| Form 5500-SF | | Short Form Annual Return/Report of Small Employ | | | yee | OMB Nos. 1210-0 1210-0 | | | |
|--|--|---|--|--------------------------|--|---|--------------------------|--|--|
| Department of the Treasury Internal Revenue Service | | Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed | | | e 2013 | | 2013 | | |
| | Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration Employee Benefits Security Administration | | | ctions 6057(b) and 6058 | s(a) of | This Form is Open to Public | | | |
| Pension Be | nefit Guaranty Corporation | Complete all entries in accordar | nce with the instruc | tions to the Form 550 | 0-SF. | Ins | pection | | |
| Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 | | | | | | | | | |
| | | | | | 2/31/2 | | | | |
| | | | | an (not multiemployer) | a one-participant plan | | | | |
| B This ret | urn/report is: | | e final return/report | | | | | | |
| | | an amended return/report | short plan year returr | n/report (less than 12 m | onths |) | | | |
| C Check b | oox if filing under: | Form 5558 au | utomatic extension | | | DFVC program | | | |
| | | special extension (enter description) | | | | | | | |
| Part II | Basic Plan Inform | nation—enter all requested information | on | | | | 1 | | |
| 1a Name | • | | | | 1b | Three-digit plan number | | | |
| SKAGIT DRY | WALL, INC. 401(K) PLA | AN | | | | (PN) ► | 001 | | |
| | | | | | 1c | Effective date o | f plan | | |
| | | | | | | 01/01 | /2005 | | |
| 2a Plan sp SKAGIT DRY | | ess; include room or suite number (emp | loyer, if for a single- | employer plan) | 2b | 1 | fication Number 03873 | | |
| 10748 PETE | R ANDERSON ROAD | 10748 PETER A | ANDERSON ROAD | | 2c | Sponsor's telep 360-75 | | | |
| | N, WA 98233 | BURLINGTON, | | | 2d | 2d Business code (see instructions 238300 | | | |
| 3a Plan ad | dministrator's name and | address XSame as Plan Sponsor Nam | ne Same as Plan | Sponsor Address | 3b | | | | |
| | | | | | 3c Administrator's telephone number | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If the n | ama and/or EIN of the n | lan sponsor has changed since the last | roturn/roport filed fo | or this plan, optor the | 4 | | | | |
| | | per from the last return/report. | | i this plan, enter the | 4b EIN | | | | |
| a Sponso | or's name | | | | 4c PN | | | | |
| 5a Total n | umber of participants at | the beginning of the plan year | | | 5a | | | | |
| b Total r | umber of participants at | the end of the plan year | | | 5b | | 7 | | |
| C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | | | | | 5c | | | | |
| 6a Were | all of the plan's assets d | luring the plan year invested in eligible a | assets? (See instruct | tions.) | | | 🗙 Yes 🗌 No | | |
| | | ne annual examination and report of an See instructions on waiver eligibility and | | | | | 🗙 Yes 🗌 No | | |
| | | er line 6a or line 6b, the plan cannot | | | | | | | |
| - | | plan, is it covered under the PBGC insu | | | | | Not determined | | |
| | | | | | | |] | | |
| | | incomplete filing of this return/repor | | | | | abla a Sabadula | | |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. | | | | | | | | | |
| SIGN Filed with authorized/valid electronic signature. 09/08/2015 | | | 09/08/2015 | DAWNA BENNETT | | | | | |
| HERE | Signature of plan adm | ninistrator | Date | Enter name of individ | ual się | ning as plan administrator | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of employe | | Date | Enter name of individ | | | | | |
| Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) DAWNA BENNETT | | | Preparer's telephone number (optional) | | | | | | |
| | | | | | 360-757-4544 | | | | |
| 919 DISTRICT LINE ROAD BURLINGTON, WA 98233 | | | | | | | | | |
| BURLINGI | JIN, VVA 30233 | | | | | | | | |

| a Total plan labeling 7a 451246 451246 b Total plan labeling 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 451246 451246 a Combultorious received or receivable from: 8a(1) 6370 451246 a Combuttorious received or receivable from: 8a(2) 23900 451246 a Combuttorious received or receivable from: 8a(2) 23900 451246 a Combuttorious received or receivable from: 8a(3) 0 111725 b Other income (loss) 8b 81447 111725 c Total income (loss) 8b 81447 111725 d Benefits paid (including direct rollowers and insurance premiums to provide benefits). 8c 111725 d Contrabuttorious (subtract line 81, 8a(2), 8a(3), and 8b) 8d 9143 111725 d Contrabuttorious (subtract line 84, 8e, 8f, and 8g) 8h 9143 111725 f Administrative service providers (salaries, fiese, commissions) 8f 1122522 1212232 1212232 121223 12124 12124 121242 f Integram provides welfate benefits, enter the applicable pension feature codes from the List of Plan C | 7 Plan Assets and Liabilities | | (a) Beginning of Yea | (b) End of Year | | | | | | |
|--|---|---|--|--|---|--------------------|-------|----------------|--|--|
