For	m 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employer			e <b>2012</b>		012			
Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration Employee Benefits Security Administration					8(a) of This Form is Open to F					
Pension Be	Pension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 5500-SF.       Inspection									
Part I		lentification Information								
For calendar plan year 2012 or fiscal plan year beginning     01/01/2012     and ending     12/31/2012										
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan			
B This ret	urn/report is:	the first return/report	the final return/report	al return/report						
		an amended return/report	a short plan year return/report (less than 12 months)							
C Check b	box if filing under:	× Form 5558								
special extension (enter description)										
Part II	Basic Plan Inform	nation—enter all requested information	ation							
1a Name	-				1b	Three-digit plan number				
NEW BUILD	INGS INSTITUTE 401(K	) PLAN				(PN)	001			
					1c	Effective date o	fplan			
						01/01	2008			
	oonsor's name and addre	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 68-04				
1601 BROAI	OWAY				2c	Sponsor's telephone number 509-493-4468				
	MON, WA 98672				2d	Business code (see instructions) 335900				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b	Bb Administrator's EIN				
<b>3c</b> Administrator's telephone number							elephone number			
		lan sponsor has changed since the later from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN					
a Sponse					<b>4c</b> PN					
5a Total number of participants at the beginning of the plan year					5a 20					
<b>b</b> Total r	number of participants at	the end of the plan year			5b 24					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not					50 20					
complete this item)       5c       24         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No										
6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       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.										
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se 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/va	lid electronic signature.	08/01/2013	ROCHELLE HALE	LE					
	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator						
SIGN	Filed with authorized/va	lid electronic signature.	08/01/2013	ROCHELLE HALE						
HERE	Signature of employe		Date	Enter name of individu						
Preparer's	name (including firm nar	ne, if applicable) and address; includ	e room or suite numbei	r (optional) -	Prep	parer's telephone	number (optional)			

7       Plan Assets and Labilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       492515       673317         b       Total plan assets (subtract line 7b from line 7a)       7c       492515       673317         c       Netgen Assets (subtract line 7b from line 7a)       7c       492515       673317         a       Controllutions received or receivable from       8a(1)       77949       10         a       Controllutions received or receivable from       8a(2)       1310083       20       250519         d       Dother finctuding relevers)       8a(2)       1310083       2000       250519         d       Benefits paid (including relevers)       8a       70002       250519       250519         d       Benefits paid (including relevers)       8a       70002       250519       250519         d       Benefits paid (including relevers)       8a       1915       30       250519       30 </th <th>Part III Financial Information</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Part III Financial Information								
b       Total plan labilities       Total       Total plan states (subtract line 70 from line 70)       Total 402515       (d) 27317         C       Income, Exprense, and Transfer for this Plan Year       (a) Amount       (b) Total       (b) Total         a       Contributions received or receivable from:       8a(1)       77349       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(2)       131068       (b) Total       (c) Amount       (b) Total         (c)       Participants.       8a(2)       131068       (c) Amount       (c) Total       (c) Amount       (c) Total         (c)       Definitionation (cons)       8a(2)       130068       (c) Amount       (c) Total       (c) Amount       (c) Total       (c) Amount       (c) Am	7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year		
C       Net plan assets (subtract line 7b from line 7a)	a Total plan assets			5			673317		
B         Income, Expanses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from: (1) Employees	<b>b</b> Total plan liabilities	7b							
a       Contributions received or receivable from:       Ba(1)       77449         (2)       Participants	C Net plan assets (subtract line 7b from line 7a)	7c	49251	492515			673317		
(1)       Employers       8a(2)       131068         (2)       Participants       8a(2)       131068         (3)       Other income (loss)       8a(3)       6       259519         (4)       De other income (loss)       8a(3)       6       259519         (5)       De other income (loss)       8a(3)       6       259519         (6)       De other income (loss)       6       76802       259519         (7)       Deting the deemed and/or corrective distributions (see instructions)       8d       76802       259519         (7)       Deting expenses       8d       1916       76802       259519         (7)       Test income (loss) (subtract line 8d, 8d, 8d, and 8g)       8d       1916       76717         (7)       Test income (loss) (subtract line 8d, 6d, 8d, 8d, and 8g)       8d       180602       180602         (7)       Test income (loss) (subtract line 8d, 6d, 8d, 8d, and 8g)       8d       180602       180602         (7)       Test income (loss) (subtract line 8d, 6d, 8d, 8d, and 8g)       8d       180602       180602         (7)       Test income (loss) (subtract line 8d, 6d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(2) Participants		• (1)	7704	•					
(a) Others (including rollovers)       Ba(3)       Bb       50502         (b) Other income (loss)       Bb       50502       259519         (c) Total income (loss)       Bc       70802       259519         (c) Deterning (loss)       Bc       70802       259519         (c) Deterning (loss)       Bc       70802       259519         (c) Deterning (loss)       Bc       70802       259519         (c) Other expenses       Bg       70111       7011       7011									
b       Other income (loss)       8b       50502         c       Total income (loss)       8c       250519         d       Benefits paid (including direct colovers and insurance permissions)       8d       76802         g       Cherre expenses       8g       778102         g       Other expenses       8g       778102         g       Other expenses       8g       778177         I       Net income (loss) (subtract line 8h from line 8c)       8l       778717         I       Net income (loss) (subtract line 8h from line 8c)       8l       78717         I       Net income (loss) (subtract line 8h from line 8c)       8l       100002         j       Transfers to (from) the pian (see instructions)       8j       100002         j       Transfers to (from) the pian (see instructions)       8j       100002         j       Transfers to (from) the pian (see instructions)       8j       100002         j       Transfers to (from) the pian (see instructions)       8j       100002         j       Transfers to (from) the pian (see instructions)       100       X       100         j       State (see instructions)       100       X       100       X       100         j       I			13106	8	_				
