For	m 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	This form is required to be fi	е	2	2012			
Employee B	epartment of Labor enefits Security Administration	ctions 6057(b) and 6058 ode).		f This Form is Open to Public Inspection				
	nefit Guaranty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.		pection	
Part I		entification Information	10	and anding 1	0/04/	2012		
	ar plan year 2012 or fisca	al plan year beginning 01/01/20			2/31/			
	urn/report is for:			an (not multiemployer)		a one-partici	oant plan	
B This ret	urn/report is:	the first return/report	the final return/report					
•	2	an amended return/report		n/report (less than 12 m	,			
C Check box if filing under:						DFVC progra	am	
		special extension (enter descrip						
Part II		nation—enter all requested infor	mation		16	Three disit		
1a Name NORTHWES	-	OCIATES EMPLOYEES 401K PR	OFIT SHARING PLAN			Three-digit plan number (PN) ►	003	
					1c	Effective date o	•	
2a Plan sp PROLIANCE	oonsor's name and address SURGEONS, INC., P.S	ess; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-16	fication Number 06533	
875 SWIFT	BOULEVARD				2c	Sponsor's telep 509-94		
RICHLAND,	WA 99352-3592				2d	Business code (62111	(see instructions)	
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN 606533	
PROLIANCE	SURGEONS, INC., P.S.		BOULEVARD WA 99352-3592		3c		telephone number	
		lan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN 91-11	07815	
		or from the last return/report.			4c	PN	003	
		the beginning of the plan year			5a		43	
		the end of the plan year			5b			
		count balances as of the end of the			00			
	· ·			•	5c		39	
	•	uring the plan year invested in elig	· · ·	,			X Yes No	
	5	e annual examination and report of See instructions on waiver eligibilit		•			X Yes 🗌 No	
	,	er line 6a or line 6b, the plan car	• •					
		incomplete filing of this return/r						
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as the.						
SIGN	Filed with authorized/va	lid electronic signature.	10/15/2013	JOHN W. STAEHELI				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ndividual signing as plan administrator			
SIGN		ignature of employer/plan sponsor Date Enter name of individu				- ·		
HERE	Signature of employe					gning as employe	er or plan sponsor	
	name (including firm nar	ne, if applicable) and address; inclu	ude room or suite number				number (optional)	
601 W RIVE	HURLEY, INC. RSIDE AVE, SUITE 160	00				509-838	3-5500	
SPOKANE,	WA 99201							

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	353125	0			3959371
b	Total plan liabilities	7b		8			564
С	Net plan assets (subtract line 7b from line 7a)	7c	353124	2			3958807
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)	40005	.0			
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	48825	9			400050
	Benefits paid (including direct rollovers and insurance premiums	00					488259
	to provide benefits)	8d	3136	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f.	Administrative service providers (salaries, fees, commissions)	8f	2877	8			
g	Other expenses	8g	55	6			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					60694
	Net income (loss) (subtract line 8h from line 8c)	8i					427565
J	Transfers to (from) the plan (see instructions)	8j					
Part	If the plan provides welfare benefits, enter the applicable welfare fe						
10	During the plan year:				Yes	No	Amount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	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		x	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefi	ts under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear en	d.)	10q	Х		33416
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	tions and 29 CFR	10g		Х	33410
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 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	requiremen	ts of section 412 of the Code	e or se	ection	302 of I	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicat	ble.)				