| b Total plan labilities Tb 0 0 C Not plan assets (aubract line 7b from line 7a) Tc 451246 451246 Income, Expenses, and Transfers for this Plan Yar (a) Amount (b) Total a Contributions received or necevable from: 8a(1) 6370 (2) Participants 8a(2) 23008 (3) Other income (locs) 8b 81447 C Total plan instead (aubract), 8a(2), 8a(3), and 8b) 8c 9143 C Total income (lock) including relicives and insurance premiums 8d 9143 C Catal indome and/or correly distributions (see instructions). 8d 9143 Q Other income (lock) including relicives and insurance premiums 8d 9143 Q Other appresse 8g 1025622 Transfers to (from) the plan (see instructions). 8i 1025623 Transfers to (from) the plan (see instructions). 8j 2 D The plan provides preside herefits, enter the applicable persion feature codes from the List of Plan Characteristic Codes in the instructions: ZE </td <td></td> <td>7a</td> <td></td> <td colspan="3"></td> <td colspan="4"></td> | | 7a | | | | | | | | |
| c Net plan assets (subtract line 7b from line 7a) 7c 4451240 4651240 3 Income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total 2 Contributions received or received and received or received or received or received or received and received or received and received or | • | | | 0 | 0 | | | 0 | | |
| Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 6370 (c) Participants 8a(2) 23008 (c) Participants 8a(2) 0 (c) Ortification (and order or receivable form: 8a(2) 0 (c) Ortification (and received or receivable form: 8a(2) 0 (c) Ortification (and received view distributions (see instructions) 8b 81447 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 111725 (c) Certain demand and/or corrective distributions (see instructions). 8e 9143 (c) Other segmenses 6g | • | | 45124 | 451246 | | | | | | |
| a Contributions received or receivable from: b Total income (add lines 8a(1) 6370 b Others (including rolovers) c Others (incl | - | | (a) Amount | | (b) Total | | | | | |
| (1) Participants. Ba(2) 23008 (3) Others (including rolevers). Ba(3) 0 (b) Others (including rolevers). Ba(3) 0 (c) Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Bc 111725 (c) Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Bc 111725 (c) Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Bc 111725 (c) Benefits, and (including direct rollovers and insurance premiums to provide benefits, service providers (salaries, fees, commissions) Bd 9143 (c) Cherricome (add lines Bd, Be, Bf, and Bg) Be 9143 9143 (c) Cherricome (add lines Bd, Be, Bf, and Bg) Be 9143 9143 (c) Cherricome (add lines Bd, Be, Bf, and Bg) Be 9143 102562 (c) Taranfers to (from) the plan (see instructions) Bg 1012562 101 (c) Taranfers to (from) the plan (see instructions) Bg 102562 101 102562 (c) Taranfers to (from) the plan (see instructions) Bg 102 102 102 102 102 102 102 102 102 102 102 102 102 102 102 102 | | | (d) / unount | | | | (, | | | |
| (b) Other (including rolivers) 8a(3) 0 b) Other income (idea) 8b 81447 c) Total income (idea) 8b 81447 c) Total income (idea) 8c 111725 d) Benefits paid (including direct rolevers and insurance premiums to provide benefits) 8d 9143 e) Certain demed and/or corrective distitutions (see instructions) 8d 9143 g) Other expenses 8g 1 f) Administrative service providers (salaries, fees, commissions) 8f 9143 g) Other expenses 8g 1 f) Transfers to (from) the plan (see instructions) 8i 9143 i) Net noome (uss) (subtract line 8h from line 8c) 8i 9143 j) Transfers to (from) the plan (see instructions) 9i 102562 j) Transfers to (from) the plan (see instructions) 9i 102562 j) The plan powides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E C P 2 C A J 2 X 3 X 3 D 2 T 2 X 10a X j) Uting the plan yaer: Yes No Amount a) Was there a fulure to transmit to the plan any participant contribuutons with the time period described in on in | (1) Employers | 8a(1) | | | | | | | | |
| By Other induce instances Bit P By Other income (loss) Bit P C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Be B enertis paid (including direct rollovers and insurance premums in provide benefits) Be C Administrative service providers (salaries, fees, commissions) Be G denertis paid (including direct rollovers and insurance premums in the paid (including direct rollovers and insurance premums in the paid (including direct rollovers) Be G denertis paid (including direct rollovers and insurance premums is direct and evene and and/or corrective distributions (see instructions) Be G other income (loss) Bit Interpaid (including direct rollovers) Bit Interpaid (including direct rollovers) Bit Interpaid (including direct rollovers) G other incomvides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 27 LT V Compliance Questions 0 During the plan year: Yes Ne 0 During the plan row participant contributions within the time period described in 28 CFR 2510.3 +027 (See instructions and DOL's Voluntary Floudary Correction Program) 10a X 0 During the plan any participant contributions within the time period described in 28 CFR 2510.3 +027 (See instructions and 20 CFR 2510.3 +027 (See instructins and 20 CFR 2510.3 +027 (See instructions and 20 CFR 2 | (2) Participants | 8a(2) | 2390 | | | | | | | |
