For	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be fi		and 4065 of the Employe	е	2	2012
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act		ections 6057(b) and 6058		This Form i	s Open to Public
	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instru	ctions to the Form 550	0-SF.		poetion
Part I		entification Information al plan year beginning 01/01/20	12	and anding 1	2/24/	2012	
_	ar plan year 2012 or fisca				2/31/2		
		- [\exists · · · · ·	blan (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
-	L	an amended return/report	=	rn/report (less than 12 m	onths	-	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	im
		special extension (enter descrip	,				
Part II		nation—enter all requested infor	mation		46		
		NTRACTORS 401(K) PLAN			1D	Three-digit plan number	
	I BELEIK BEINERKE 66					(PN) 🕨	001
					1c	Effective date o	f plan
						01/01	
	ponsor's name and addre	ess; include room or suite number INTRACTORS, INC.	(employer, if for a single	e-employer plan)	2b		04939
PO BOX 112					2c	Sponsor's telep 509-46	
MEAD, WA	99021				2d	Business code (23620	see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b		EIN 04939
						509-467	7-1209
name	, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	e last return/report filed f	or this plan, enter the	-	EIN	
!	or's name	a				PN	
		the beginning of the plan year			5a		11
		the end of the plan year			5b		11
	· ·	count balances as of the end of the		•	5c		11
6a Were b Are yo under	all of the plan's assets d ou claiming a waiver of th 29 CFR 2520.104-46? (\$	uring the plan year invested in elig le annual examination and report o See instructions on waiver eligibilit er line 6a or line 6b, the plan car	ible assets? (See instru of an independent qualifi y and conditions.)	ctions.) ed public accountant (IQ	PA)		X Yes No
		incomplete filing of this return/r					
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I have	e examined this return/rep	oort, ir	ncluding, if applic	
SIGN	Filed with authorized/val	lid electronic signature.	07/30/2013	TOM HARTANOV OR	STE	/E FULLER	
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individ	ual sid	ning as employe	r or plan sponsor
JODI CALH RANDALL 8	name (including firm nam OUN & HURLEY INC. ERSIDE AVENUE, SUITI	ne, if applicable) and address; inclu					number (optional)
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the in	nstructions for Form 5500	-SF.			Form 5500-SF (2012)

or Paperwork Reduction Act Notice and OMB Control Numbers, see the in	nstructions for Form 5500-SF.
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	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	49741	5			679517
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	49741	5			679517
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	- (1)					
	(1) Employers	8a(1)	6609		_		
	(2) Participants	8a(2)	4500	0	_		
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	7101	1	_		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		182102
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g					
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
-	Net income (loss) (subtract line 8h from line 8c)	8i					182102
	Transfers to (from) the plan (see instructions)	8j					TOLTOL
-	t IV Plan Characteristics	oj					
b Part	2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the	instructions:
10					Yes	No	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			10a	103	X	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	lude transactions reported	10b			
С	· · · · · · · · · · · ·			100		Х	
d					X	X	500000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10c 10c	X	x x	500000
e		fidelity bond, ner persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10c	×		500000
e f	or dishonesty?	fidelity bond, her persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d	X	X	500000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bond, her persons b of the benefits n?	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d 10e 10f	X	x x	500000
f g	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bond, ner persons b of the benefits n? s of year end (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See .)	10c 10d 10e	×	x x x x	500000
f g	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no	that was caused by fraud y an insurance carrier, s under the plan? (See .)	10c 10d 10e 10f 10g	×	X X X X X	500000
f g	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan 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.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no	that was caused by fraud y an insurance carrier, s under the plan? (See .)	10c 10d 10e 10f 10g 10h	×	X X X X X	500000
f g h	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan 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.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See .)	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X Iule SB (Form
f g h i Part 11	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan 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.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bond, her persons b of the benefits n? s of year end (See instruction he required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X Iule SB (Form
f g h i Part 11	or dishonesty?	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X Iule SB (Form
f 9 1 Part 11	or dishonesty?	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no 1-3 nents? (If "Yes requirements	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X Iule SB (Form
f 9 h i 11 11a 12 a	or dishonesty?	fidelity bond, ner persons b of the benefits n? s of year end (See instruction the required no 1-3 nents? (If "Yes requirements , as applicable ng amortized	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i 0 or see ctionss	Schec	X X X X X X Iule SB (11a 302 of Ef	Form Yes No
f 9 h i 11 11a 12 a	or dishonesty?	fidelity bond, ner persons b of the benefits n? s of year end (See instruction the required no 1-3 nents? (If "Yes requirements , as applicable ng amortized	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i 0 or see ctionss	Schec	X X X X X X Iule SB (11a 302 of EF	Form Yes No RISA? Yes No date of the letter ruling

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		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
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

