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 section 6058(a) of the Internal Revenue Code (the Code).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	n the instructions to the Form 550	0-SF.		
		dentification Information					
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009	
Α -	This return/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan
В -	This return/report is for:	first return/report	final retur	n/report		_	
	Ţ	an amended return/report	short plan	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC progra	am
		special extension (enter description	ı				
Da	rt II Basic Plan Inforr	mation—enter all requested inform					
	Name of plan	mation—enter all requested inform	iation		1h	Three-digit	
	DRCRAFT 401(K) PLAN				1.0	plan number	
						(PN) •	001
					1c	Effective date of	
						01/01/2	
	Plan sponsor's name and addro DRCRAFT, INC.	ess (employer, if for single-employer	· plan)		26	Employer Ident (EIN) 91-084	ification Number
FLOC	JKCKAFT, INC.				2c	\	telephone number
	D BEAR CREEK PKWY.						0-5369
REDI	MOND, WA 98052				2d		(see instructions)
20	Diam administratoria nama and	address /if some as Discourses	to ((Co	.,,,	2 h	442210	
	Plan administrator's name and DRCRAFT, INC.	address (if same as Plan sponsor, e			30	Administrator's 91-084	
		REDMOND,			3c	Administrator's	telephone number
						206-21	0-5369
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
ı	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c	PN	
5a	Total number of participants at	t the beginning of the plan year			5a		54
_		t the end of the plan year			5b		33
	·	rith account balances as of the end o			30		
					5c		33
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No
b				ndent qualified public accountant (IQI			
				ons.)			X Yes No
Pa	rt III Financial Informa		orm 5500-	SF and must instead use Form 55	00.		
		ation		(a) Banimain a ()		(I.) F.,	
7	Plan Assets and Liabilities			(a) Beginning of Year 336833	,	(b) End	l of Year 184138
	Total plan assets		. 7a	330633	,		104130
b	•	7h from line 7a)		226922	,		10/120
<u> </u>		7b from line 7a)	. 7с	336833	•		184138
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b)	Total
а			. 8a(1)				
	(2) Participants		. 8a(2)	13928	3		
	(3) Others (including rollovers	.)					
b	Other income (loss)	·	8b	56124			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				70052
d		rollovers and insurance premiums					
	to provide benefits)	·	. <u>8d</u>	222747	4		
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e				
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f		4		
g	Other expenses		. 8g				
h		8e, 8f, and 8g)					222747
į	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-152695
j	Transfers to (from) the plan (se	ee instructions)	. 8i				

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2T

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	List of Plan Chara	cteris	iic Cod	ies in	tne instruct	ions:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doline 10a.)			10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c		X			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
	ins	re any fees or commissions paid to any brokers, agents, or other per curance service or other organization that provides some or all of the cructions.)	e benefits under the	plan? (See	10e	X				1781
f	Ha	s 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 y	year end.)		10q		X			
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Yes	s Π No
12		0))his a defined contribution plan subject to the minimum funding requ							Yes	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 of the Code	01 56	CHOIT	002 01	LNISA!	Ц 10.	3 🖺 110
		waiver of the minimum funding standard for a prior year is being an		year, see instruc	tions,	and e	nter th	ne date of the	he letter r	uling
	-	nting the waiver.			:h		Day		Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB		•		Г	12b			
		er the minimum required contribution for this plan year				T	12c			
d	Sub	er the amount contributed by the employer to the plan for this plan y etract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	result (enter a minu	us sign to the left o	of a		12d			
	_	the minimum funding amount reported on line 12d be met by the fu						Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets	<u> </u>							
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?					Yes	s X No
		'es," enter the amount of any plan assets that reverted to the emplo					13a			
b	We	re all the plan assets distributed to participants or beneficiaries, tran					ntrol		Yes	s 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	c(2) El	N(s)	13c(3) PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed ι	ınless reasonabl	e cau	ıse is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	09/21/2010	RONALD E. BRAI	LEY					
HERE		Signature of plan administrator	Date	Enter name of individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor

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 section 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

