	Form 5500-SF			Report of Small Employ	yee	OMB Nos. 1210-01 1210-00	
	Department of the Treasury Internal Revenue Service		Benefit	ctions 104 and 4065 of the Employe	0	2010	—
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public	ic
Ρ	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Inspection	
		entification Information	0		0/04/	2010	
	calendar plan year 2010 or fisca	al plan year beginning 01/01/201			2/31/2		
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan	
В	This return/report is for:	first return/report	final retur	•			
•		an amended return/report		year return/report (less than 12 mo	nths)		
C	Check box if filing under:	Form 5558		extension		DFVC program	
De	ut II Decis Dien Inform	special extension (enter description					
	Int II Basic Plan Inform	nation—enter all requested information	ation		1h	Three-digit	
	NETH H. COLEMAN 401K PLAN	N				plan number 002	
						(PN) ►	
_					10	Effective date of plan 01/01/2004	
2a LAW	Plan sponsor's name and addre OFFICES OF KENNETH H CO	ess (employer, if for single-employer LEMAN PS	plan)		2b	Employer Identification Number (EIN) 91-2009991	
	N RIVERSIDE AVE., STE. 654				2c	Plan sponsor's telephone number 509-838-2425	ər
SPO	KANE, WA 99201-0411				2d	Business code (see instructions) 541110)
3a LAW	Plan administrator's name and OFFICES OF KENNETH H CO	address (if same as Plan sponsor, e LEMAN PS 421 W RIVER	RSIDE AVI	E., STE. 654	3b	Administrator's EIN 91-2009991	
		SPOKANE, V	VA 99201-	0411	3c	Administrator's telephone number 509-838-2425	эr
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number	r from the last return/report. Sponso	r's name		4c	PN	
5a	Total number of participants at	the beginning of the plan year			5a		2
b	Total number of participants at	the end of the plan year			5b		2
С		th account balances as of the end of			5c		2
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)			No
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes 🗌 I	No
		er 6a or 6b, the plan cannot use F					NO
Pa	rt III Financial Informa						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
a			. 7a	188615	5	23507	/0
b				10061	-	22507	70
<u> </u>	· · ·	b from line 7a)	7c	188615	, 	23507	i U
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total	
u			8a(1)				
	(2) Participants		8a(2)		_		
_	(3) Others (including rollovers)		8a(3)		4		
b				46467		46.40	67
c d		Ba(2), 8a(3), and 8b)	8c			4646	57
u	· · · · ·	ollovers and insurance premiums	8d				
е	Certain deemed and/or correct	ive distributions (see instructions)	8e				
f	Administrative service provider	s (salaries, fees, commissions)	8f	12	2		
g	•						40
h		Be, 8f, and 8g)				4645	12
i		8h from line 8c)				4645	55
	riansiers to (from) the plan (se	e instructions)	8j				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

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

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	X		50000
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		Х	
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		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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			
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))				
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 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 instru- granting the waiver	ctions	, and e	nter th	e date of the letter ruling
b	Enter the minimum required contribution for this plan year			12b	
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 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 during the plan year or any prior year?		<u>.</u>		Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?				🗌 Yes 🎽 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to		
1	3c(1) Name of plan(s):		13	c (2) Ell	N(s) 13c(3) PN(s)
				_	
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	use is	establ	ished.

