Form 5500-SF		Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be file		nd 4065 of the Employed	e	2012			
	partment of Labor enefits Security Administration	Retirement Income Security Act of the Interna		Open to P	ublic				
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	tions to the Form 550	)-SF.	Ins	pection		
Part I		lentification Information			0/04/				
_	ar plan year 2012 or fisc				2/31/2				
	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan		
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report						
-	l	╡ ' ¦		/report (less than 12 mo	onths	-			
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m		
		special extension (enter description							
Part II		mation—enter all requested inform	ation		44				
1a Name	of plan / 401(K) PROFIT SHAR				10	Three-digit plan number			
LAGIERDAI						(PN)	001		
					1c	Effective date of	plan		
						01/01/	2007		
<b>2a</b> Plan sp EASTERDA		ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 91-152		ber	
1816 N 20					2c	Sponsor's telept 509-547		r	
PASCO, WA	99301			2d Business code (se 112111			,		
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b	Administrator's E	IN		
					20	Administrator's t			
4 If the n	ame and/or EIN of the p	blan sponsor has changed since the l	ast return/report filed fo	r this plan, enter the	4b	EIN			
		per from the last return/report.		-					
a Sponso						PN			
		t the beginning of the plan year						114	
		t the end of the plan year		<u> </u>			131		
		count balances as of the end of the			5c			56	
		during the plan year invested in eligib					X Yes	No	
<b>b</b> Are yo	ou claiming a waiver of the	ne annual examination and report of	an independent qualifie	d public accountant (IQI	PA)				
		See instructions on waiver eligibility					X Yes	No	
		er line 6a or line 6b, the plan cann							
		incomplete filing of this return/rep per penalties set forth in the instruction					ble a Sche	dulo	
SB or Sche		signed by an enrolled actuary, as we							
SIGN	Filed with authorized/va	alid electronic signature.	07/04/2013	CODY A. EASTERDAY	Y				
HERE	Signature of plan ad	ninistrator	Date	Enter name of individu	inistrator				
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan spo	onsor	
Preparer's		me, if applicable) and address; includ				arer's telephone			

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

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	of Year	
a Total plan assets	. 7a	61290	8				908751	
<b>b</b> Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)	. 7c	61290	8				908751	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
a Contributions received or receivable from:	<b>a</b> (1)	0045	-					
(1) Employers	. 8a(1)	9315						
(2) Participants	. 8a(2)	13283	52					
(3) Others (including rollovers)	. 8a(3)	0054	0					
<b>b</b> Other income (loss)	. 8b	8854	2					
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	. 8c			-			314531	
to provide benefits)	. 8d	1047	3					
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f	821	5					
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						18688	
i Net income (loss) (subtract line 8h from line 8c)	. 8i						295843	
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
Part V Compliance Questions								
10 During the plan year:				Yes	No		Amount	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> </ul>	uciary Correc	ction Program)	10a	Yes	No X		Amount	
<ul><li>10 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	uciary Correc t? (Do not inc	ction Program)	10a 10b	Yes			Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	uciary Correc t? (Do not inc	xtion Program) clude transactions reported		Yes	х			00000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	uciary Correc t? (Do not inc fidelity bond	ction Program) clude transactions reported	10b		х			00000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	t? (Do not inc fidelity bond her persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c		X X	,		00000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all other and the plan have and the provides some or all other plan have plan have provides some or all other plan have provides some or all other plan have plan have provides some or all other plan have plan have provides some or all other plan have plan have provides some or all other plan have plan have plan have plan have plan have provides some or all other plan have plan have</li></ul>	uciary Correc t? (Do not inc fidelity bond ner persons b of the benefit	ction Program) Clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d		x x x	······································		00000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> </ul>	t? (Do not inc fidelity bond ner persons b of the benefit	ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c 10d 10e 10f		x x x x x			00000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribuze 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	in?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e		x x x x x x x			00000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul>	uciary Correc (Do not inc fidelity bond her persons b of the benefit n? s of year enc (See instruct he required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See d.) ions and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x x x x x			00000
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	uciary Correc (Do not inc fidelity bond her persons b of the benefit n? s of year enc (See instruct he required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See d.) ions and 29 CFR	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x x x			00000
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<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	uciary Correc (Do not inc fidelity bond her persons b of the benefit an? (See instruct he required n 1-3	tion Program) clude transactions reported that was caused by fraud by an insurance carrier, is under the plan? (See d.) ions and 29 CFR hotice or one of the s," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X X X ule SB	(Form	1	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	uciary Correc t? (Do not inc fidelity bond her persons b of the benefit as of year end (See instruct he required n 1-3 hents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X X X ule SB	(Form	1	× No
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all distructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	uciary Correct (Do not income fidelity bond her persons b of the benefit an? (See instruct he required n 1-3 hents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X X X ule SB	(Form	1	× No
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc (Do not inc fidelity bond her persons b of the benefit as of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See d.) ions and 29 CFR notice or one of the es," see instructions and corr ts of section 412 of the Code le.) l in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i 0plete	X Sched	X X X X X X X X X Ule SB	(Form ERISA?	1	X No
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to the minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding under guilt "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below</li> <li>a If a waiver of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year is being the set of the minimum funding standard for a prior year</li></ul>	uciary Correc (Do not inc fidelity bond her persons b of the benefit as of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0plete	X Sched	X X X X X X X X X Ule SB 11a 802 of E	(Form ERISA?	1 Yes Yes e letter rulir	X No
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>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.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>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</li> <li>a If a waiver of the minimum funding standard for a prior year is beil granting the waiver.</li> </ul>	uciary Correc (Do not inc fidelity bond her persons b of the benefit as of year end (See instruct he required n 1-3 hents? (If "Ye requirement , as applicab ng amortized <b>e MB (Form</b>	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 	X Sched	X X X X X X X X X Ule SB 11a 802 of E	(Form ERISA?	1 Yes Yes e letter rulir	XN

