Fo	rm 5500-SF	Short Form Annual R		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	artment of the Treasury rnal Revenue Service	I This form is required to be file	Benefit Plan	and 4065 of the Employe	۵	2	2012	
Employee I	Pepartment of Labor Benefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058		This Form i	s Open to Public	
	enefit Guaranty Corporation	Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.		pection	
For calend	Annual Report Id Aar plan year 2012 or fisca	lentification Information al plan year beginning 01/01/201	2	and ending 1	2/31/2	2012		
	eturn/report is for:	a single-employer plan		lan (not multiemployer)	2/01/	a one-particip	pant plan	
	turn/report is:	the first return/report	the final return/report					
		an amended return/report		n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension	· 、		DFVC progra	ım	
• • • • • • • •		special extension (enter description	on)					
Part II	Basic Plan Inform	nation—enter all requested inform	ation					
1a Name MOS GAN					1b	Three-digit plan number (PN) ▶	001	
					1c	Effective date o	f plan	
	ponsor's name and addre	ess; include room or suite number (e	employer, if for a single	-employer plan)	2b	Employer Identi		
.O. BOX 3	02				2c	2c Sponsor's telephone number 509-865-2958		
OPPENIS	H, WA 98948-0392				2d	Business code (11190		
3a Plana	administrator's name and	address Same as Plan Sponsor N	Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN 62036	
4 If the			1					
name		lan sponsor has changed since the er from the last return/report.	last return/report lifed i	or this plan, enter the		EIN		
_ '		the beginning of the plan year			5a		18	
_		the end of the plan year			5b		17	
C Num	per of participants with ac	count balances as of the end of the	plan year (defined ben	efit plans do not	5c		17	
6a Were	e all of the plan's assets d	uring the plan year invested in eligib	ole assets? (See instruc	ctions.)			X Yes No	
unde	r 29 CFR 2520.104-46? (e annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan canr	and conditions.)		·····		X Yes 🗌 No	
		incomplete filing of this return/re						
Under per SB or Sch	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	oort, ii	ncluding, if applic		
SIGN	Filed with authorized/va	lid electronic signature.	05/31/2013	GRAHAM GAMACHE				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	gning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe		Date		lividual signing as employer or plan sponsor			
JODI CALH RANDALL 601 W. RIV		ne, if applicable) and address; inclue	se room of suite numbe	er (optional)	Prep	509-838	number (optional) 3-5500	
For Paperv	vork Reduction Act Notice a	and OMB Control Numbers, see the ins	structions for Form 5500	-SF.			Form 5500-SF (2012)	

or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5	500-SF.
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Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	. 7a	470079	2			5575125
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	7c	470079	2			5575125
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(4)	0440	2			
(1) Employers	. 8a(1)	2418 4177				
(2) Participants	8a(2)	4177	1			
(3) Others (including rollovers) b Other income (loss)	8a(3)	80917	7			
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 	8b 8c	00917	/			075400
d Benefits paid (including direct rollovers and insurance premiums	. OC			_		875130
to provide benefits)	. 8d	14	1			
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g	65	6			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					797
i Net income (loss) (subtract line 8h from line 8c)	8i					874333
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
2E 2F 2H 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature codes	from the List of Plan Chara	cterist	ic Coc	les in th	ne instructions:
				Yes	No	A
a Was there a failure to transmit to the plan any participant contribu				163	X	Amount
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	t? (Do not incl	lude transactions reported	10a 10b		X	
C Was the plan covered by a fidelity bond?				Х		500000
			10c			500000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		, ,	10d		X	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	is of year end	.)	10q		Х	
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instruction	ons and 29 CFR	10g		x	
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required n	otice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	e or se	ection :	302 of I	ERISA? 🛛 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.						
a If a waiver of the minimum funding standard for a prior year is bein				, and e		-
granting the waiver.		Mon	th		Day	Year
granting the waiver If you completed line 12a, complete lines 3, 9, and 10 of Schedul			th	 	Day_	Year

С	Enter	the amount contributed by the employer to the plan for this plan year	12c						
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d						
е	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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No					
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a						
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No				
С	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.)								
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)				
Part	VIII	Trust Information (optional)							

