Unimal losses device 2012 Internal losses device This first is required to be first under sections (04 and 4056 of the Code). This form is Open to Public Internal losses device Internal Revenue Code (the Code). This form is Open to Public Prove allow of the internal Revenue Code (the Code). Internal Revenue Code (the Code). This form is Open to Public Prove allow of the internal Revenue Code (the Code). Prove allow of the internal Revenue Code (the Code). Prove allow of the internal Revenue Code (the Code). Prove allow of the internal Revenue Code (the Code). Prove allow of the internal Revenue Code (the Code). Prove allow of the internal Revenue Revenue Code (the Code). Internal Revenue Code (the Code). Internal Revenue Revenue Revenue Revenue Revenue Revenue Revenue Re	Form 5500-SF		Short Form Annual Return/Report of Small Employ Benefit Plan			VEE		OMB Nos. 1210-0110 1210-0089	
Desemental Lacor Desemental Lacor The factor description of 1074 (ERISA), and socients 0057(i) and 6058(a) of interpace Neuron Code (the Code). This Form is Open to Public Impact Neuron Lacore 10. Part I. Annual Report Generation 10 mighte employee plan in contrastication information and endered 12012012 A This returningont is for: a mighte-employee plan in contrastication information and endered 12012012 A This returningont is for: a mighte-employee plan in contrastication information a number of plan year background a mighte-employee plan in contrastication information Derogenetation B This returningont is for: a mighte-employee plan incot multisemployee a number of plan year background Derogenetation Derogenetation B This returningont is for: a mighte-employee plan incot multisemployee a number of plan year background Derogenetation Derogenetation B This returningont is for: a mighte-employee plan incot multisemployee Derogenetation Derogenetation Derogenetation B Atten do Plan Information a short plan year description Derogenetation Derogenetation Derogenetation Derogenetation B Atten do Plan Information a short plan yearin descriplan on annote demoged information Dero	Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6056		and 4065 of the Employe	е	2	2012	
Londard stands stands (Salandard Calinate) Somplete all entries in accordance with the instructions to the Form 5500-SF. Terr La Annual Report Identification Information For calendary lan, year 2012 of finate plany year beginning (UK10012 and ending (2012012 a one-participant plan a an endinge employee plan a finate submitting to the finate strum/report a an endined return/report b first return/report c first return/repor	Employee Benefits Security Administration				B(a) of This Form is O				
For catendar plan year 2012 or findal plan year beginning 010/2012 and ending 12/31/2012 A This return/report is to: a single-employer plan (not multienpolyer) a cone-participant plan a cone-participant plan B This return/report is: the first return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: From 5558 adomatic extension DFVC program TA Name of plan appended return/report a short plan year return/report (less than 12 months) DFVC program ACCESS TELCOM 401(K) PLAN Ib Three-digit plan number (PN) 0.01 Ic Effective date of plan Orthogon (PN) ACCESS TELCOM, INCC. 220 E_SPRACUE AVE. SprokANE, WA 95002 26 Sponsor's tagen and address; include room or suite number (employer, if for a single-employer plan) 26 Employer dentification Number (EN) 2202 E_SPRACUE AVE. SprokANE, WA 95002 30 Administrator's name and address; Barne as Plan Sponsor Name Same as Plan Sponsor Address 30 Administrator's law. 310 Administrator's law. 33 Plan administrator's name and address; barne as Plan Sponsor Name Same as Plan Sponsor Address 30 Administrator's law. 310 Administrator's law. 53 Total number of participants at the beginning of the plan year. Sa Sa Sa				ordance with the instru	ctions to the Form 550	0-SF.			