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.	10/17/2011	KENNETH H. COLEMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Page **2-**1

EE	ara	
- F F	11	

De Ammenic (Le Tessary In main Service Service) Benefit (F1an Ammenic (Labor Ammenic (Labor Service) Accord Severity Courselon (Internal Revenue Code (Inter Sections 2004 and 2053 of the Employed Internal Revenue Code (Inter Code), 1 - complete all entries in accordance with the Instructions to the Form 5502-SF. 2010 [Pi:t1] Annual Report Identification Information or ialer fair planyear 2010 or fiscal plan year boginning. 01/01/2010 and ending 12/31/2010 [Pi:t1] Annual Report Identification Information or ialer fair planyear 2010 or fiscal plan year boginning. 01/01/2010 and ending 12/31/2010 [Pi:t1] Annual Report Identification Information or ialer fair planyear 2010 or fiscal plan year boginning. 01/01/2010 and ending 12/31/2010 [Pi:t1] Annual Report Identification Information or ialer fair planyear 2010 or fiscal plan year boginning. 01/01/2010 and ending 12/31/2010 [Pi:t1] Basic Plan Information-ender all requested information plan in where (PN) 0 0=PVC program [] bit III Basic Plan Information-ender all requested information is paceid e cleaning (enter description) 10 The rescript plan in where (PN) 00 [] Pi:t1] Basic Plan poneor's name and address (inclust All All NF) 01/02/2004 21 D=VC program [] Pi:t1] Basic Plan poneor's name and address (inclust All All PLAN <th>Public Public 2 2 2 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1</th>	Public Public 2 2 2 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1
In mal Review Served 2010 interference interference interference Relement Income Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and section 0536(a) of the Interference Security Act of 1574 (ERISA), and the security Act of 1574 (ERISA), and	1 imber i ians)
E Excess interfed Guernip Corporation Internal Revenue Coda (the Code). This Form is Open Io Inspection F::con: interfed Guernip Corporation Complete all entries in secondance with the instructions to the Form (550)-SF. This Form is Open Io Inspection F::con: interfed Guernip Corporation Complete all entries in secondance with the instructions to the Form (550)-SF. This Form is Open Io Inspection F::con: interfed Guernip Corporation Girl aller in a managed return/report Instructions to the Form (550)-SF. Instructions to the instruction of the instructinstruction of the insterecurve of the instruction of the instruct	1 imber i ians)
P. HI Annual Report Identification Information for jaler far plan year 2010 or fixed plan year beginning 01/01/2010 and ending 12/31/2010 A his r turn/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan 3 his r turn/report is for: Instreturn/report final return/report inal ending 12/31/2010 3 his r turn/report is for: Instreturn/report final return/report inal ended return/report inal ended return/report 3 his r turn/report is for: Instreturn/report short plan year return/report inal ended return/report 4 his r turn/report is for: Instreturn/report short plan year return/report inal ended return/report 3 his r turn/report is for: Instreturn/report short plan year return/report inal enderstice 3 his r turn/report is for: Instreturn/report short plan year return/report instreturn/report 4 his r turn/report Instreturn/report Instreturn/report instreturn/report instreturn/report 6 inal model special e cension (enter description) 10 Three-digit plan number 1 is the point of plan special e cension (enter description)	r iber 1 Milber 2 Jans)
For participant year 2010 or fraced plan year boginning 01/01/2010 and ending 12/31/2010 A his intum/report is for: Bingle-engloyer plan multiple-engloyer plan (not multiemployer) one-participant plan 3 his intum/report is for: If its retur/report final retur/report final retur/report 3 his intum/report is for: If its retur/report final retur/report final retur/report 3 his intum/report is for: If its retur/report short plan year retur/report final retur/report 3 his intum/report is for: If its retur/report short plan year retur/report final retur/report 3 his intum/report is for: If an amended retur/report suternatic extension ID=VC program 3 his intum of plan special extension (enter description) ID=VC program ID=VC program 1 lan ponsor's name and address (employer, if for single-employer plan) ID Three-digit plan number Plan number 1 lan ponsor's name and address (employer, if for single-employer plan) ID Three-digit plan number Plan number 1 lan ponsor's name and address (employer, if for single-employer plan) ID ID=VC program Plan number 1 lan ponsor's name and address (employer, if for single-employer plan)	r iber 1 Milber 2 Jans)
