Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	rt I	Annual Report Identification Information							
For o	calenda	r plan year 2012 or fiscal plan year beginning 01/01/2013		and ending 0	7/31/2	2013			
A T	his ret	urn/report is for: 🗵 a single-employer plan 🔲 a	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan		
Вт	his ret	urn/report is: the first return/report X t	the final return/report						
		x an amended return/report x a	short plan year retur	rn/report (less than 12 m	onths)				
C	Check b	oox if filing under: Form 5558	automatic extension		DFVC program				
		special extension (enter description	u)						
Pa	rt II	Basic Plan Information—enter all requested informat	ion						
	Name (1b	Three-digit			
		T ORTHOPAEDIC ASSOCIATES EMPLOYEES 401K PROFI	T SHARING PLAN			plan number			
						(PN)	003		
			1c	Effective date of 12/01/	•				
2a	Plan sr	onsor's name and address; include room or suite number (em	nlover if for a single	-employer plan)	2h	Employer Identif			
PROL	IANCE	SURGEONS, INC., P.S.	ipioyer, ii for a sirigic	cinployer plans	20		06533		
					2c	Sponsor's telep	hone number		
875 S	WIFT E	BOULEVARD				509-946-1654			
RICHI	LAND,	WA 99352			2d	d Business code (see instructions)			
						62111			
За	Plan ad	lministrator's name and address ⊠Same as Plan Sponsor Na	ıme ∐Same as Pla	n Sponsor Address	3b	Administrator's I	EIN		
					3с	Administrator's t	telephone number		
4	16 41			andhia alam andandha	41-				
4		ame and/or EIN of the plan sponsor has changed since the las EIN, and the plan number from the last return/report.	st return/report filed f	or this plan, enter the	40	EIN			
а		pr's name			4c	PN			
5a	Total n	umber of participants at the beginning of the plan year			5a		47		
b	Total n	umber of participants at the end of the plan year			5b		0		
С		er of participants with account balances as of the end of the pla ete this item)			5с		0		
6a		all of the plan's assets during the plan year invested in eligible					X Yes No		
		u claiming a waiver of the annual examination and report of ar							
		29 CFR 2520.104-46? (See instructions on waiver eligibility ar					X Yes No		
	If you	answered "No" to either line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.			
		penalty for the late or incomplete filing of this return/repo							
		Ities of perjury and other penalties set forth in the instructions,							
		dule MB completed and signed by an enrolled actuary, as well rue, correct, and complete.	as the electronic ve	rsion of this return/report	, and	to the best of my	knowledge and		
			T.,,,,,,,,	T					
SIGN HERE		Filed with authorized/valid electronic signature.	10/15/2013	JOHN W. STAEHELI					
	_	Signature of plan administrator	Date	Enter name of individ	ual sig	ıning as plan adn	ninistrator		
SIGN									
HER		Signature of employer/plan sponsor	Date	Enter name of individ	_				
	arer's i	name (including firm name, if applicable) and address; include	room or suite number	er (optional)	Prep	arer's telephone	number (optional)		
		HURLEY, INC.				509-838	3-5500		
601 V	V RIVE	RSIDE AVE, SUITE 1600							
SPUR	VANE,	WA 99201							

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	nr .			(b) End of Year			
a	Total plan assets	. 7a	395937		(-,					0
	Total plan liabilities	7b	56	64						0
	Net plan assets (subtract line 7b from line 7a)	7c	395880	0			0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
	Contributions received or receivable from:		(a) Amount	(a) / imount						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)									
b	Other income (loss)	8b	37172	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							37172	9
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	102009	6						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1670	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	03679	16
i	Net income (loss) (subtract line 8h from line 8c)	8i							-66506	57
j	Transfers to (from) the plan (see instructions)	8j	-329374	10						
Pa	rt IV Plan Characteristics	<u> </u>	02007							
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	2E 2F 2G 2J 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions	-	
_										
Par				1		T	I			
10	During the plan year:				Yes	No		Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest 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's or dishonesty?	-	·	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					(
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i	X					
Par					<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П Ма
11a	5500) and line 11a below)					11a				
12	Is this a defined contribution plan subject to the minimum funding				ction :	302 of	ERISA?	🛮 🔻	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	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									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					~ <i>j</i>				
	Enter the minimum required contribution for this plan year	•				12b				
							•			

	Form 5500-SF 2012 Page 3 - 1	_				
		T	40			
C	Enter the amount contributed by the employer to the plan for this plan year	.	120	3		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		120	t		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	x N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	1		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	ne c	ontro	ol		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plane which assets or liabilities were transferred. (See instructions.)	s) to	0			
1	3c(1) Name of plan(s):	13	sc(2)	EIN(s)	13c(3) PN(s)
PROL	ANCE SURGEONS, INC., P.S. 401(K) PROFIT SHARING PLAN AND TRUST 91-	160	6533	3		001
Part	VIII Trust Information (optional)					