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		, and e	enter th Day	e date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	1 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

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

						1	
. 2	rm 5500-SF	Short Form Annual	Return/Report of Benefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089
Inte	artment of the Treasury ernal Revenue Service	This form is required to be t		2012			
Employee I	Department of Labor Benefits Security Administration	Retirement Income Security Act the Inter	rnal Revenue Code (the 0		8(a) of	This Form	is Open to Public spection
Pension E	Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instru	ctions to the Form 550	00-SF.		spection
Part I		lentification Information					
For calend	ar plan year 2012 or fisca		01/01/2012	and ending		12/31/201	2
A This re	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partic	ipant plan
B This re	turn/report is:] the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)		
C Check	box if filing under:	K Form 5558	automatic extension			DFVC progr	am
1 <u>7</u>		special extension (enter descrip	otion)				
Part II	Basic Plan Inform	nation—enter all requested info	rmation				
1a Name NORTHW		C ASSOCIATES EMPLOYER	ES 401K PROFIT	SHARING PLAN	1b	Three-digit plan number	
						(PN)	003
19. Jan 19. Jan - 19 19 19						Effective date of 12/01/1993	
2a Plans NORTHW	ponsor's name and addre EST ORTHOPAEDIC	ess; include room or suite number ASSOCIATES	(employer, if for a single-	employer plan)		Employer Ident (EIN) 91-110	ification Number
875 SW	IFT BOULEVARD					Sponsor's telep	
RICHLA	ND	WA 99352-3592				Business code 621111	(see instructions)
	dministrator's name and a		r Name Same as Plar	Sponsor Address		Administrator's 91-110781	
NORIHW	ESI OKINOFAEDIC	ASSOCIATES					telephone number
875 SW RICHLA	IFT BOULEVARD	WA 99352-3592				509-946-10	554
4 If the r	name and/or EIN of the pl	an sponsor has changed since the er from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN	
	or's name	er from the last return/report.			4c	PN	
5a Total	number of participants at	the beginning of the plan year			5a		43
b Total i	number of participants at	the end of the plan year			-		47
c Numb	er of participants with acc	count balances as of the end of the	e plan year (defined bene	fit plans do not	5c		39
6a Were	all of the plan's assets du	uring the plan year invested in elig	ible assets? (See instruc	tions.)			X Yes No
b Are yo under	ou claiming a waiver of the 29 CFR 2520.104-46? (S	e annual examination and report of See instructions on waiver eligibilit er line 6a or line 6b, the plan car	of an independent qualifie y and conditions.)	d public accountant (IQ	PA)		X Yes No
		ncomplete filing of this return/r				ALMAN AND A	
Under pena	alties of perjury and other	penalties set forth in the instruction	ons, I declare that I have a	examined this return/rep	port, ind	cluding, if applic	able, a Schedule
SB or Sche belief, it is t	edule MB completed and s true, correct, and complete	signed by an enrolled actuary, as e.	well as the electronic vers	sion of this return/report	, and to	o the best of my	knowledge and
SIGN (Joh W.	STAULLA	10 c & 11-	John W. Staehe			
	Signature of plan adm	inistrator	Date 017	Enter name of individ	ual sigr	ning as plan adn	ninistrator
SIGN HERE							
	Signature of employer		Date	Enter name of individ			
Preparer's Jodi Ca		e, if applicable) and address; inclu	Jde room or suite number	(optional)	Prepa		number (optional)
Randall	l & Hurley, Inc.	8				509-838	-5500
601 W H	Riverside Ave, S	Suite 1600					
Spokane	2	WA 99201					
-		WA 99201		-			

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

b Total plan liabilities 7b Fb 56 C Not plan assets (subtract line 7b from line 7a) 7c 5531242 3955887 B Income, Expense, and Transfers for this Pinn Year (a) Amount (b) Total C Outplanes received or receivable form: 8a(1) (b) Total (c) During (nouding received or receivable form: 8a(1) (c) Fd (d) Chars (including received or receivable form: 8a(1) (c) Fd (d) Chars (including received or receivable form: 8a(1) (c) Fd (d) Chars (including received subtract line 8a(1), 8a(2), 8a(3), and 8b) 8a 488259 6 C Total income (loss) 8b 488259 6 6 (e) Control income and and/c corrective distributions (see instructions). 8e 28772 6 (f) Aministrative service provides barriellows (salaries, loss, commissions). 8f 6 60.699 1 Total segments (add lines 8d, 8e, 8f, and 8g) 8g 55.6 6 6 1 The plan provides parentine instructions: 22 C 2 Z 3 D 2 C 2 Z Z Z Z Z Z Z Z Z	Pa	rt III Financial Information		1 m						
