For	m 5500-SF	Short Form Annual Ret	urn/Report o nefit Plan	f Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	nd 4065 of the Employee	e	2013				
	epartment of Labor enefits Security Administration	(a) of	This Form is Open to Public						
Pension Be	Employee Benefits Security Administration the Internal Revenue Code (the Code). Inis Form is Open to Public Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection								
Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
For calend	ar plan year 2013 or fisca	7 · · · · ·			2/31/2				
	urn/report is for:			an (not multiemployer)		a one-participant plan			
B This ret	urn/report is:		e final return/report						
•				/report (less than 12 mo					
C Check	box if filing under:		tomatic extension			DFVC program			
Dort II	Basia Blan Inform	special extension (enter description)	-						
Part II 1a Name		nation—enter all requested information	n		1h	Three-digit			
	CONSTRUCTION 401(K) PLAN				plan number			
						(PN) ▶ 002			
					1c	Effective date of plan 07/01/1995			
	ponsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b	Employer Identification Number (EIN) 91-1182653			
					2c	Sponsor's telephone number			
	ISON STREET /A 98409-1000				2d	Business code (see instructions)			
						236200			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						b Administrator's EIN			
					3c	Administrator's telephone number			
4 If the r	name and/or EIN of the p	lan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b EIN				
		er from the last return/report.							
<u> </u>	or's name	the beginning of the plan year			4C PN				
		the end of the plan year			5a 5b	39			
		count balances as of the end of the plar			50	45			
		····· ··· ··· ··· ··· ··· ··· ··· ···			5c	45			
	•	uring the plan year invested in eligible a	•	,		X Yes No			
		e annual examination and report of an i See instructions on waiver eligibility and				X Yes No			
		er line 6a or line 6b, the plan cannot							
C If the p	olan is a defined benefit p	blan, is it covered under the PBGC insu	rance program (see l	ERISA section 4021)? .		Yes No Not determined			
Caution: A	penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	se is	established.			
Under pena	alties of perjury and othe	r penalties set forth in the instructions, I	declare that I have e	examined this return/rep	ort, ir	ncluding, if applicable, a Schedule			
	edule MB completed and true, correct, and comple	signed by an enrolled actuary, as well a te.	as the electronic vers	sion of this return/report	, and	to the best of my knowledge and			
SIGN	Filed with authorized/va	lid electronic signature.	02/05/2014	LARRY FOCKLER					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator			
SIGN									
HERE	Signature of employe		Date			ning as employer or plan sponsor			
Preparer's	name (including firm nam	ne, if applicable) and address; include re	oom or suite number	(optional)	Prep	parer's telephone number (optional)			

-	Assets and Liabilities		(a) Paginning of Var	r			(b) E	of Voor
a Total		7a	(a) Beginning of Yea 243133		(b) End of Year 2744533			
	a Total plan assets			0	0			
	 C Net plan assets (subtract line 7b from line 7a) 		243133	-	2744533			
				(b) Total				
	ributions received or receivable from:		(a) Amount		_		(b) 10	otal
	Employers	8a(1)	2999	7				
	Participants	8a(2)	18083	3				
(3) C	Others (including rollovers)	8a(3)	455	9				
b Other	r income (loss)	8b	28537	8				
C Total	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						500767
	fits paid (including direct rollovers and insurance premiums ovide benefits)	8d	18726	9				
e Certa	ain deemed and/or corrective distributions (see instructions)	8e						
f Admi	inistrative service providers (salaries, fees, commissions)	8f	30	0				
g Other	r expenses	8g						
h Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h						187569
i Net ir	ncome (loss) (subtract line 8h from line 8c)	8i						313198
j Trans	sfers to (from) the plan (see instructions)	8j						
Part IV	Plan Characteristics							
Part V 10 Duri	Compliance Questions				Yes	No		Amount
a Was	s there a failure to transmit to the plan any participant contribu CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within t						
				10a		Х		
	re there any nonexempt transactions with any party-in-interest line 10a.)	ciary Correc ? (Do not inc	tion Program) lude transactions reported	10a 10b		x x		
on li	re there any nonexempt transactions with any party-in-interest	iciary Correc ? (Do not inc	tion Program) lude transactions reported		X			274
on li c Wa d Did	re there any nonexempt transactions with any party-in-interest line 10a.) as the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's	iciary Correc ? (Do not inc fidelity bond	tion Program) lude transactions reported 	10b	×			274
c Wa d Did or d e Wer insu	re there any nonexempt transactions with any party-in-interest line 10a.) as the plan covered by a fidelity bond?	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c	x	Х		274
on li C Wa d Did or d e Wer insu	re there any nonexempt transactions with any party-in-interest line 10a.) as the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's dishonesty? re any fees or commissions paid to any brokers, agents, or oth urance service, or other organization that provides some or all	iciary Correc ? (Do not inc fidelity bond her persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		Х		
on li c Wa d Did or d e Wer insu inst f Has	re there any nonexempt transactions with any party-in-interest line 10a.) as the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's dishonesty? re any fees or commissions paid to any brokers, agents, or oth urance service, or other organization that provides some or all ructions.).	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n?	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f		×		
on li c Wa d Did or d e Wer insu inst f Has g Did h If th	re there any nonexempt transactions with any party-in-interest line 10a.) as the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's dishonesty? re any fees or commissions paid to any brokers, agents, or oth urance service, or other organization that provides some or all ructions.) is the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount a his is an individual account plan, was there a blackout period?	Iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefi n? s of year enc (See instructi	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e		x x x		