14a	Name of trust	•	14b	Trus	t's EIN	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I		t Identification Information				
For calend	dar plan year 2012 or	fiscal plan year beginning 01	/01/2013	and ending	07/31/20	13
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	olan (not multiemployer)	a one-par	ticipant plan
B This re	eturn/report is:	the first return/report	the final return/report	t		
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check	box if filing under:	☐ Form 5558 ☐	automatic extension		☐ DFVC pro	gram
	J	special extension (enter descriptio	n)		<u> П</u>	3
Part II	Basic Plan Inf	ormation—enter all requested informa				
1a Name		and an requestion inverse	-		1b Three-digit	
		dic Associates Employees	401k Profit	Sharing Plan	plan number	
				-	(PN) ▶	003
					1c Effective date 12/01/19	
2a Plan s	enoneor's name and a	ddress; include room or suite number (er	mployer if for a single	omployer plan)	T	
Northw	est Orthopaed	dic Associates	inployer, it for a single	-employer plan)	(EIN) 91-1	ntification Number
					2c Sponsor's te	
875 Sw	ift Boulevard	i			509-946-	
					2d Business cod	e (see instructions)
Richla		WA 99352			621111	
3a Plan a	administrator's name a	and address XSame as Plan Sponsor N	ame XSame as Pla	n Sponsor Address	3b Administrator	's EIN
					3c Administrator	's telephone number
					7 Administrator	o telephone namber
				10		
		ne plan sponsor has changed since the la umber from the last return/report.	st return/report filed for	or this plan, enter the	4b EIN	
	or's name	amber nem the last returningport.			4c PN	
5a Total	number of participants	s at the beginning of the plan year		•••••		47
b Total	number of participants	s at the end of the plan year		***************************************	5b	0
c Numb	er of participants with	account balances as of the end of the pl	lan year (defined bene	efit plans do not	5c	0
		ts during the plan year invested in eligible			100	X Yes No
	A CONTRACT LIGHT AND TO THE TANK A CONTRACT OF THE CONTRACT OF	of the annual examination and report of a	ACTION CONTINUES AND CONTINUES OF A DATA CONTINUES OF THE			K 163 140
under	29 CFR 2520.104-46	i? (See instructions on waiver eligibility a	nd conditions.)			X Yes No
- 5		either line 6a or line 6b, the plan canno	700000			
		or incomplete filing of this return/repo				
Under pena SB or Sche	alties of perjury and of edule MB completed a	ther penalties set forth in the instructions ind signed by an enrolled actuary, as wel	, I declare that I have	examined this return/report	port, including, if app	licable, a Schedule
belief, it is	true, correct, and com	plete.	i do trio cicotronio ver	sion of this return/report	i, and to the best of t	ny knowledge and
SIGN	dela	W MANUE	10-8-13	John W. Staehe	eli	
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual algaine as also s	
OLON	Signature of plant	diffillisti atoi	Date	Enter name of individual	uai signing as pian a	aministrator
SIGN HERE						
	Signature of emplo	pyer/plan sponsor name, if applicable) and address; include	Date	Enter name of individu		
Jodi Ca		iamo, ii applicabio, and address, include	Toom or suite numbe	(optional)	Freparer's telephor	ne number (optional)
	l & Hurley, I	nc.		İ	509-83	8-5500
	Riverside Ave					
Snokane		WA 99201				

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year	
а	Total plan assets	. 7a		5937	71		(
b	Total plan liabilities	. 7b		56			(
С	Net plan assets (subtract line 7b from line 7a)	. 7c	39	5880	7		(
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total	
а	Contributions received or receivable from:							
	(1) Employers	0000 000000			+-			
	(2) Participants	. 8a(2)			_			
	(3) Others (including rollovers)	8a(3)						
-	Other income (loss)	. 8b	3	7172	2.9			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			_		371729	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	10	2009	6		· ·	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e				-(6		
f	Administrative service providers (salaries, fees, commissions)	. 8f		1670	0			
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1036796	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		<u>Li.</u>			-665067	
j	Transfers to (from) the plan (see instructions)	8j	-32	9374	0			
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2G 2J 2T 3B 3D						41 - 0000 (AVIII)	
10	During the plan year:	11 17 17			Yes	No	Amount	
	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		Х	, unounc	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		300000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		THE RESIDENCE OF STREET AND ADDRESS OF THE PROPERTY OF THE PRO	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	of the bene	fits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear er	nd)		2000		C	
				10a	X		. ~ ~	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 10h	Х			
h i	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	(See instru	notice or one of the					
i	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	(See instru	notice or one of the	10h	Х			
	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	See instruction required 1-3	notice or one of the	10h 10i	X X Sched		3 (Form	
Part	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	(See instruction of the required 1-3ents? (If "Y	notice or one of the	10h 10i plete	X X Sched		3 (Form	
Part	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 5500) and line 11a below) Enter the amount from Schedule SB line 39	(See instruction of required 1-3	notice or one of the	10h 10i	X X Sched	11a	3 (Form Yes No	