Form 5500-SF	Short Form Annual Re	-	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed				2012
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1 the Internal	974 (ERISA), and see Revenue Code (the C		B(a) of	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instruc	ctions to the Form 550	0-SF.	mapecuon
	entification Information				
For calendar plan year 2012 or fisca		01/2012	and ending		12/31/2012
A This return/report is for:	a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-participant plan
B This return/report is:	щ · Ц	he final return/report			
l. l.	an amended return/report	short plan year return	n/report (less than 12 m	onths	
C Check box if filing under:	Form 5558	automatic extension			DFVC program
	special extension (enter description)			
Part II Basic Plan Inform	nation—enter all requested informat	ion			
1a Name of plan	RAL CONTRACTORS 401(K)			1b	Three-digit plan number (PN) • 001
					Effective date of plan 01/01/2008
2a Plan sponsor's name and addree HARTANOV FULLER GENER	ess; include room or suite number (em AL CONTRACTORS, INC.	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1704939
PO BOX 1120				2c	Sponsor's telephone number 509-467-1209
MEAD	WA 99021			2d	Business code (see instructions) 236200
3a Plan administrator's name and	address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN
HARTANOV FULLER GENER PO BOX 1120				3c	91-1704939 Administrator's telephone number 509-467-1209
MEAD	WA 99021				
name, EIN, and the plan numb	lan sponsor has changed since the las er from the last return/report.	st return/report filed fo	or this plan, enter the		EIN
a Sponsor's name		~~~~~		4c	PN
	the beginning of the plan year			5a	11
b Total number of participants at	the end of the plan year			5b	11
	count balances as of the end of the pla			5c	11
	uring the plan year invested in eligible				
b Are you claiming a waiver of th under 29 CFR 2520.104-46? (\$	e annual examination and report of ar See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno	n independent qualifiend conditions.)	d public accountant (IQ	PA)	X Yes 🗍 No
Under penalties of perjury and other	incomplete filing of this return/report penalties set forth in the instructions, signed by an enrolled actuary, as well te.	I declare that I have	examined this return/rep	oort, ir	cluding, if applicable, a Schedule
SIGN Shomas Hautonn		1-29-13	Tom Hartanov d	or S	teve Fuller
HERE Signature of plan adm		Date	Enter name of individ	ual sic	ning as plan administrator
SIGN					
HERE	r/plan spansor	Data	Enter name of individ		
Preparer's name (including firm name)	r/pian sponsor ne, if applicable) and address; include	Date room or suite number		-	ning as employer or plan sponsor arer's telephone number (optional)
Jodi Calhoun			· · · · · · · · · · · · · · · · · · ·		,
Randall & Hurley Inc.					509-838-5500
601 W. Riverside Aven	ue, Suite 1600				
Spokane	WA 99201				

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Form 5500-SF (2012) v. 120126 Form 5500-SF 2012

Page 2

7 F	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Yea	ar	
a T	otal plan assets	7a	4	9741	. 5				67	951
bт	otal plan liabilities	7b	·······							
CN	Vet plan assets (subtract line 7b from line 7a)	7c	4	9741	.5				67	951
8 Ir	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
	Contributions received or receivable from:			6609	1					
	1) Employers	8a(1)	·····							
	2) Participants	8a(2)		4500						
	3) Others (including rollovers)	8a(3)		7101	-					
	Dther income (loss)	8b		7101	·				1.0	010
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							18	210
	o provide benefits)	8d								
e C	Certain deemed and/or corrective distributions (see instructions)	8e	- 100° - 100° - 100° - 100° - 100° - 100° - 100° - 100° - 100° - 100° - 100° - 100° - 100° - 100° - 100° - 100°							
f A	Administrative service providers (salaries, fees, commissions)	8f								
g C	Other expenses	8g								
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i N	let income (loss) (subtract line 8h from line 8c)	8i							18	210
j ⊤	ransfers to (from) the plan (see instructions)	8j								
Part	IV Plan Characteristics									
b I	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	e from the List of Plan Charav	ataviat	ic Cod	es in t	he instruct	ions:		
	V Compliance Questions			clensi						
Part					Yes	No		Amou	Int	
Part \ 10	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions within	the time period described in	10a				Amou	int	
Part V 10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut	ions within ciary Corre ? (Do not in	the time period described in ection Program)			No		Amou	int	
Part V 10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest?	ions within ciary Corre ? (Do not in	the time period described in ction Program) clude transactions reported	10a		No X		Amou		000
Part 1 10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 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.)	ions within ciary Corre ? (Do not in fidelity bond	the time period described in action Program) include transactions reported d, that was caused by fraud	10a 10b	Yes	No X		Amou		000
Part 10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? Did the plan have a loss, whether or not reimbursed by the plan's t	ions within ciary Corre ? (Do not in fidelity bond er persons f the benef	the time period described in action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c	Yes	No X X		Amou		0000
Part 1 10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o	ions within ciary Corre ? (Do not in fidelity bond er persons f the benef	the time period described in action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No X X X		Amou		0000
Part V 10 a b c d e f	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan	ions within ciary Corre ? (Do not in fidelity bond er persons f the benef	the time period described in action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X		Amou		0000
Part V 10 a b c d d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	ions within ciary Corre ? (Do not in fidelity bond er persons f the benef n? 	the time period described in action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No X X X X X X X		Amou		000
Part ^V 10 a b c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	ions within ciary Corre ? (Do not in fidelity bond er persons f the benef 1? s of year en See instruc	the time period described in action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See and.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X		Amou		0000
Part V 10 a b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (ions within ciary Corre ? (Do not in fidelity bond er persons f the benef n? s of year en See instruc	the time period described in action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) totions and 29 CFR notice or one of the	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X		Amou		0000
Part V 10 a b c d e f g h i vart V	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance	ions within ciary Corre ? (Do not in fidelity bond er persons f the benef n? s of year en See instruct e required I-3	the time period described in action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) itins and 29 CFR notice or one of the	10a 10b 10c 10d 10f 10g 10h	Yes	No X X X X X X X X X		Amou		0000
Part V 10 a b c d e f g h i vart V	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 /I Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ions within ciary Corre ? (Do not in fidelity bond er persons f the benef n? s of year en See instruc e required I-3 ents? (If "Yo	the time period described in action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) totions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X X X X X X	(Form			
Part V 10 a b c d e f g h i vart V 11	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	ions within ciary Corre ? (Do not in fidelity bond er persons f the benef n? s of year en See instruc e required I-3 ents? (If "Yo	the time period described in action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) totions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X X X X X X	(Form		50	
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