A Inis intervence is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan 3 his intervence final return/report final return/report final return/report 3 his intervence final return/report final return/report final return/report 3 his intervence final return/report final return/report final return/report 3 hord box if filing under: K Form 5558 automatic extension DFVC program 3 pectal a cension (enter description) DFVC program plan number 10 Three-digit plan number plan number plan number 11 ENTER H. COLEMAN 401K PLAN 10 Three-digit plan number ord 12 IN ISTH H. COLEMAN 401K PLAN 10 Three-digit plan number ord 13 ilan ponsor's name and address (employer; if for single-employer plan) 2b Employer-divertication Numer (EIN) 91 - 2005 291 21 W RIVEPSIDE AVE., STE. 654 2c Plan sponsor's name and address (if game as Flan sponsor, enter "Same") 3b Administrators Elephone 14 ian oministrator's name and address (if game as Flan sponsor, enter "Same") 3b Administrators Elephone 50 - 308 - 26 25 21 W RIVEPSIDE AVE., STE. 654 S2C Administrators Elephone 50 -	r iber 1 Milber 2 ians)
an amended return/report a short plan year return/report (less than 12 months) 3 Tool box if filing under: X Form 5558 automatic extension DEVC: program gecial extension (enter description) DEVC: program Peritil Bassic Plan Informationenter all requested information 1a tham of plan 1b Three-digit plan number 12N LETH H. COLEMAN 401K PLAN 1b Three-digit plan number 1a tham of plan 1b Three-digit plan number 1a tham of plan 1b Three-digit plan number 1a tham of plan 1b Three-digit plan number 1AN OFFICES OF KENNETH H 'COLEMAN PS 2b Employer dentification No. (EIN PL-2005 991.) 2AN OFFICES OF KENNETH H 'COLEMAN PS 2c Flan sponcor's telephone t 509 = 03.8 - 24.25 1PO TANE WA 99201 - 0411 5411.0 1a ten dministrator's name and address (if came as Plan sponsor, enter "Same") 3b Administrator's telephone t 509 = 03.8 - 24.25 1PO CANE WA 99201 - 0411 50.9 + 33.8 - 24.25 1PO CANE WA 99201 - 0411 50.9 + 33.8 - 24.25 1PO CANE WA 99201 - 0411 50.9 + 33.8 - 24.25 1PO CANE WA 99201 - 0411 50.9 + 33.8 - 24.25 1PO CANE WA 99201 - 0411	r iber 1 Milber 2 ians)
C bed box if filing under: X Form 5558 automatic extension DEVC program Image: Special a cleansion (enter description) Image: Special a cleansion (enter description) Image: Special a cleansion (enter description) Image: Special a cleansion (enter description) Image: Special a cleansion (enter description) Image: Special a cleansion (enter description) Image: Special a cleansion (enter description) Image: Special a cleansion (enter description) Image: Special a clean enter description Image: Special a clean of plan Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean of plan Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter description Image: Special a clean enter descripticle	r iber 1 Milber 2 ians)
Image: Special extension (enter description) Image: Special extension (enter descript	r iber 1 Milber 2 ians)
PartIII Basic Plan Information—enter all requested information Ia Ham of plan 1b Three-sigit HEN JETH H. COLEMAN 401K PLAN 1b Three-sigit IEN JETH H. COLEMAN 401K PLAN 1c Effective cate or plan Ia Ham of plan 01/01/2004 Ia Ham of plan 01/01/2004 Ia Ham of plan 01/01/2004 Ia Ham of plan conter (PN) } Ia Ham of plan 01/01/2004 Ia Ham of plan conter 01/01/2004 Ia Ham of plan conter 01/01/2004 Ia Ham of plan conter 01/01/2004 Ia Ham of plan plan conter 01/01/2004 Ia Ham of plan plan conter 01/01/2004 Ia Ham of plan plan conter 01/01/01/2004 Ia Ham of plan plan conter 01/01/01/2004 Ia Ham of plan plan conter 01/01/01/2004 Ia Ham of plan plan conter 01/011 Ia Ham of plan definition Plan sponsor field for single-conterval plan plan conter 01/01/01/2004 Ia Ham of plan transfer for the plan sponsor, enter "Same") 3b Administrators telephone for the plan plan conter for the last relum/report field for this plan, enter the for the plan plan conter for the last relum/report. Sponsor's name 4b ElN I to a under of part	r iber 1 Milber 2 ians)