i Part 11	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 5500) and line 11a below) Enter the amount from Schedule SB line 39	(See instruction of required 1-3	notice or one of the es," see instructions and com	10h 10i	X X Sched	11a	3 (Form Yes No	
Part 11 11a 12	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 5500) and line 11a below) Enter the amount from Schedule SB line 39	requirements as applicating amortize	rotions and 29 CFR notice or one of the res," see instructions and com nts of section 412 of the Code ble.) d in this plan year, see instructions	10h 10i plete or se	X X Sched	11a 302 of	B (Form Yes No ERISA? Yes X No	
1 Part 11 11a 12 a	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 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	ents? (If "Y	retions and 29 CFR notice or one of the res," see instructions and com notice of section 412 of the Code ble.) d in this plan year, see instructions	10h 10i plete or se	X X Sched	11a 302 of enter th	B (Form Yes No ERISA? Yes X No ne date of the letter ruling	
i Part 11 11a 12 a If	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 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ents? (If "Y	retions and 29 CFR notice or one of the res," see instructions and com nts of section 412 of the Code ble.) d in this plan year, see instructions and skip to line 13.	10h 10i plete or se	X X Sched	11a 302 of enter th	B (Form Yes No ERISA? Yes X No ne date of the letter ruling	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I	Annual Report						
For	calend	ar plan year 2012 or f	iscal plan year b	eginning	01/01/2013	and ending		07/31/2013
A	This ret	:urn/report is for:	X a single-en	nployer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan
В	This ret	:urn/report is:						
			X an amende	ed return/report	X a short plan year return	n/report (less than 12 m	onths))
C	Check I	box if filing under:	Form 5558		automatic extension			DFVC program
		Ü						
Pa	rt II	Basic Plan Info		ension (enter desc		- WARK - 12 - 18 3. L.		
	Name		THICK OF CHI	er all requested in	Official		1b	Three-digit
			lic Associa	ates Employ	ees 401k Profit S	Sharing Plan		plan number (PN) • 003
				1c Effective date of plan 12/01/1993				
	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Proliance Surgeons, Inc., P.S.							Employer Identification Number (EIN) 91–1606533
87	5 Sw:	ift Boulevard					2c	Sponsor's telephone number 509-946-1654
Ri	chla	nd	WA	99352			2d	Business code (see instructions) 621111
3a	Plan a	dministrator's name a	nd address XSa	ame as Plan Spons	sor Name XSame as Plan	Sponsor Address	3b	Administrator's EIN
							3с	Administrator's telephone number
4		name and/or EIN of th EIN, and the plan nu			the last return/report filed fo	r this plan, enter the	4b	EIN
а		or's name	mbor morn and la	ot rotalini opoliti			4c	PN
	200		at the beginning	of the plan year			5a	47
b	Total r	number of participants	at the end of the	e plan year			5b	0
С					the plan year (defined bene		5c	0
6a	Were	all of the plan's asset	s during the plan	year invested in e	ligible assets? (See instruct	ions.)		X Yes No
b	under	29 CFR 2520.104-46	? (See instructio	ns on waiver eligib	t of an independent qualified ility and conditions.)			
					annot use Form 5500-SF			
		Market Committee	30.00		n/report will be assessed ι		38 43	
SB	or Sche		nd signed by an					ncluding, if applicable, a Schedule to the best of my knowledge and
SIGI		John	Stache	l'		John W. Staehe	eli	
HER	Œ	Signature of plan a	dministrator		Date 16-14-13	Enter name of individu	ual sig	ning as plan administrator
SIGI	N							
HER	E	Signature of emplo	yer/plan spons	or	Date	Enter name of individu	ual sig	ning as employer or plan sponsor
95.			name, if applicab	le) and address; in	clude room or suite number	(optional)	Prep	arer's telephone number (optional)
		alhoun						509-838-5500
		L & Hurley, I		.00				
601	L W F	Riverside Ave	, Suite 16	00		ŀ		
Sno	okane	2	WA	99201				

Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year	
а	Total plan assets	7a	T	5937	71		(
b	Total plan liabilities	7b		56	54		(
С	Net plan assets (subtract line 7b from line 7a)	39	5880	7		(
8	Income, Expenses, and Transfers for this Plan Year	90000000		22 - 24 - 27	(b) Total			
а	Contributions received or receivable from:	r receivable from:						
	(1) Employers	8a(1)			+			
	(2) Participants	8a(2)			+		W 2 W 3 W 4 W 4 W 4 W 4 W 4 W 4 W 4 W 4 W 4	
	(3) Others (including rollovers)	8a(3)	2	7170				
	Other income (loss)	8b	3	7172	9		271700	
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					371729	
	to provide benefits)	8d	10	2009	6			
	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1670	0			
	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1036796	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-665067	
j	Transfers to (from) the plan (see instructions)	8j	-32	9374	0			
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3B 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charae	cteristi	c Cod	les in	the instructions:	
_								
Part		0.0010					Т	
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Χ		
b		? (Do not i	include transactions reported	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		300000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	1?		-10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10a	Х		0	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h	Х			
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			10i	Х			
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					W 221 - 4 -		
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	•••••	Mont		and e	nter th Day	ne date of the letter ruling Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	'						
b	Enter the minimum required contribution for this plan year					12b		