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)			5050	2	_				
to provide benefits)	-	80			_		259519		
f       Administrative service providers (salaries, fees, commissions)		8d	7680	76802					
g Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         Transfers (trom) the plan (see instructions)       8i         9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F 2G 2J 2K 3D         9a If the plan provides welfare benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F 2G 2J 2K 3D         9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         4       Was there a failure to transmit to the plan any participant contributions within the time period described in on a statistic Code in the instructions:         2B       Compliance Questions         10       During the plan year:         4       Was there a nation onexempt transactions with any parti-in-interest? (Do not include transactions reported too in line 10a)         c       Was the plan covered by a fidelity bond?	e Certain deemed and/or corrective distributions (see instructions)	8e							
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       78717         i       Net income (loss) (subtract line 8h from line 8c)       8i       1808022         j       Transfers to (from) the plan (see instructions)       8j       1808022         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2f       2F       2O       2X       3D         9a       If the plan provides weffare benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions:       Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2         0       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2         0       Working the plan year:       Yes       No       Amount         a       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on inter 10a, income symmetry and 10a       X       10a       X       10a       X	f Administrative service providers (salaries, fees, commissions)	8f	191	5					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       78717         i       Net income (loss) (subtract line 8h from line 8c)       8i       1808022         j       Transfers to (from) the plan (see instructions)       8j       1808022         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2f       2F       2O       2X       3D         9a       If the plan provides weffare benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions:       Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2         0       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2         0       Working the plan year:       Yes       No       Amount         a       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on inter 10a, income symmetry and 10a       X       10a       X       10a       X	g Other expenses	8g							
j       Transfers to (from) the plan (see instructions)       gj         Part V       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2J       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Yes       No       Amount         0       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,)       10c       X       11s         c       Was the plan covered by a fidelity bond?       10c       X       11s       12s         d       Did the plan have alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       12s         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X <th1< td=""><td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td><td>8h</td><td></td><td></td><td></td><td></td><td>78717</td></th1<>	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					78717		
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2f       2f       2G       2J       2K       3D         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fliduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       11c         c       Was the plan covered by a fidelity bond?       10c       X       11c       12c         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       12c         f       Has the plan failed to provide any benefit when due under the plan?       10t       X       2         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g <t< td=""><td>i Net income (loss) (subtract line 8h from line 8c)</td><td>8i</td><td></td><td></td><td></td><td></td><td>180802</td></t<>	i Net income (loss) (subtract line 8h from line 8c)	8i					180802		
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	j Transfers to (from) the plan (see instructions)	8j							
2E       2F       2G       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 25 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).       10b       X       11c       12c       CR       X       11c       12c       X       11c       11	Part IV Plan Characteristics	<i>i</i> 1			•				
10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       10c	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Charac	cterist	ic Cod	es in the	instructions:		
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10b       X       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X       10c         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10d       X       10c					Vee	Na	• •		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       12         c       Was the plan covered by a fidelity bond?       10c       X       12       12         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       12         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X       10e       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10h       X       10c       X       10c       X       10c       X       10c       X       10c       10c       10c       10c       10c       X		ions within th	e time period described in		Tes	NO	Amount		
on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       16c         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       16c         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X       X         1       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete SE (Form 5500) and line 11a below)       11a       11a <t< td=""><td>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</td><td>ciary Correct</td><td>ion Program)</td><td>10a</td><td></td><td>Х</td><td></td></t<>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	ion Program)	10a		Х			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X   e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X   f Has the plan failed to provide any benefit when due under the plan? 10f X   g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X   h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h   i If a the amount from Schedule SB line 39. 11a				10b		X			
or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X         Part VI       Pension Funding Compliance       10i       11a         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes proves proves in the state of the letter ruling granting the waiver.         a       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	<b>C</b> Was the plan covered by a fidelity bond?								