Ia Ham of plan 1b Threadigit plan number (control of the plan with ecount it elances as of the end of the plan spansor has the angle since the last return/report filed for this plan, enter the rates the beginning of the plan spansor has the beginning of the plan year	r iber 1 Milber 2 ians)
Image: state of plan Image: state of plan Image: state	r iber 1 Milber 2 ians)
1c Effective cate of plan 1a ian ponsor's name and address (employer, if for single-employer plan) 2b Employer identification Nu 1AW OFFICES OF KENNETH H (IOLEMAN PS) 2b Employer identification Nu 421 W RIVERSIDE AVE., STE. 654 2c Plan sponsor's telephone : 509 - 033 - 2425 2c Plan sponsor's telephone : 509 - 033 - 2425 1a Ian dministrator's name and address (if same as Flan sponsor, enter "Same") 3b Administrator's telephone : 1a Ian dministrator's name and address (if same as Flan sponsor, enter "Same") 3b Administrator's telephone : 1a Ian dministrator's name and address (if same as Flan sponsor, enter "Same") 3b Administrator's telephone : 1a Ian dministrator's name and address (if same as Flan sponsor, enter "Same") 3b Administrator's telephone : 1a Ian dministrator's telephone : 91 - 2005591 3c Administrator's telephone : 1b PO TANE WA 9201-0411 3c Administrator's telephone : 1b PO TANE WA 9201-0411 3c Administrator's telephone : 1c Ib PO TANE S201-0411 3c	r iber 1 Milber 2 ians)
Image: Second state and address (employer, if for single-employer plan) 01/01/2004 Image: Second state and address (employer, if for single-employer plan) 2b Employer -dentification Number of participants at the beginning of the plan year) inther ; lans)
4-21 W RIVEESIDE AVE., STE. 654 Image: Constraint of participants at the beginning of the plan year) inther ; lans)
4-21 W RIVERSIDE AVE., STE. 654 2c Plan sponsor's telephone r 505 - 836 - 2425 SPO (ANE WA 99201 - 0411 ia Flan, dministrator's name and address (if kame as Plan sponsor, enter "Same") 3b Administrator's EN 91 - 2009 531 ia Flan, dministrator's name and address (if kame as Plan sponsor, enter "Same") 3b Administrator's EN 91 - 2009 531 ia Flan, dministrator's DF KENNETH (COLEMAR 25) 3b Administrator's EN 91 - 2009 531 i 21 W RIVERSIDE AVE., STE. 654 (PO CANE 9 \$ 201 - 0411 i PO CANE WA i PO CANE 9 \$ 201 - 0411 i Po rame and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the r; me. EIN, and the plan number from the last return/report. Sponsor's name 4b EIN a Fotal number of participants at the beginning of the plan year	; kans)
FIPO TANKE WA 99201-0411 2d Bustness code (see instruction of set 11.0) ia Han dministrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's comparison of the set Plan sponsor, enter "Same") 3b Administrator's comparison of the plan sponsor as changed since the last return/report filed for this plan, enter the rome. EIN and the plan number from the last return/report. Sponsor's name 3c Administrator's comparison of the plan sponsor has changed since the last return/report filed for this plan, enter the rome. EIN and the plan number from the last return/report. Sponsor's name 4c PN a Lotal number of participants at the beginning of the plan year	
ia tan dministrator's name and address (if (ame as Flan sponsor, enter "Same") 3b Acministrator's EIN IAW OFFICES OF KENNETH H COLEMAN 2S 91-2003931 21 W RIVERSIDE AVE., STE. 554 3c Acministrator's telephone r 509-338-2625 3c Acministrator's telephone r 10 he r ame and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the r; me. EIN, and the plan number from the last return/report. Sponsor's name 4c a Lotal number of participants at the beginning of the plan year) Insper
* 21 W RIVERSIDE AVE., STE. 554 3C Administrators telephone r * PO CANE WA \$\$201-0411 It her me and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the rime. EIN, and the plan number from the last return/report. Sponsor's name 4b EIN a Total number of participants at the beginning of the plan year 5a 5b b Total number of participants at the end of the plan year 5b 5b) mper