on li c Wa d Did or d e Wer insu inst f Has g Did h If th 252 i If 10	re there any nonexempt transactions with any party-in-interest line 10a.) as the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's dishonesty? re any fees or commissions paid to any brokers, agents, or oth urance service, or other organization that provides some or all ructions.) is the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount a	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruction ner required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x x		
on li C Wa d Did or d e Wer insu inst f Has g Did h If th 252 i If 10 exce	re there any nonexempt transactions with any party-in-interest line 10a.)	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruction ner required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		x x x x x		
on li c Wa d Did or d e Wer insu inst f Has g Did h If th 252 i If 10 exco Part VI 11 Is th	re there any nonexempt transactions with any party-in-interest line 10a.)	Iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefi n? s of year enc (See instruction ne required n 1-3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X		
on li c Wa d Did or d e Wer insu inst f Has g Did h If th 252 i If 10 exco Part VI 11 Is th	re there any nonexempt transactions with any party-in-interest line 10a.)	Iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefi n? s of year enc (See instruction ne required n 1-3 	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X		14
on li c Wa d Did or d e Wer insu insu f Has g Did h If th 252 i If 10 exce Part VI 11 Is th 5500	re there any nonexempt transactions with any party-in-interest line 10a.)	Iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefi n? s of year enc (See instruction ne required n 1-3 ents? (If "Ye	tion Program) lude transactions reported that was caused by fraud that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X Iule SB		14
on li c Wa d Did e Wer instr instr f Has g Did h If th 252 i i If 10 exca exca Part VI 11 Is th 5500 11a 12 Is th	re there any nonexempt transactions with any party-in-interest line 10a.)	Iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefi n? s of year end (See instruction ne required n 1-3 ents? (If "Ye com Schedule requirement	tion Program) lude transactions reported , that was caused by fraud , the plan? (See , the plan? ,	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X Iule SB		14
on li c Wa d Did or d e Wer insu- insu- instr f Has g Did h If th 252 i If 10 exco- 20 Part VI 11 Is th 5500 11a Entet Entet 12 Is th (If ") a If a vert	re there any nonexempt transactions with any party-in-interest line 10a.)	Iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year enc (See instruction he required n 1-3 ents? (If "Ye requirement as applicabl ng amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (See , t	10b 10c 10d 10e 10f 10g 10h 10i e or see	X Scheo	X X X X X Iule SB	ERISA?	14
on li c Wa d Did or d e Wer insu instr f Has g Did h If th 252 i If 10 exce Part VI 11 Is th 5500 11a Ente 12 Is th (If ") a If a v gran	re there any nonexempt transactions with any party-in-interest line 10a.)	Iciary Correc ? (Do not inc fidelity bond, her persons b of the benefi n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported , that was caused by fraud , the plan (See ,	10b 10c 10d 10e 10f 10g 10h 10i e or see	X Scheo	X X X X X Iule SB 11a 302 of I	ERISA?	14

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
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).	12d		
е	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?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annual Ret	-	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act of 19 the Internal R	974 (ERISA), and se Revenue Code (the C	ctions 6057(b) and 6058 code).	(a) of	This Form is Open to Public Inspection
	Complete all entries in accordant	nce with the instru	ctions to the Form 550	0-SF.	
For calendar plan year 2013 or fis	Identification Information	01/2013	and ending	1	2/31/2013
A This return/report is for:			lan (not multiemployer)	Г	a one-participant plan
		ne final return/report	an (not maniemployer)	L	
B This return/report is:				n mélén a \	
			n/report (less than 12 mo	onuns) F	
C Check box if filing under:		utomatic extension		L	DFVC program
	special extension (enter description)				
	rmation-enter all requested information	on		46.3	
1a Name of plan MEADOWVIEW FARM 401					Three-digit blan number
MEADOWVIEW FARM 401					PN) 001
					ffective date of plan 1/01/2009
2a Plan sponsor's name and add MEADOWVIEW FARM	dress; include room or suite number (emp	ployer, if for a single	-employer plan)		mployer Identification Number EIN) 91-1376997
					Sponsor's telephone number
PO BOX 1278					253-272-8336
					Business code (see instructions)
TACOMA	WA 98401-1278 ad address XSame as Plan Sponsor Nam		n Sponsor Address		.11900 Administrator's EIN
	d address Againe as Fian Sponsor Nan				
	e plan sponsor has changed since the last nber from the last return/report.	t return/report filed f	or this plan, enter the	4b 8	EIN
a Sponsor's name	nder from the last return/report.			4c (PN
2010.101.001.000.0	at the beginning of the plan year			5a	1
b Total number of participants	at the end of the plan year			5b	1
	account balances as of the end of the pla				
				5C	1
b Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to el	s during the plan year invested in eligible i the annual examination and report of an ? (See instructions on waiver eligibility and ither line 6a or line 6b, the plan cannot it plan, is it covered under the PBGC insu	independent qualified conditions.)	ed public accountant (IQ and must instead use	PA) Form t	
					etablishod
Caution: A penalty for the late of	or incomplete filing of this return/repoi	rt will be assessed	unless reasonable cau	use is e	Stabiisticu.