14a Name of trust	14b Trust's EIN

For	m 5500-SF	Short Form Annual	-	f Small Employ	vee	OMB Nos. 1210-0110 1210-0089
Depar Inter	tment of the Treasury nal Revenue Service	This form is required to be	Benefit Plan	d 4065 of the Employee		2012
	epartment of Labor enefits Security Administration	Retirement Income Security Ac	t of 1974 (ERISA), and sec rnal Revenue Code (the Co	tions 6057(b) and 6058((a) of	This Form is Open to Public Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instruc	tions to the Form 5500	-SF.	
Part I		lentification Information				- /21 /2022
For calenda	ar plan year 2012 or fisc	¥¥¥	01/01/2012	and ending]	2/31/2012
A This ret	urn/report is for: l	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	L	a one-participant plan
B This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C Check I	box if filing under:	 Form 5558	X automatic extension		Ĺ] DFVC program
			 ption)			
Part II	Basic Plan Infor	mation-enter all requested info	ormation			
1a Name		· · · · · · · · · · · · · · · · · · ·				Three-digit
AMOS G	AMACHE FARMS,	INC. PROFIT SHARING	PLAN			(PN) P 001
				}		Effective date of plan
						07/01/1970
2a Plan si	ponsor's name and addr	ess: include room or suite numbe	r (employer, if for a single-	employer plan)	2b	Employer Identification Number
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number AMOS GAMACHE FARMS, INC. (EIN) 91-0862036						EIN) 91-0862036
						Sponsor's telephone number
P.O. B	OX 392					509-865-2958
			~			Business code (see instructions)
TOPPEN		WA 98948-0392		Secondor Address		Administrator's EIN
	dministrator's name and		or Name USame as Plan	Sponsor Address		91-0862036
AMOS GI	AMACHE FARMS, 1	INC.			3c .	Administrator's telephone number
P.O. B	0V 202				Ļ	509-865-2958
P.U. D	JA 392					
TOPPEN	ISH	WA 98948-0392				
		plan sponsor has changed since t	he last return/report filed fo	r this plan, enter the	4b	EIN
4 If the r name	, EIN, and the plan num	ber from the last return/report.	ne last setainsreport ned re			
	or's name				4c	PN
5a Total	number of participants a	t the beginning of the plan year			5a	18
b Total i	number of participants a	t the end of the plan year			5b	17
C Numb	er of participants with ad lete this item)	ccount balances as of the end of t	he plan year (defined bene	fit plans do not	5c	17
		during the plan year invested in el				X Yes No
h Are vo	ou claiming a waiver of t	he annual examination and report	of an independent qualifie	d public accountant (IQ	PA)	<u>а.</u> л.
under	29 CFR 2520.104-46?	(See instructions on waiver eligibi	lity and conditions.)	and must instead use	Form	
		ner line 6a or line 6b, the plan c				
Caution: A	A penalty for the late of	r incomplete filing of this return er penalties set forth in the instruc	tions I declare that I have	evenined this return/ret	nort in	cluding if applicable, a Schedule
SB or Sche	anies of perjury and office adule MB completed and true, correct, and completed	I signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/report	, and t	o the best of my knowledge and
	h = h h		5/28/13	Graham Gamach	e	· · · · · · · · · · · · · · · · · · ·
SIGN	Only all					ning as plan administrator
	Signature of plan ad	ministrator	Date	Enter name of individ	uai sig	ning as plan administrator
SIGN						· · · · · · · · · · · · · · · · · · ·
HERE	Signature of employ	er/plan sponsor	Date		ual sig	ning as employer or plan sponsor arer's telephone number (optional)
		me, if applicable) and address; in	ciude room or suite numbe	r (optional)	^{-rep}	агы элскерлове поплост (орнонан)
Jodi C. Randal	ainoun 1 & Hurley, In	<u>~</u>				509-838-5500
1	Riverside Ave					
001 8.		., 20100 1000				
Spokan	e	WA 99201				
		and OMB Control Numbers, see the	instructions for Form 5500-	SF.		Form 5500-SF (2012) v. 120126

Form 5500-SF 2012

Page **2**

7 Dian Accode and Liphilities	1 1						
7 Plan Assets and Liabilities	ļļ_	(a) Beginning of Yea		_	(b)	End of Yea	
a Total plan assets	7a	470	079	2			557512
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	470	079	2			557512
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
Contributions received or receivable from: (1) Employers	8a(1)	2	2418	2			
(1) Employers	8a(2)	4	177	1			
(2) Participants	8a(3)						
b Other income (loss)	8b	80	917	7			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						87513
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		14	1			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g		65	6			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						79
i Net income (loss) (subtract line 8h from line 8c)	. 8i						87433
j Transfers to (from) the plan (see instructions)	8i						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 3D	feature code	s from the List of Plan Chara	acteris	tic Co	des in the i	instructions:	
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cteristi	c Cod	es in the in	structions:	
Part V Compliance Questions	_						
10 During the plan year:				Yes	No	Amo	unt
a Was there a failure to transmit to the plan any participant contribu							
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Correc	tion Program)	10a		x		
 a Was there a failure to transmit to the plan any participant controls 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	uciary Correct t? (Do not inc	tion Program)	10a 10b		x x		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest	uciary Correc t? (Do not inc	tion Program) slude transactions reported		x			50000
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correc t? (Do not inc fidelity bond	tion Program) clude transactions reported	10b	x			50000
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other	uciary Correc t? (Do not inc fidelity bond her persons t	tion Program) clude transactions reported , that was caused by fraud op an insurance carrier,	10b 10c 10d	x	X X		50000
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) 	uciary Correc t? (Do not inc fidelity bond her persons t of the benefit	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, is under the plan? (See	10b 10c	x	x x x		50000
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules) 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan the plan that are a loss. 	uciary Correc t? (Do not inc fidelity bond her persons t of the benefit	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, is under the plan? (See	10b 10c 10d	x	X X		50000
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) 	t? (Do not inc fidelity bond her persons to of the benefit	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c 10d 10e	x	x x x		50000
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o 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 a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	uciary Correc t? (Do not inc fidelity bond her persons t of the benefit an? (See instruct	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, is under the plan? (See d.)	10b 10c 10d 10e 10f	x	x x x x x		50000
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules) 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a lif 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 2520.10 	iciary Correct (Do not inc fidelity bond her persons to of the benefit an? (See instruct he required r 11-3	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X Iule SB (Fc		50000
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o 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 a 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 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	uciary Correc (Do not inc fidelity bond her persons t of the benefit an? (See instruct he required r 11-3 ments? (If "Ye	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, is under the plan? (See d.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X Iule SB (Fc	Drm.	Yes [] N
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a 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 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	uciary Correct (Do not inc fidelity bond her persons to of the benefit an? (See instruct he required r 11-3 ments? (If "Ye	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, is under the plan? (See d.)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X Ulle SB (FC		
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules) 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a 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 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is being the prior year is being	uciary Correct (Do not inc fidelity bond her persons t of the benefit as of year end (See instruct he required r 1-3 nents? (If "Ye g requirement 7, as applicab ng amortized	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i 10i e or see	Schee	X X X X X X X X X Iule SB (Fo 11a 302 of ERI 302 of ERI	SA?	Yes N Yes N Yes N