| C Total income (add lines 84(1), 84(2), 84(3), and 8b) | | 8a(3) | | | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | b Other income (loss) | 8b | 8144 | 7 | | | | | | |
| to provide benefits) | | 8c | | | | 1 | 11725 | | | |
| e Certain deemed and/or corrective distributions (see instructions) | | 8d | 9143 | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | | 0170 | | | | | | | |
| g Other expenses 8g 9143 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 9143 i Net income (loss) (subtract line 8h from line 8c) 8i 102582 j Transfers to (from) the plan (see instructions) 8i 102582 part IV Plan Characteristics 8i 102582 part IV Plan Characteristics 8j 102582 part IV Plan Characteristics 8j 100 2E 2J 2J 2J 2K 3D T b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 100 X avas there a failure to transmit to the plan any participant contributions within the time period described in 10a X 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10a X 10a X c Was the plan accovered by a fidelity bond? 10a X 10a X 10a X c Was the plan rovides on commissions paid to any brokers, agents, or other persons by an insurance carrier, | - | | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 9143 i Net income (toss) (subtract line 8h from line 8c) 8i 102582 j Transfers to (from) the plan (see instructions) 8j 102582 j Transfers to (from) the plan (see instructions) 8j 102582 j The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T 2R No Amount j If the plan provides weffare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Vestor (Codes in the instructions) No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 SCFR 2610.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported on line 10a.) Vestor plan covered by a fidelity bond? 10c X c Was there any converging transactions they plan stickelity bond, that was caused by fraud or dishonesty? 10d X Vestor plan covered by a fidelity bond? 10c X c Wase the plan nave a loss, whether or not reinbursed by | | - | | | | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) | | | | | | | | 9143 | | |
| j Transfers to (from) the plan (see instructions) | | - | | | | | 1 | | | |
| Part IV Plan Characteristics Date If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Zer ZF 26 21 28 37 28 18 100 21 28 Data If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 100 21 100 21 100 21 21 28 No Amount Compliance Question 100 X 100 X 100 X D Using the plan year: Yes No Amount 100 X D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) | | | | | | | | | | |
| a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: e V Compliance Questions 0 During the plan year: Yes No a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Flduciary Correction Program) | | oj | | | | | | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X b Were there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program) | | | | | | | | | | |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a ^ b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). 10b × c Was the plan covered by a fidelity bond? 10c × d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d × e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d × f Has the plan failed to provide any benefit when due under the plan? 10g × g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | Part V Compliance Questions | | | | | | | | | |
| on line 10a.) 10b ^ C Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X Image: Common service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Common service or other organization that provides the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X it Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete SE (Form 5500) and line 11a below) Yes image: Yes | | | | | Yes N | 0 | Amo | ount | | |
| c Was the plan towered by a indenty boild? inc inc inc d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? ind ind ind ind e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) inde inde inde inde f Has the plan failed to provide any benefit when due under the plan? inde inde <td>0 During the plan year:a Was there a failure to transmit to the plan any participant contributi</td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>Amo</td> <td>ount</td> | 0 During the plan year:a Was there a failure to transmit to the plan any participant contributi | | | | | - | Amo | ount | | |
| or dishonesty? 10d e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 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 of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. art VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 11 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 Is this a defined contribution plan subject to the minimum funding requirements of sec | During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest? | ciary Correc ? (Do not inc | tion Program) lude transactions reported | 10a | x | | Amo | ount | | |
| insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X art VI Pension Funding Compliance 10i X | During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any nonexempt transactions with any party-in-interest? on line 10a.). | ciary Correc ? (Do not inc | tion Program) lude transactions reported | 10a 10b | x | | Amo | ount | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 fidelity for the plan have a loss. | ciary Correc ? (Do not inc fidelity bond, | tion Program) lude transactions reported | 10a 10b 10c | x | | Amo | ount | | |
| If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or the provides some or the provides some or all or the provides some or the | ciary 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 | 10a 10b 10c 10d | | | Amo | punt | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions.) | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit | tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud | 10a 10b 10c 10d 10e | | | Amo | ount | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i × art VI Pension Funding Compliance 10i × I1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit | tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud | 10a 10b 10c 10d 10d 10e 10f | | | Amo | punt | | |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) In a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. | During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) 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? (See Market and See Marke | 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 | 10a 10b 10c 10d 10e 10f 10g | | | Amo | ount | | |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Ia Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. | During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 f or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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 as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.). | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n | tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d 10d 10f 10g 10h | | | Amo | ount | | |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. | During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) 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.) 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 | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n | tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d 10d 10f 10g 10h | | | Amo | punt | | |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue Were there any nonexempt transactions with any party-in-interest? on line 10a.). Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or 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 as 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 art VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n -3 | tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d 10d 10e 10f 10g 10h 10h 10i | | SB (For | | | | |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi e required n -3 | tion Program) lude transactions reported , that was caused by fraud , | 10a 10b 10c 10d 10d 10f 10g 10h 10h 10i | | SB (For | | | | |
| a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n -3 ents? (If "Yeat om Schedule | tion Program) lude transactions reported that was caused by fraud that was caused by fraud | 10a 10b 10c 10d 10d 10e 10f 10g 10h 10i | x x x x x x x x x x x x x x x x x x x | SB (For | m | Yes X | | |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) 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.) 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 Pension Funding Compliance I1 Is this a defined benefit plan subject to the minimum funding requirement 5500) and line 11a below) | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n -3 | tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d 10d 10e 10f 10g 10h 10i | x x x x x x x x x x x x x x x x x x x | SB (For | m | Yes X | | |
| | During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? | ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction e required n -3 conts? (If "Year conts? | tion Program) lude transactions reported , that was caused by fraud , the plan (See , t | 10a 10b 10c 10c 10d 10d 10e 10f 10g 10h 10g 10h 10i plete cor second ctions, | x x x x x x x x x x x x x x x x x x x | SB (For of ERIS | m | Yes X Yes X | | |

| 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 c of the PBGC? | ontrol | | 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) to which assets or liabilities were transferred. (See instructions.) | | | | | | | | |
| 13c(1) Name of plan(s): 13 | | | l(s) | 13c(3) PN(s) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part | VIII Trust Information (optional) | | 1 | | | | | |
| 14a Name of trust | | | ust's EIN | | | | | |
| | | | | | | | | |
| | | | | | | | | |