2009

This Form is Open to Public Inspection

	Part I Annual Report Identification Information									
For c	alendar plan year 2009 or fis			and ending						
A T	his return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan			
Вт	his return/report is for:	first return/report	final return	n/report						
		an amended return/report	short plan	year return/report (less than 12 mor	nths)					
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC progra	nm			
				_						
Pa	rt II Basic Plan Info	rmation—enter all requested in	formation							
1a	Name of plan	7 1	-95.11-9.11		1b	Three-digit				
FLOC	RCRAFT 401(K) PLAN					plan number	004			
					10	(PN)	001			
					10	Effective date o				
2a	Plan sponsor's name and ad	dress (employer, if for single-empl	oyer plan)		2b	Employer Identi	fication Number			
FLOC	DRCRAFT, INC.					(EIN) 91-084	1622			
4004					2c		lelephone number			
	D BEAR CREEK PKWY. MOND WA 98052				2d		0-5369 (see instructions)			
yan menanan	principle New Walnester-see					442210)			
3a SAMi		nd address (if same as Plan spons	or, enter "Same	(")	3b	Administrator's 91-084				
				3 6.	3с	Administrator's	telephone number			
		plan sponsor has changed since II		port filed for this plan, enter the	4b	EIN	0-5369			
Г	name, EIN, and the plan num	ber from the last return/report. Sp	onsor's name		40	PN				
5a	Total number of participants	at the beginning of the plan year.			5a	FIN				
b Total number of participants at the end of the plan year					5b	54 33				
	Total number of participants	with account balances as of the e	nd of the plan y		5c					
6a				(See instructions.)			¥ Yes No			
b	Are you claiming a waiver o	f the annual examination and repo	rt of an indeper	dent qualified public accountant (IO	PAY		M 162 [140			
	under 29 CFR 2520.104-46	? (See instructions on waiver eligit	bility and conditi	ons.)		************************	Yes No			
Da	If you answered "No" to e		se Form 5500-	SF and must instead use Form 55	00.					
7	Plan Assets and Liabilities	mation		/A.B	_		Target			
a			7.	(a) Beginning of Year 336833	+	(b) End	of Year			
h	20 No. 100		1.3	330033	+		184138			
c	PRODUCTION OF THE PRODUCTION O	e 7b from line 7a)		336833			404400			
8	Income, Expenses, and Tra		70	(a) Amount	+	761	184138			
а	Contributions received or re			(a) Amount		(0)	<u> Fotal</u>			
	(1) Employers	***************************************	8a(1)		1,5					
	E		Participation of the Control of the	13928	3					
VSs		ers)								
b				56124						
C		1), 8a(2), 8a(3), and 8b)			_		70052			
d		ct rollovers and insurance premiur		222747	*					
е	Certain deemed and/or corr	ective distributions (see instruction	ns) 8e							
f	Administrative service provi	ders (salaries, fees, commissions)	8f							
g	Other expenses		8g		2000 1200					
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)					222747			
i	Net income (loss) (subtract	line 8h from line 8c)					-152695			
j	Transfers to (from) the plan	(see instructions)			11111111					