PO TANE WA 55201-0411 509-338-2625 If the risme and/or EIN of the plan aponson has changed since the last return/report filed for this plan, enter the risme. EIN, and the plan number from the last return/report. Sponsor's name 4b EIN a Total number of participants at the beginning of the plan year	
register in the plan number from the last reluminaport. Sponsor's name	
a Lotal number of participants at the beginning of the plan year	à - 600 0000000000000000000000000000000000
b Total number of participants at the end of the plan year	
C C otal number of participants with account Latances as of the end of the plan year (defined benefit plans do no;	2
n and the state of the second s	ت
çom; <u>'ela this item)</u>	2
a Wer all of the plan's assets during the plan year invested in eligible assets? (Sea instructions.)	L] No
inde 29 CFR 2520.104-457 (See instructions on waiver eligibility and conditions.)	OM []
<u>I'vo</u> answered "No" to either 6a or 5b, the plan cannot use Form 5500-SF and must litistead use Form 5500.	a 1
Flan vssets and Liabilities (a) Beginning of Year (b) End of Year	-
	35070
b total plan liabilities	
C Met g an assets (subtract line 7b from line 7a)	35070
incor e, Expenses, and Transfers for this Flan Year (a) Amount (b) Total	1
Confi butions received or received in	
(2) Farticipants	÷.,
(i) C hers (including rollovers)	
b Cithe income (loss)	
© Total ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	6467
d £ene ts paid (including direct rollovers and insurance premiums to provide benefits)	
e Certs n deeraed and/or corrective distributions (see instructions) 80	•
i - 4 dmi listrative service providers (selaries, fees, commissions)	
g tithe expenses	
h Total expenses (add lines 8d, 8e, 8f, and 2g)	12
Set is zome (loss) (subtract line 8h from line 8c)	الاسترياس .
I ransers to (from) the plan (see instructions)	-6455

		Form 5500-5F 2010 Page 2-[_					
P	t I\	Plan Characteristics					**************************************	1 6	445 - 	
se	If t	c plan provides pension benefits, enter the applicable pension feature codes from the List of F	lan Chara	Cieris	ic Cod	es in	ne instru	ແນ່ດດຣະ		****
	- 2	E 2J 2K 2R 3D								
þ	if ti	e plan provides wolfare benefits, enter the applicable welfare. Feature codes from the List of Plant	lan Ch ar ac	teristi	ć Čode	≥\$ în t	le instruc	sions:		
								2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
<u>~a</u> ·										-
10		, the the plan year: I s there a failure to transmit to the plan any participant contributions within the time period desi-	- A casta T		Yes	No		Amoun	ĩ.	·
•1	2	 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 	cribed in	103	1	х				
1		re there any nonexempt transactions with any party-in-interest? (Do not include transactions r		54G				rse ministraesinin		
	or	hine 10a)		105		х				
C	: W	is the plan covered by a fidelity bond?	*1.567.656	100	x			in a sina mangananana.	50	0
(i Di	. The plan have a loss, whether or not reimbursed by the plan's lidelity bond, that was caused t	by fraud	**************************************		**		·····		
	۵r	ishanesiy?,		10d		X				
E.	∖ W	i relany fees or commissions paid to any brokers, agents, or other persons by an insurance can a irrance service or other organization that provides some or all of the benefits under the plan? (mier,			1				
		: rende service of other organization and provides some of all of the benefits under the plant (^	10e		Х				
ſ		. The plan failed to provide any benefit when due under the plan?	F *			x				
			-	101			***** * *********		-	
ç		(the plan have any participant loans? (If "Yes," enter amount as of year end.)	······	10g		X				
ł		Is is an Individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)		10h		х				
i		I in was answored "Yes," check the box if you either provided the required notice or one of the								
		aptions to providing the notice applied under 29 CFR 2520.101-3		101						
ar.	. VI	Pension Funding Compliance					****			
11	IS I	us a defined benefit plan subject to minimum functing requirements? (If "Yes," see instructions	and comp	lete S	chedul	e Śl?	(Form			~~
	55	()])	*******					Ye	15	
2	ls	i is a defined contribution plan subject to the minimum funding requirements of section 412 of	the Code t	s sec	tion 30	2 of 9	21542.	Π Ye	5 X	ļ
		" 'es," complete 12a pr 12b, 12c, 12d, and 12e balaw, as applicable.)								