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)					Х		150000		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			that was caused by fraud		X	X	150000		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>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 or</li> </ul>	er persons by f the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10d	X		150000		
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul> <li>or dishonesty?</li> <li>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>	er persons by f the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10d 10e	×	X	150000		
<ul> <li>i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3</li></ul>	<ul> <li>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> </ul>	er persons by f the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10d 10e 10f	X	x x	150000		
Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	<ul> <li>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 as</li> <li>h If this is an individual account plan, was there a blackout period? (</li> </ul>	er persons by f the benefits ? s of year end. See instruction	that was caused by fraud y an insurance carrier, under the plan? (See	10d 10e 10f 10g	×	X X X	150000		
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	<ul> <li>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 or 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 as</li> <li>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</li> </ul>	er persons by f the benefits n? s of year end See instruction e required no	that was caused by fraud y an insurance carrier, a under the plan? (See 	10d 10e 10f 10g 10h	×	X X X	150000		
11a       Enter the amount from Schedule SB line 39	<ul> <li>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 as</li> <li>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 th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	er persons by f the benefits n? s of year end See instruction e required no	that was caused by fraud y an insurance carrier, a under the plan? (See 	10d 10e 10f 10g 10h	×	X X X	150000		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         a       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	<ul> <li>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 as</li> <li>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 th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement</li> </ul>	er persons by f the benefits s of year end. See instruction e required no -3	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i	Schec	X X X X	Form		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         a       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	<ul> <li>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 or 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 as</li> <li>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 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)</li> </ul>	er persons by f the benefits a? s of year end See instruction e required no -3	that was caused by fraud y an insurance carrier, under the plan? (See )	10d 10e 10f 10g 10h 10i	Schec	X X X X ule SB (f	Form		
<ul> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> <li>Month Day Year</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</li> </ul>	<ul> <li>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 as</li> <li>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 th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements500) and line 11a below)</li> </ul>	er persons by f the benefits as of year end. See instruction e required no -3	that was caused by fraud y an insurance carrier, under the plan? (See )	10d 10e 10f 10g 10h 10i	Schee	X X X X Iule SB (f	Form		
	<ul> <li>or dishonesty?</li></ul>	er persons by f the benefits a? s of year end See instruction e required no -3	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i	Schee	X X X X Iule SB (f	Form		
b Enter the minimum required contribution for this plan year	<ul> <li>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 or 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 as</li> <li>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 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements 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</li> <li>(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 bein</li> </ul>	er persons by f the benefits a? s of year end See instruction e required no -3 ents? (If "Yes requirements as applicable g amortized	that was caused by fraud y an insurance carrier, s under the plan? (See 	10d 10e 10f 10g 10h 10i plete	Schec	X X X X Iule SB (f 11a 302 of EF	Form		
	<ul> <li>or dishonesty?</li></ul>	er persons by f the benefits a? s of year end See instruction e required no -3	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i plete	Schec	X X X X Iule SB (f 11a 302 of EF	AISA? Yes X No		

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	<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?				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	<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