a Total plan lastitistics 7a 353.1250 399.927. b Total plan lastitistics 7b 8 565 C Not plan seate (subtract line 7b from line 7a) 7c 19.312.42 395880° 8 Income, Expenses, and Transfors for this Plan Yoar (a) Amount (b) Total 8 Income, Expenses, and Transfors for this Plan Yoar (a) Amount (b) Total 9 Other income (logs) 8a(1) (b) Total (b) Total 10 Other income (logs) 8a(2) 488(2) 488(25.9 11 Enclose (logs) 8a(2) 488(2) 488(25.9 12 C traital neomal dual funct followers and insurance perturburs 8d 313.60 488(25.9 12 C traital neomal service provides (subtract line setvice) 8d 313.60 428.756 13 Traital expenses (cid lines 8d, 8d, 8d, and 8g) 8d 428.756 428.778 13 Traital expenses (cid lines 8d, 8d, 8d, and 8g) 8d 428.778 428.778 14 Traital expenses (cid lines 8d, 8d, 8d, and 8g) 8d 427.76 428.778 14 Trainsfers 6 (from 1ine 8c) 8	7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Year	
c Not plan assets (subtract line 7b from line 7a)	а	Total plan assets	. 7a			50				3959371
8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Centribuitions received or receivable form: 8a(1) (b) Participants. 8a(2) (c) Denter income dots) 8a(2) (c) (c) (c) Other income dots) 8a (c) 48251 (c) Other income dots) 6a 28778 (c) (c) Other income dots) 6a 28778 (c) (c) Other income dots) 6a 28778 (c) (c) (c) Other income dots) (c) 6a (c) (c) (c) (c) Other income dots) (c) 6a (c)	b	Total plan liabilities	. 7b			8				564
a Contributions received or receivable form: 8e(1) (b) Finded or constructions (1) Employers 8e(2) (c) Participants 8e(2) (2) Participants 8e(2) (c) Participants 8e(2) (3) Others (including rolewers) 8e(3) (c) Participants 8e(2) (4) Others (including rolewers) 8e(3) (c) Participants 4682251 (5) Others (including rolewers) 8e(1) (c) Participants 4682251 (6) Carbin demed and roumcive distributions (see instructions) 6e (c) Participants 4682251 (6) Other expenses 9g (c) Participants (c) Participants 4682251 (7) Other expenses 9g (c) Participants (c) Participants (c) Participants (7) Other expenses 9g (c) Participants (c) Participants (c) Participants (7) Other expenses 9g (c) Participants (c) Participants (c) Participants (c) Participants (7) Other expenses 9g (c) Participants (c) Participants (c) Participants (c) Participants (7) Other expenses (c) Participants 9g (c) Participants (c) Participants	С	Net plan assets (subtract line 7b from line 7a)	. 7c	35	3124	42				3958807
a Combulations received or receivable from: Ba(1) (1) Employeers Ba(1) (2) Participants. Ba(2) (3) Others (including rolevers). Ba(3) (4) Dotter (receivable) Ba (5) Other (receivable) Ba (7) Employeers Ba (2) Participants. Ba(2) (2) Datas (including rolevers). Ba (5) Other (receivable) Ba (6) Endition been (dots) Be (7) Employeers Ba (7) Employeers Ba (8) Dotter (receivable) Ba (7) Employeers Ba (8) Other expenses Bg (9) Other expenses Bg (10) Employeers Ba (11) Transfers to (from) the plan (see instructions). Bg (9) If the plan provides galaries, new the applicable persion feature codes from the List of Plan Characteristic Codes in the instructions: (12) Z Z Z O 2 J 3 J 2 Z Z 2 Z Z Z Z Z Z J 2 J 3 J 2 Z Z Z (11) The plan provides wallers to thrown th the plan experication on the plan experications and DOL's Vulninary Enduary Concelsion Frogram. 10a (10) Duing the plan yseri Was there any nonexempt transactions with any pap	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)]	Total	10 10 1 0 1 0
(3) Others (including rollowers)	а		. 8a(1)				r	(-/		
(3) Others (including rollowers)		(2) Participants	8a(2)							
b ther income (toss) 8b 488259 c Total income (add lines 84(1), 84(2), 84(2), 84(3), and 8b) 8c 488259 d Benefits paid (including direct rollovers and insurance premiums) 8d 311360 f Administrative service providers (salandes, fees, commissions) 8f 28778 g Other expenses (add lines 84, 6e, 6f, and 6g) 8f 60599 i Nat income (loss) (subtract line 8h rom line 8c) 8i 60599 i Transfers to (tron) the plan (see instructions) 8i 60599 Part IV Plan Characteristics 8g 556 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 2 C 3 3 35 3 D 2 T b If the plan provides weffare benefits, enter the applicable veffare feature codes from the List of Plan Characteristic Codes in the instructons: Part V Compliance Questions 10a X 10 During the plan year: 10a X 3000000 2 Craz 21 (32 (See instructions and DOL's Volunary Fiduary Correction Program) 10a X 3000000 0 Was there any conseenpt trenascions		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollowers and insurance premiums to provide benefits)	b			4	8825	59	Terra da			
d Benefits paid (including direct rollowers and insurance premiums to provide benefits)	с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						10.000	488259
by provide demend and/or corrective distributions (see instructions)										
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	8d		3136	50				
g Other expenses 8g 556 h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 60.659 i Net income (loss) (subtract line 8h from line 8c)	е	Certain deemed and/or corrective distributions (see instructions)	8e							
B Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 60.694 I Total expenses (add lines 8d, 8e, 8f, and 8g) 8i 4275.61 j Transfars to (from) the plan (see instructions) 8j 4275.61 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 3B 3D 2T b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 3B 3D 2T 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 100 10a X a Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X 10a X 10a X 10a X 0 0 0 X 0 0 0 X 0 0 0 X 0 0 0 X 0 0 0 X 0 0 <t< td=""><td>f</td><td>Administrative service providers (salaries, fees, commissions)</td><td>8f</td><td></td><td>2877</td><td>78</td><td></td><td></td><td></td><td></td></t<>	f	Administrative service providers (salaries, fees, commissions)	8f		2877	78				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		55	56				
j Transfers to (from) the plan (see instructions) gj 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: 2E E 2F 2G 2J 3B 3D 2T 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 10 During the plan year: Yes No Amount a Was there a fallure to transmit to the plan any participant contributions within the time period described in 29 GFR 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) X 300000 (Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonesty? 10b X c Was the plan falled to provide any benefit when due under the plan? 10d (X X 300000 (Did the plan have a loss, whether or not reimbursed by the plan? 10d (X X 300000 (Did the plan have any participant loans? (If 'Yes," enter amount as of year end.) 10g (X 30410 (Did X) 300000 (Did the plan have any participant loans? (If 'Yes," enter amount as of year end.	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							60694
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: 2E 2F 2G 2J 3B 3D 2T 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 100 X 10 During the plan year: Yes No Amount a Was there as fully to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	i	Net income (loss) (subtract line 8h from line 8c)	8i							427565
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: 2E 2 2 2 3 3 3 2 7 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 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 25103-102? (See instructions and DCL's Voluntary Fiducary Correction Program)	j	Transfers to (from) the plan (see instructions)	8i				Terrano			1997 (1997 - 1997 - 1997 (1997 - 1997 (199
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 3B 3D 2T 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 10 During the plan year: Yes No Amount 20 CRR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t IV Plan Characteristics								
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)		2E 2F 2G 2J 3B 3D 2T								
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 DDL's Voluntary Fiduciary Correction Program)	Part	V Compliance Questions								
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
on line 10a.)	а				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 10e 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.)	b				10b		x			
or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	Х				300000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	and the second			10d		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	e	insurance service or other organization that provides some or all c	of the benefi	its under the plan? (See	10e		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	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. 10i X Part VI Pension Funding Compliance 10i Yes No 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). Yes No 11a Enter the amount from Schedule SB line 39. 11a Ita Ita 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 No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If a waive to line 13. If year	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10a	Х			A DECKE OF THE	33416
exceptions to providing the notice applied under 29 CFR 2520.101-3 10i 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) 11a 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? 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? (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 Day Year If you complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	h	Contraction of the second s		Concerning a constraint concerning a statement of the second second second second second second second second s			х			
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) Yes 11a Enter the amount from Schedule SB line 39 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 No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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. Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Here the state of the line 12a. Here the state of the line 12a.	i				10i				8 in 19	
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b Enter the minimum required contribution for this plan year	L.	Estat the minimum required contribution for this plan year					126			