A this return/report is: a single-employer plan a multiple-amployer plan (not multiemployer) a one-participant plan B This return/report is: a none-participant plan b this first return/report b this first return/report a one-participant plan C Check box if filing under: prom 5588 a storb plan visor first/report DFVC program J A Name of plan prom 5588 a storp plan DFVC program A Name of plan CCESS TELCOM 401(K) PLAN (D1 To e-digit plan number C B Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (D1 A Name of plan CCESS TELCOM 401(K) PLAN (D1 To e-digit plan number (D1 C D E SPRACUE AVE 2b Employer detexter of plan (Information) 3D Administrator's target store on or suite number (employer, if for a single-employer plan) 2D Employer detexter of plan (Information) C D E SPRACUE AVE 2B Sprowski kate store on or suite number (employer, if for a single-employer plan) 3D Administrator's target store on on suite number (employer, if for a single-employer plan) C D E SPRACUE AVE 2B Sprowski kate store on on suite number (employer L AVE Sprowski kate store on one suite number (employer plan) 3D Administrator's target store on one suite number (employer plan) C D E SPRACUE AVE)12	and ending 1	2/31/2	2012		
B This return/report the final return/report a short plan year return/report a port plan year return/report C Check box if filing under corm 6555 automatic setemision DFVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (employer, if for a single-employer plan) 01 CCESS TELCOM 401(N PLAN 1b Three-digit plan number (employer, if for a single-employer plan) 2b Employer Identification Number (employer, if for a single-employer plan) CACESS TELCOM, NCC 2C Sponsor's telephone number (employer, if for a single-employer plan) 2b Employer Identification Number (employer, if for a single-employer plan) CACESS TELCOM, NCC 2C Sponsor's telephone number (employer, if for a single-employer plan) 2b Employer Identification Number (employer, if for a single-employer plan) CACESS TELCOM, NCC 2C Sponsor's telephone number (employer, if for a single-employer plan) 3c Administrator's telephone number (employer, if so a single-employer plan) CACESS TELCOM, NCC 2D Sponsor's telephone number (employer, if so a single-employer plan) 3c Administrator's telephone number (employer, if so a single-employer plan) CACESS TELCOM, NCC 2D Sponsor's name 4b EN		Ţ.		_				pant plan	
C Check box if filing unde: Porm 5568 automatic extension DPVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number CCCESS TELCOM. 40(N) PLAN 1b Three-digit plan number 01 C2 Special extension (enter description) 01 1c Effective date of plan C2 Special extension 1b Three-digit plan number 01 1c Effective date of plan C2 Special extension 1b Three-digit plan number 001 1c Effective date of plan 001 C2 Special extension 1c Effective date of plan 001 <t< td=""><td></td><td>Г</td><td>the first return/report</td><td></td><td></td><td></td><td></td><td></td></t<>		Г	the first return/report						
a gecial extension (ener description) Part II Basic Plan Information—enter al requested information 13 Name of plan (NO) 13 Name of plan 001 12 Effective date of plan 001 22 Plan sponsor's name and address; include room or suite number (employer, If for a single-employer plan) 2b 22 Plan sponsor's name and address; include room or suite number (employer, If for a single-employer plan) 2b 20 E SPRACUE AVE. 2c 2002 E SPRACUE AVE. 2c 2003 Address 3d 2004 F SPRACUE AVE. 2c 2005 Address 2col Sponsor Name 3a Plan administrator's name and address [same as Plan Sponsor Name []same as Plan Sponsor Address 2002 E SPRACUE AVE. 2col Sponsor Name []same as Plan Sponsor Name []same as Plan Sponsor Address 3b Administrator's name and/or EIN of the plan number from the last return/report. 3c Administrator's name and address is of the plan year. 3c 3d 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 3d 3c Administrator's name			an amended return/report	a short plan year retu	n/report (less than 12 m	onths))		
Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) > 001 1a Name of plan (CCESS TELCOM 401(K) PLAN 1b Three-digit plan number (PN) > 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EN) Polyer Identification Number (EN) Poly Identification Number (EN) Polyer Identification Number (EN) Polyer Identification Number (EN) Polyer Identification Number SERS TELCOM, INC. 200 E OPRACILE AVE. SPORANE, WA 99002 3b Administrator's telephone number SERS TELCOM, INC. 200 E OPRACILE AVE. SPORANE, WA 99002 3c Administrator's telephone number SERS TELCOM, INC. 3b Administrator's telephone number SERS TELCOM, INC. 200 E OPRACILE AVE. SPORANE, WA 99002 3c Administrator's telephone number SERS TELCOM, INC. 3b Administrator's telephone number SERS TELCOM, INC. 3b Administrator's telephone number SERS TELCOM, INC. 3c Administrator's telephone number SERS TELCOM, INC. 3c Administrator's telephone number SERS TELCOM, INC. <	C Check	box if filing under:	Form 5558	3 automatic extension			DFVC program		
1a Name of plan 1b Three-digit CCESS TELCOM 401(K) PLAN 1c Effective date of plan number (PN) 01 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2c EspRAQUE AVE. 2c Sponsor's telephone number (SM) 91:1690051 2a Plan administrator's name and address. Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's ENPAGUE AVE. 2b CESS TELCOM, INC. 2c Sponsor's telephone number (SM) 91:1690051 3c Administrator's ENPAGUE AVE. 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's ENPAGUE AVE. 2c Sponsor's telephone number (SM), NC. 2c Sponsor's telephone number (SM) 91:1690051 3c Administrator's telephone number form the last return/report. 3c Administrator's ENPAGUE AVE. 3c Administrator's telephone number form the last return/report. 3c Administrator's telephone number 509:7747:2214 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. 4b EIN 5a Total number of participants at the beginning of the plan year (defined benefit plans do not complete this tell) 5c 5a Wer all of the plan spansor has changed since the last return/report. 5a 5a Wer all of the plan spansor and the plan vari invested in alighbe asset? (See instructions) Se 5a Wer a			special extension (enter descrip	tion)			_		