a	10.2	valver of the minimum funding standard for a prior year is being amortized in this plan year, s								
		- Phone Market State (1997)	ies instructi	ons, (and and	ter the	e datt of	ine letter	ณา ชา	
	gra	Eing the weiver, management communication and the second second second second second second second second second		ons, { 	and an:	ter the Day	e datt bi	the letter Year	<u>ໃນ</u> :ນີ	
łŧ)on Jon	a ling the weiver,	Nonth S line 1 3.			Day _	e date of	tne letter Yaar	ຍາ: ນຳ 	
li b	gra you En	 ting the weiver,			. [1	Day 2b		tne letter Yaar	ຍາ: ນາ 	
li b c	gra you En En	 ting the weiver,			. 1 . 1	Day 25 2c		tne letter Year	<u>e</u> n: 27	
li b c	gra ∋ou En En Su	 ting the weiver,	Month b line 13.	a	. 1 . 1	Day 2b		the letter Yaar		
li c d	gra you En En Su Rej	 a ting the weiver,		·····	- 1 - 1 - 1	Day 2b 2c 2d	Yes	Yas/		
li b d e	gra you En En Su Rej Wi	Ing the weiver,		·····	- 1 - 1 - 1	Day 2b 2c 2d	······	the letter Year		
li b d el an	gra >ou En En Su Re Wi	a ting the weiver. ompleted line 125, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t in the minimum required contribution for this plan year	Month b line 13.		- 1 7 7	Day 2b 2c 2d	······	Yaar		
li b d el an	gra >ou En En Su Rej Wi Ha	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t in the minimum required contribution for this plan year	Nonth ine 13.	·		Day	······	Yaar		
li b d <u>e</u> an 3a	gre you En En Su Re Vi Ha	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t in the minimum required contribution for this plan year	Nonth line 13.	a		Day 2b 2c 2d 3a	······	Yaar		
li b d <u>e</u> an 3a	gre >ou En En Su Re Wi Ha Ha Uf "	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t in the minimum required contribution for this plan year	Nonth inter 13. Inter 14. Inter 14. Inte		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Day 2b 2c 2d 	······	¥881 []] Νο []] Υε		
li b c d ani 3a b	gre you En En Su ne Wi Ha If " We of	a ting the weiver. ompleted line 125, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t in the minimum required contribution for this plan year	Nonth b line 13. o the left of brought ur		1 1 2	Day 2b 2c 2d 	······	¥881 []] Νο []] Υε		
li b c d <u>e</u> ari 3a b	gre you En En Su Re Wi Ha If " Wi of If (a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t in the minimum required contribution for this plan year	Nonth b line 13. o the left of brought ur		1 1 2	Day 2b 2c 2d 	······	¥881 []] Νο []] Υε		
li b c d <u>e</u> ari 3a b	gre you En Su Re VII Ha If " We of If of	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t in the minimum required contribution for this plan year	Nonth b line 13. o the left of brought ur		1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Day 2b 2c 2d 	Yes	Year [] No [] Ye [] Ye		- - - -
li b c d <u>e</u> ari 3a b	gre you En Su Re VII Ha If " We of If of	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t if the minimum required contribution for this plan year	Nonth b line 13. o the left of brought ur		1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Day2b2c2d3a3a	Yes	Year [] No [] Ye [] Ye		- - - -
li b c d ani 3a b	gre you En Su Re VII Ha If " We of If of	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t if the minimum required contribution for this plan year	Nonth b line 13. o the left of brought ur		1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Day2b2c2d3a3a	Yes	Year [] No [] Ye [] Ye		
li b c d <u>e an</u> 3a b	gre you En Su Re VII Ha If " We of If of	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t if the minimum required contribution for this plan year	Nonth b line 13. o the left of brought ur		1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Day2b2c2d3a3a	Yes	Year [] No [] Ye [] Ye		
li b c d ant 3a b c	gra En En Su Re Wi Ha If " Wa of If " Wa of So(a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t if the minimum required contribution for this plan year	Nonth inter 13. Inter 13. Inter 13. Inter 13. Inter 13. Inter 13. Inter 13. Inter 13. Inter 13. Inter 13.	a iderth plan(1 1 1 1 1 1 1 1 1 1 1 1 1 2 1 3 2 (;	Day 2b 2c 2d 2d 3a rol	Yas {::5}	Year No Ye Ye		
