines 8d, 8e, 8f, and 8g)</li></ul>	8g 8h						118160	
							308712	
<ul> <li>Net income (loss) (subtract line 8h from line 8c)</li> <li>Transfers to (from) the plan (see instructions)</li> </ul>	8i						500712	
Part IV Plan Characteristics	8j							
Part V Compliance Questions								
<b>10</b> During the plan year:				Yes	No		Amount	
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	10a	Yes	No X		Amount	
<b>a</b> Was there a failure to transmit to the plan any participant contribut	ciary Correc ? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes			Amount	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul>	ciary Correc ? (Do not inc	tion Program) lude transactions reported		Yes	Х			0800
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> </ul>	iciary Correc ? (Do not inc fidelity bond,	tion Program) lude transactions reported 	10b		Х			:0800
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of the plan to the plan base of the plan to the plan base of the plan base of</li></ul>	iciary Correc ? (Do not inc fidelity bond, er persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c		× ×			0800
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth</li> </ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		x x x			0800
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	rciary Correc ? (Do not inc fidelity bond, er persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f		x x x x		2	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (</li> </ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g	X	x x x x		2	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the set of the se</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instruction ne required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f	X	x x x x x		2	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instruction ne required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	X	x x x x x		2	
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	ciary Correc ? (Do not inc fidelity bond, fidelity bond, er persons b of the benefit n? s of year end See instruction re required n 1-3 ents? (If "Yea	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X		2	4693
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction the required n 1-3 ents? (If "Year	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X		2	4693
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond, fidelity bond, er persons b of the benefit n? s of year end See instruction re required n 1-3 	tion Program) lude transactions reported that was caused by fraud that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SE		2	4693 X N
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction required n 1-3 ents? (If "Yes om Schedule requirement	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SE		2	4693 X N
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction the required n 1-3 ents? (If "Yes om Schedule requirement as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (See , t	10b 10c 10d 10e 10f 10g 10h 10i e or see	X X Scheccion 3	X X X X X Iule SE	ERISA?	2	4693 X N
<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction e required n 1-3 ents? (If "Yes om Schedule requirement as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or see	X X Scheccion 3	X X X X X X Iule SE	ERISA?	2	4693 X N

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

Form 5500-SF	orm 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-1 Benefit Plan							
Department of the Treasury Internal Revenue Service	e	2013						
Department of Labor Employee Benefits Security Administration	nd 4065 of the Employe ctions 6057(b) and 6058 ode).		This Form is Open to Public					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Id For calendar plan year 2013 or fisc.	lentification Information al plan year beginning .01/01/2013	10/1/2013	and ending 1	2/31/	2013 10/31/2014			
			an (not multiemployer)	CLub H	a one-participant plan			
A This return/report is for:		e final return/report	an (not muttemployer)					
<b>B</b> This return/report is:		15 IN 1941	/report (less than 12 m	onths	)			
C Check box if filing under:		utomatic extension		onuno,	DFVC program			
Check box in hing under.	special extension (enter description)							
Part II Basic Plan Inform	<b>nation</b> —enter all requested information	วท			219-2-1			
1a Name of plan				1b	Three-digit			
M. Campbell & Company, Inc. Profit	Sharing Plan				plan number 001			
				10	(PN) Fifective date of plan			
<u></u>					11/01/1991			
<b>2a</b> Plan sponsor's name and addr M. Campbell & Company, Inc.	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1203074			
2828 West Irving				2c	Sponsor's telephone number (509) 545-9848			
Pasco, WA 99301				2d	Business code (see instructions) 811490			
3a Plan administrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plar	Sponsor Address	3b	Administrator's EIN			
				3c	Administrator's telephone number			
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the last per from the last return/report.	return/report filed fo	or this plan, enter the	4b EIN				
a Sponsor's name				4c	PN			
5a Total number of participants at	t the beginning of the plan year			5a	109			
b Total number of participants at	t the end of the plan year	•••••••		5b	117			
The second s	count balances as of the end of the plan	and a second		5c	45			
	during the plan year invested in eligible a							
<b>b</b> Are you claiming a waiver of the	ne annual examination and report of an	independent qualifie	d public accountant (IQ	PA)				
	See instructions on waiver eligibility and the line 6a or line 6b, the plan cannot							
	plan, is it covered under the PBGC insu			and the second s				
Under penalties of perjury and othe	incomplete filing of this return/repor r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule			
SIGN	$\mathcal{D}$	4/28/15	Michael G. Campbell					
HERE Signature of plan adr	ministrator	Date	Enter name of individ	ual sig	gning as plan administrator			
SIGN								
HERE Signature of employe	idual signing as employer or plan sponsor							
Preparer's name (including firm nar	ne, if applicable) and address; include r	oom or suite numbe	r (optional)	Prep	parer's telephone number (optional)			
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the instru	ctions for Form 5500-	SF.		Form 5500-SF (2013)			
2015 00 00 10 10 10 10 000					v. 130118			