CCESS TELCOM 401(K) PLAN plan number plan number 0.01 28. Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number 202 E_SPRAGUE AVE. 2c Sponsor's name and address, include room or suite number (employer, if for a single-employer plan) 2c Sponsor's name on the common set in the set of the	Part II	Basic Plan Inform	nation—enter all requested infor	mation				1	
A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the solo -747-2214 C PN Solo -747-2214 C		•				1b	plan number	001	
2a Plan sponsor's name and address; include room or sulie number (employer, if for a single-employer plan) 2b Employer Identification Number (EM) VCCESS TELCOM, INC. 2b Employer Identification Number (EM) 2c Sponsor's telephone number 509-747-2214 2d Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3c ESS TELCOM, INC. 2202 E.SPRAGUE AVE. SPOKANE, WA 99202 3b Administrator's EIN (Ministrator's EIN (Ministrator's EIN Ministrator's EIN Ministrator's EIN Ministrator's EIN Ministrator's EIN Ministrator's EIN Ministrator's EIN (Ministrator's EIN Ministrator's EIN Ministrator 6a Were ald the plan's assets during the plan year invested in eligible asse						1c		•	
202 E. SPRAGUE AVE. 2c Sponsor's telephone number 508-747-2214 2d Business code (see instructions) 517000 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 517000 3d Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 508-747-2214 3d Administrator's telephone number 508-747-2214 3c Administrator's telephone number 508-747-2214 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report 4b EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the edginning of the plan year 5a 5a Total number of participants at the end of the plan year 5a 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 6a Were all of the plan's			ess; include room or suite number	(employer, if for a single	-employer plan)	2b	Employer Identi	fication Number	
POKANE, WA 99202 2d Business code (see instructions) 517000 3a Plan administrator's name and address same as Plan Sponsor Name same as Plan Sponsor Address CESS TELCOM, INC. 3b Administrator's EIN 91-1599051 3c Administrator's EIN name, EIN, and the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3b Administrator's EIN 909-747-2214 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 4c PN 5a Total number of participants at the end of the plan year	202 E SP					2c	2c Sponsor's telephone num		
CESS TELCOM, INC. 2020 E. SPRAGUE AVE. SPOKANE, WA 99202 91-1599051 3C Administrator's telephone number 509-747-2214 3C 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 5a 5a 5a 5a 5b 5c 6 Number of participants at the beginning of the plan year. 5a 6 Number of participants at the end of the plan year. 5c 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Yes * 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Yes * 6 Arey ould alming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) Yes * 7 ty ou answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filling of this return/report, including, if applicable, a Schedule SS or Schedule MS completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SS or Schedule MS						2d	Business code (see instructions		
CESS TELCOM, INC. 2202 ELSPRAGUE AVE. SPOKANE, WA 99202 3C Administrator's telephone numbe 509-747-2214 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 5a Total number of participants at the beginning of the plan year. 5a 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5b 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Stress b Arey ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes I the four assests during the plan year invested in eligible assets? (See instructions.) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, It is true, correct, and to omplete. Stork Filed with authorized/valid electronic signature. 07/15/2013 LAVERNE BIEL Heree Signature of plan administrator Date Enter name of individual signing as plan administrator	3a Plan a	administrator's name and	address Same as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b			
name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	CESS TEI	LCOM, INC.				3c			
a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year				e last return/report filed f	or this plan, enter the	4b	EIN		
5a 5a b Total number of participants at the beginning of the plan year			per from the last return/report.			40	DN		