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		he 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	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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
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	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re	turn/Report c enefit Plan	of Small Employ	yee	3	OMB Nos. 121 121	0-0110 0-0089	
Department of the Treasury Internal Revenue Service	nd 4065 of the Employe	e	2	2012				
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19	ctions 6057(b) and 6058	058(a) of This Form is Open to F Inspection					
Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accorda</li> </ul>	<ul> <li>Complete all entries in accordance with the instructions to the Form 5500-S</li> </ul>						
	t Identification Information							
For calendar plan year 2012 or			and ending 1	12/31/	2012			
A This return/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan		
B This return/report is:	the first return/report the first return/report	ne final return/report						
	an amended return/report	short plan year retur	n/report (less than 12 mo	onths	)			
C Check box if filing under:	Form 5558	utomatic extension			DFVC progra	im		
	special extension (enter description)	8						
Part II Basic Plan Inf	ormation—enter all requested informati	on		-				
1a Name of plan				1b	Three-digit			
Easterday 401(k) Profit Sharing I	Plan				plan number (PN) ▶	001		
				10	Effective date o	f plan		
					01/01/2			
	ddress; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi	fication Numb	per	
Easterday Farms	9 N N				(EIN) 91-152	The call where the call		
				2c	Sponsor's telep		r	
1816 N 20				24	(509) 547-9600 Business code (see instructions)			
Dana 14/4 00204				Zu	Business code ( 112111		ons)	
Pasco, WA 99301 3a Plan administrator's name a	and address XSame as Plan Sponsor Nar	ne Same as Plar	Sponsor Address	3b	Administrator's		-	
4 min								
	ne plan sponsor has changed since the las umber from the last return/report.	t return/report filed to	or this plan, enter the	40	EIN			
a Sponsor's name				4c	PN			
5a Total number of participant	s at the beginning of the plan year			5a			114	
<b>b</b> Total number of participant	s at the end of the plan year			5b			131	
	account balances as of the end of the pla			5c			56	
				in ences		X Yes	7 No	
sections representation and the section of the sect	ts during the plan year invested in eligible of the annual examination and report of an	Weicke Proud Network 12 (1900) On ON 2012 AND 2012 Products				Miles		
	6? (See instructions on waiver eligibility an					X Yes	No	
If you answered "No" to	either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
	or incomplete filing of this return/repo	10 IL			15 IL 2245 IL	10-12-0		
	other penalties set forth in the instructions, and signed by an enrolled actuary, as well nplete.							
SIGN MILLE	lorda	6/20/2013	Cody A. Easterday					
HERE Signature of plan	administrator	Date	Enter name of individu	ual sid	ning as plan adn	ninistrator		
SIGN								
HERE	oyer/plan sponsor	Date	Enter name of individu	ual sir	ning as employe	r or plan spo	nsor	
	name, if applicable) and address; include i	and the second			parer's telephone			
For Paperwork Reduction Act Not 2013-06-12T13-45:53.156-05:00	ice and OMB Control Numbers, see the instru	ctions for Form 5500-	SF.			Form 5500-SF v. 1	(2012)	

Form 5500-SF 2012

Page 2

Pa	rt III Financial Information			_				_	
7	Plan Assets and Liabilities	1.1	(a) Beginning of Yea	r	(b) I			of Year	
а	Total plan assets	7a	612908	8				9087	51
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	612908	8				9087	51
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	93157	7					
	(2) Participants	8a(2)	132832	2				2.5	
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	88542	2			9	and and	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						31453	31
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10473	3					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	8215	5	1	100			Para la co
g	Other expenses	8g			1				-
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			3			186	88
i	Net income (loss) (subtract line 8h from line 8c)	8i						2958	43
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics		0.47						
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Chara	acteris	stic Co	des in	the instruct	ions:	
	2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Charac	cterist	ic Cod	es in tl	he instruction	ons:	
Par	t V Compliance Questions								
I PAIL	I V I Compliance Guestions								
					Vee	No			
10	During the plan year:	tione with in	the time period dependent in		Yes	No		Amount	:
10 a	During the plan year: 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 Corre	ction Program)	10a	Yes	No X		Amount	:
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	uciary Corre ? (Do not in	ction Program) clude transactions reported	10a 10b	Yes	1,951.		Amount	:
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre ? (Do not in	ction Program)		Yes	x		Amount	100000
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond?	(Do not in fidelity bond	ction Program) clude transactions reported d, that was caused by fraud	10b		x		Amount	
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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	۲ 🗌 ۲	2		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	he control			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
	3c(1) Name of plan(s):         1	3c(2) El	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			