Part III	Financial Information							
7 Plan As	sets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year
a Total pla	an assets	7a	2079966		2388680			
2	an liabilities	7b						
C Net plan	assets (subtract line 7b from line 7a)	7c	2079968	8				2388680
	Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	lotal
a Contribu	itions received or receivable from:			202		51.85		
(1) Emj	ployers	8a(1)	27590					
	licipants	8a(2)	19007	36°				
(3) Othe	ers (including rollovers)	8a(3)	1511				States -	
	come (loss)	8b	19408	5	125			
and here Support	come (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			426872
	paid (including direct rollovers and insurance premiums le benefits)	8d	11724(	0				
e Certain	deemed and/or corrective distributions (see instructions)	8e	(	0		233		
<b>f</b> Adminis	trative service providers (salaries, fees, commissions)	8f	920	0		-		in the second
	(penses	8g		_				
h Total ex	penses (add lines 8d, 8e, 8f, and 8g)	8h			-			118160
i Net inco	me (loss) (subtract line 8h from line 8c)	8i						308712
j Transfer	s to (from) the plan (see instructions)	8j			1			
Part IV	Plan Characteristics							
	an provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B	feature code	s from the List of Plan Chara	acteris	stic Co	des in	the instruc	ctions:
	an provides welfare benefits, enter the applicable welfare fe ompliance Questions	eature codes	from the List of Plan Charac	cterist	ic Coc	les in t	he instruct	ions:
	the plan year:			1	Yes	No		Amount
a Was th	here a failure to transmit to the plan any participant contribu					110		Amount
20 CE				10-2		x		
<b>b</b> Were t	R 2510.3-102? (See instructions and DOL's Voluntary Fidu here any nonexempt transactions with any party-in-interest	iciary Correc ? (Do not inc	tion Program)	10a		x x		
<b>b</b> Were t on line	R 2510.3-102? (See instructions and DOL's Voluntary Fidu here any nonexempt transactions with any party-in-interest 10a.)	iciary Correc ? (Do not inc	tion Program) lude transactions reported	10b	×			
b Were t on line c Was th	R 2510.3-102? (See instructions and DOL's Voluntary Fidu here any nonexempt transactions with any party-in-interest 10a.) he plan covered by a fidelity bond?	iclary Correc ? (Do not inc	tion Program)		x			208
b Were t on line c Was th d Did the or dish	R 2510.3-102? (See instructions and DOL's Voluntary Fidu here any nonexempt transactions with any party-in-interest 10a.) he plan covered by a fidelity bond? plan have a loss, whether or not reimbursed by the plan's onesty?	iclary Correc ? (Do not inc fidelity bond	tion Program) lude transactions reported	10b	x			
<ul> <li>b Were t on line</li> <li>c Was tl</li> <li>d Did the or dish</li> <li>e Were a insurar</li> </ul>	R 2510.3-102? (See instructions and DOL's Voluntary Fidu here any nonexempt transactions with any party-in-interest 10a.) he plan covered by a fidelity bond? plan have a loss, whether or not reimbursed by the plan's	iclary Correc ? (Do not inc fidelity bond her persons b of the benefi	tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c	x	x		
<ul> <li>b Were t on line</li> <li>c Was the or dish</li> <li>e Were a insurar instruct</li> </ul>	R 2510.3-102? (See instructions and DOL's Voluntary Fidu here any nonexempt transactions with any party-in-interest 10a.) he plan covered by a fidelity bond? a plan have a loss, whether or not reimbursed by the plan's onesty? any fees or commissions paid to any brokers, agents, or oth rece service, or other organization that provides some or all tions.)	iciary Correc ? (Do not inc fidelity bond her persons k of the benefi	tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	x	x		
<ul> <li>b Were t on line</li> <li>c Was the d Did the or dish</li> <li>e Were a insurar instruc</li> <li>f Has the</li> </ul>	R 2510.3-102? (See instructions and DOL's Voluntary Fidu here any nonexempt transactions with any party-in-interest 10a.) he plan covered by a fidelity bond? plan have a loss, whether or not reimbursed by the plan's onesty? any fees or commissions paid to any brokers, agents, or oth nee service, or other organization that provides some or all tions.) e plan failed to provide any benefit when due under the plan	Iclary Correc ? (Do not inc fidelity bond her persons k of the benefi	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x x		208
<ul> <li>b Were t on line</li> <li>c Was the or dish</li> <li>e Were a insurar instruc</li> <li>f Has the</li> <li>g Did the</li> <li>h If this is</li> </ul>	R 2510.3-102? (See instructions and DOL's Voluntary Fidu here any nonexempt transactions with any party-in-interest 10a.) he plan covered by a fidelity bond? any fees or commissions paid to any brokers, agents, or oth note service, or other organization that provides some or all tions.) e plan failed to provide any benefit when due under the plan a plan have any participant loans? (If "Yes," enter amount a s an individual account plan, was there a blackout period?	Iclary Correc ? (Do not inc fidelity bond her persons k of the benefi n? s of year end (See instruct	tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g	x	x x x x		
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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?	۲ 🗌 ו	′es 🗶 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tr	ust's EIN	