b Total number of participants at the end of the plan year 5b c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes 1 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 1 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 1 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 1 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 1 under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Signature of plan administrator Signature			the beginning of the plan year					12	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	-							11	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Complete of the annual examination and report of an independent qualified public accountant (IQPA) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complete of the annual examination and report of an independent qualified public accountant (IQPA) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Image: Complete form form form form form form form form	C Num	per of participants with ac	count balances as of the end of the	e plan year (defined ben	efit plans do not			11	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 HERE Filed with authorized/valid electronic signature. 07/15/2013 LAVERNE BIEL SIGN HERE Filed with authorized/valid electronic signature. 07/15/2013 LAVERNE BIEL Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)								X Yes No	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. 07/15/2013 LAVERNE BIEL Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	b Are y unde	rou claiming a waiver of th r 29 CFR 2520.104-46? (ne annual examination and report of See instructions on waiver eligibilit	of an independent qualifi y and conditions.)	ed public accountant (IQ	PA)			
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. 07/15/2013 LAVERNE BIEL Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Filed with authorized/valid electronic signature. 07/15/2013 LAVERNE BIEL Signature of plan administrator Date Enter name of individual signing as plan administrator Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)									
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Filed with authorized/valid electronic signature. 07/15/2013 LAVERNE BIEL Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	Under per SB or Sch	alties of perjury and othe edule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	oort, ir	ncluding, if applic		
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Filed with authorized/valid electronic signature. 07/15/2013 LAVERNE BIEL Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	SIGN	Filed with authorized/va	lid electronic signature.	07/15/2013	LAVERNE BIEL				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual sig	gning as plan adr	ministrator	
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	SIGN	Filed with authorized/va	lid electronic signature.	07/15/2013	LAVERNE BIEL				
	HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual sig	gning as employe	er or plan sponsor	
	Preparer's	name (including firm nar	ne, if applicable) and address; inclu	ude room or suite numbe	er (optional)	Prep	oarer's telephone	number (optional)	
	For Di				0F			Form 5500-SF (2012)	

7 Plan Assets and Liabilities							
		(a) Beginning of Yea	of Year		(b) End of Year		
a Total plan assets	7a	55326	57			626349	
b Total plan liabilities	7b		0		319		
C Net plan assets (subtract line 7b from line 7a)		55326	67		626030		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:	a (1)	4040					
(1) Employers		1012		_			
(2) Participants		2140					
(3) Others (including rollovers)			0	_			
b Other income (loss)		5938	0				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		90904	
to provide benefits)	8d	1809	1				
e Certain deemed and/or corrective distributions (see instructions).	8e		0				
f Administrative service providers (salaries, fees, commissions)	8f	5	0				
g Other expenses	8g		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					18141	
i Net income (loss) (subtract line 8h from line 8c)	8i					72763	
j Transfers to (from) the plan (see instructions)	···· 8j		0				
Part IV Plan Characteristics			-				
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig			10a		x		
b Were there any nonexempt transactions with any party-in-intere on line 10a.)			10b		x		
C Was the plan covered by a fidelity bond?			10c	X		300000	
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		x		
e Were any fees or commissions paid to any brokers, agents, or c insurance service or other organization that provides some or al instructions.)	other persons by Il of the benefits	/ an insurance carrier, under the plan? (See	10e		x		
f Has the plan failed to provide any benefit when due under the plan	lan?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year end.)	10q	Х		1286	
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10g				X	1200		
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						
i If 10h was answered "Yes," check the box if you either provided	•		10i				
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	•		10i				
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	ements? (If "Yes	," see instructions and com	plete				
 i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 	ements? (If "Yes	," see instructions and com	plete	<u></u>			
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) Enter the amount from Schedule SB line 39 	ements? (If "Yes	," see instructions and com	plete		11a	Yes 🛛 No	
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If "Yes	," see instructions and com of section 412 of the Code	plete		11a		
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) Enter the amount from Schedule SB line 39 	ements? (If "Yes ng requirements w, as applicable eing amortized i	," see instructions and com of section 412 of the Code 3.) n this plan year, see instruc	plete e or se	ection (11a 302 of ER	Yes 🗙 No	
 i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If "Yes ng requirements w, as applicable eing amortized i	," see instructions and com of section 412 of the Code a.) n this plan year, see instruc 	plete e or se	ection (11a 302 of ER	ISA? Yes X No	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d							
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
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