H b c d e an 3a b c - au	grading gradin	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t if the minimum required contribution for this plan year	Nonth bine 13. the telt of brought un identify the easonable	(a Ider th Dian(caus	1 1 1 1 1 1 1 2 1 1 2 1 3 2 (1 1 3 2 (1 1 2 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 2 1 1 1 1 1 1 1 2 1	Day 2b 2c 2d 2d 3a 4 701 701 701 701 701 701 701 701 701 701	Yes (5)	Year	- T 33 X 33 PN	
II b c d e an a a b c	grading of the second s	a ting the weiver. ampleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to ampleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t if the minimum required contribution for this plan year	brought un identify the reasonable of this return	(a Inder th Dian(Caus	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	225 225 226 227 233 333 333 333 333 333 333 333 333	Yes Kisi	Yaar No Yaar_ Yaar Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaa		
II b c d e an a a a b c	gradient for the second	a ting the weiver. completed line 120, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t in the minimum required contribution for this plan year	brought un identify the reasonable of this return	(a Inder th Dian(Caus	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	225 225 226 227 233 333 333 333 333 333 333 333 333	Yes Kisi	Yaar No Yaar_ Yaar Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaa		
II b c d e an a a a b c	gradient for the second	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t if the minimum required contribution for this plan year	Month Inter 13. Inter 14. Inter 14. Inte	a Ider th plan(caus port, i	1 1 1 1 1 1 1 1 2 1 1 2 (1) 1 1 2 (1) 1 2 (1) 1 1 2 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	225 225 226 227 233 333 333 333 333 333 333 333 333	Yes Kisi	Yaar No Yaar_ Yaar Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaar_ Yaa		
He c d e ni 3 b c - I au ab c all a Balling	grad En En Sub Will Ha If " Wa of If c wh Da So So	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t if the minimum required contribution for this plan year	Month S line 13. In the tell of brought un identify the reasonable of this returning TTH II.	der th plant caus n/repc port.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2b 2c 2d 2d 3a 701 2) EIN 22 EIN 23 EIN 21 EIN 21 EIN	Yes I(is) Sheel, if applic ast of my	Year No Year Ye Year_ Year_ Year_ Year_ Yea		
He c d e an a b c	grad En En Sub Will Ha If " Wa of If c wh Da So So	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t if the minimum required contribution for this plan year	Month Inter 13. Inter 14. Inter 14. Inte	der th plant caus n/repc port.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2b 2c 2d 2d 3a 701 2) EIN 22 EIN 23 EIN 21 EIN 21 EIN	Yes I(is) Sheel, if applic ast of my	Year No Year Ye Year_ Year_ Year_ Year_ Yea		
	gree you En Su Wi VII Ha If " We of (f wh bo (f of) So () Su VII Ha If " Su VII Ha If " Su VII Ha Su VII HA Su Su VII HA Su VII HA Su VII HA Su VII HA Su VII HA Su VII HA Su VII HA Su VII HA Su VII HA Su VII HA Su VII HA Su VII HA Su VII HA Su VII HA SU VII HA Su VII HA Su VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU VII HA SU HA SU VII HA SU VII HA SU VII HA SU VII HA SU HA SU VII HA SU SU SU SU SU SU HA SU HA SU VII HA SU SU SU SU SU SU SU SU SU SU HA SU SU SU SU SU SU SU SU SU SU SU SU SU	a ting the weiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to t if the minimum required contribution for this plan year	Month S line 13. In the tell of brought un identify the reasonable of this returning TTH II.	der th plant caus n/repc port.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2b 2c 2d 2d 3a 701 2) EIN 22 EIN 23 EIN 21 EIN 21 EIN	Yes I(is) Sheel, if applic ast of my	Year No Year Ye Year_ Year_ Year_ Year_ Yea		
If b c d e n 3a b c - au add c e n 3a Baller IGER	grad En Sug Rei Wi VIII Ha If " Wa of c If c if on: Sug If c If on: If c If	a ting the weiver	Month S line 13. In the tell of brought un identify the reasonable of this returning TTH II.	a ider th plan(caus port, 'COLIS Vidua	e is os rt, incl and to	2b 2c 2d 2d 3s rol 2) E(1) 5tabli uding the b 10 as	Yes Yes I(s) sheel, if agolic ast of my plan ado	Yaar No [] Ye [] Ye [] Ye [] Stace		