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Page 2	100

Form		

	31		
P 17 /	1 101	Characte	
Partiv	Pian	Characte	STITTICE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

20 CPR 2310.3-102? (See instructions and DOL's Yoluntary Fiduciary Correction Program)	10 Duffing the plan year: 2 Noting the plan year: 2 Noting the plan year: 3 Noting the plan year: 3 Noting the plan tourned to the plan any participant contributions within the time period described in 2 Noting 19 Noting 1	- V 102.00										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-192? (See instructions and DOL's Voluntary Filtriculary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan covered by a fidelity bond?. d Did the plan have a loss, whether or not reimbussed by the plan's fidelity bond, that was caused by fraud or dishonestly?. e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization thal 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 losns? (If Yes, "enter amount as of year end.)	a Was here is faiture to frameral to the pian any participant contributions within the time period described in 29 CFR2 503-0.127 (See Instructions and DCI & Voluntary Filduriary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (10 not include transactions reported on line 10s 0. c Was the plan covered by a fidelity bond? d Did the plan have a boss, whether or not reimbursed by the plan's fidelity bond, that was caused by frout or dishoneasty? e Were any fees or commissions paid to any brokers, agents, or others 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? (11" es, "onlier amount as of year end.). If this is an individual second plan, was there a blackout period? (See instructions and 20 CFR 2820.101-3). If this is an anxwered "Se," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2820.101-3. Part VI Pension Funding Compliance 11 is this adefined comhibution plan subject to the minimum funding requirements? (If "Yes," see instructions, and enter the date of the letter ruling granting the waiver. g and a defined conhibution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Vers No. (If "Yes," complete Tas or 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. If you complete line 12b, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13. b Einer the minimum funding standard for a prior year is being amortized in this plan year. c Enter the minimum funding amount reported on line 12b. Enter the result (enter a minus sign to	100	٧	Compliance Questions								
2 CFR 2510.3-102? (See instructions and DCI.'s Voluntary Fiduciary Correction Program). 10 Were there any nonexempt I transactions with any party-in-interest? (Do not include transactions reported on line 10a.). 10 Were any the government of the plan's fidelity bond?. 11 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by froud or dishonesty? 12 Were any fee 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). 13 If this see plan failed to provide any benefit when due under the plan? 14 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2820.101-3). 15 If this as environ or provided the plan's experiment of the plan's experiment of the experiment of th	29 CFR 2510.3-102? (See instructions and DOL's Voluntery Fiduciary Correction Program) 10 Were shere any nonexempt thresactions with any partyl-in-interest? (Do not include transactions reported on line 10a) 10 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity? 10 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity? 10 Ware 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) 10 Ware 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 have any participant loans? (If Yes, "elect amount as of year end.). 11 His the plan fielled to provide any benefit when due under the plan? 12 In 17 His is an individual account plan, was there a blackout period? (See instructions and 28 CFR 280.101-3). 13 In 17 His is an individual account plan, was there a blackout period? (See instructions and 28 CFR 280.101-3). 14 In 17 His is an individual provided the box if you either provided the required notics or one of the secretary of the plan subject to minimum funding requirementar? (If Yes, "see instructions and complete Schedule SB (Form 10a). 15 In 17 His is an individual provided the plan subject to minimum funding requirementar of the Code or section 302 of ERISA?. 10 Yes No. 10 No. 1			A COMPANIENT OF TRANSPORT OF THE CONTRACTOR				Yes	No	Aı	nount	
on line 10a.) C Was the plan towered by a fidelity bond? d) Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? D) Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? For Were any refer 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). D) D	on line 108.)		29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program	m)	10a		х	4	1.00	
d Ord thin plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud of dishoneaty? e Vere 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.). 100	d Old the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauf or dishonesty? e Were any flees 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? 100 X 1781 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	b	Wer	e there any nonexempt transactions with any party-in-interest? (Doine 10a.)	not include transa	ctions reported	10b		х	1.1		
or dishonesty? 6	or dichonesty?	C	Was	s the plan covered by a fidelity bond?		************	10c		Х			12 Hamman
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.) 100	e Were any fees or commissions paid to any brokers, agents, or other presons 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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
g Did the plan have any participant toans? (If "Yes," enter amount as of year end.)	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	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								1781	
h if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). 101	h if this is an Individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3. If 101 was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 28 CFR 2520.101-3. Part 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 Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) Is this a defined contribution plan subject to minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. In the Indian required contribution for this plan year Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. In the Indian required contribution for this plan year 12b C Enter the amount contributed by the employer to the plan for this plan year 12c If will the minimum funding amount reported on line 12b be met by the funding deadline? Yes No NA Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes No Yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a D Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No C If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? Yes No No Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Yes No N	f	Has	the plan failed to provide any benefit when due under the plan? \ldots	**********		10f		х			
th 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	th 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 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 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 If you provided the present plan subject to minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 12b. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 12b. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 12b. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 12b. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 12b. If you completed line 12a, complete lines 3, 9,	g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	/ear end.)	********	10a		Х			
if 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	if 10 has 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	h	If thi 252	is is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 29	CFR	20000000		х			
Part 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 Yes No No. 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 No. No. 13 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No. No. No. No. 14 Is 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	Part 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 S500))	i	If 10	h was answered "Yes," check the box if you either provided the rec	quired notice or one	e of the				1	12 -11 12	
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S000)	Part										
It such a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Note of the "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If you complete 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	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?		Is th	is a defined benefit plan subject to minimum funding requirements?	? (If "Yes," see insti	ructions and com	plete	Sched	ule SB	(Form	□ Yes	——— П No
(If "Yes," complete 12a or 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to Ilne 13. b Enter the minimum required contribution for this plan year. 12b C Enter the amount contributed by the employer to the plan for this plan year. 2 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). e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? C If during this plan year, any assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjuny and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule MED drippled 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, priest land complete.	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a walver 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. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12										
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Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?	Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?	d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	s sign to the left	of a	[12d			
Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?	•••••				Yes	No	N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	If "Yes," enter the amount of any plan assets that reverted to the employer this year	Part	VII	Plan Terminations and Transfers of Assets							LOCAL COLUMN	
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	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HER	E]	Signature of employer/plan sponsor	Date	Enter name of i	ndivid	ual sig	ning as	s employer o	plan spo	nsor