Under penalties of perjury and oth	or incomplete filing of this return/report her penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete	I declare that I have	examined this return/rep	port, inc	luding, if applicable, a Schedule
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and completed SIGN	her penalties set forth in the instructions, ad signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	port, inc t, and to	luding, if applicable, a Schedule the best of my knowledge and
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	her penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete	I declare that I have	examined this return/report rsion of this return/report William T. We	port, inc t, and to yerha	luding, if applicable, a Schedule the best of my knowledge and
Under penalties of perjury and oth SB or Schedule MB completed ar belief, it is true, correct, and comp SIGN HERE Signature of plan a SIGN	her penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete	I declare that I have as the electronic ve	examined this return/report rsion of this return/report William T. We	port, inc t, and to yerha	luding, if applicable, a Schedule the best of my knowledge and neuser
Under penalties of perjury and oth SB or Schedule MB completed are belief, it is true, correct, and comp SIGN HERE Signature of plan are Signature of emplo	her penalties set forth in the instructions, and signed by an enrolled actuary, as well bete doministrator yer/plan sponsor	I declare that I have as the electronic ve	examined this return/report rsion of this return/report William T. We Enter name of individ Enter name of individ	oort, ind t, and to yerha ual sign ual sign	luding, if applicable, a Schedule the best of my knowledge and neuser ing as plan administrator ing as employer or plan sponsor
Under penalties of perjury and oth SB or Schedule MB completed are belief, it is true, correct, and comp SIGN HERE Signature of plan a SIGN HERE Signature of emplo	her penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete	I declare that I have as the electronic ve	examined this return/report rsion of this return/report William T. We Enter name of individ Enter name of individ	oort, ind t, and to yerha ual sign ual sign	luding, if applicable, a Schedule the best of my knowledge and neuser ing as plan administrator

7 Plan Assets and Liabilities	(5-94b)	(a) Beginning of Yea	r		(b) End of Y	'ear
a Total plan assets	. 7a	3	3623			540
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	3	3623			540
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Tota	
a Contributions received or receivable from:			6240			
(1) Employers	8a(1)					
(2) Participants	8a(2)		3120	_		-
(3) Others (including rollovers)	8a(3)		1000		<u> </u>	-
b Other income (loss)	8b		1089			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			7		204
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f			1 1 1		
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						
i Net income (loss) (subtract line 8h from line 8c)		Charles and the second				204
j Transfers to (from) the plan (see instructions)	8j				1.1	11000
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cteristic (Codes in t	he instructions	:
Part V Compliance Questions						
			ΓY	es No	Arr	ount
			Y 10a	es No X	An	iount
During the plan year:a Was there a failure to transmit to the plan any participant contribution	uciary Correct t? (Do not inc	ction Program)			Arr	ount
 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 Fide Were there any nonexempt transactions with any party-in-interest 	uciary Correc t? (Do not inc	ction Program)	10a	x	An	iount
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	uciary Correct t? (Do not inc fidelity bond	tion Program) clude transactions reported , that was caused by fraud	10a 10b	x x	An	iount
 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 Fide 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 	uciary Correc t? (Do not inc i fidelity bond her persons I of the benefi	tion Program)	10a 10b 10c	x x x	An	iount
 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 Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 	uciary Correct t? (Do not ind i fidelity bond her persons I of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	x x x x x	An	iount ×
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	uciary Correc t? (Do not inc fidelity bond her persons I of the benef	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10a 10b 10c 10d 10d 10e	x x x x x x x x x	An	iount x
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	uciary Correct t? (Do not ind fidelity bond her persons I of the benefi- an? as of year end (See instruct	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See d.)	10a 10b 10c 10d	x x x x x x x	An	rount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribuzes 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a source of the plan have any participant loans? 	uciary Correct t? (Do not ind fidelity bond her persons I of the benefi- an? as of year end (See instruct the required r	tion Program)	10a 10b 10c 10d 10d 10e 10g	x x x x x x x x x x	An	iount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 	uciary Correct t? (Do not ind fidelity bond her persons I of the benefi- an? as of year end (See instruct the required r	tion Program)	10a 10b 10c 10d 10d 10e 10g 10h	x x x x x x x x x x		iount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance 	uciary Correct t? (Do not ind a fidelity bond her persons I of the benefi- an? as of year end (See instruct the required r 01-3 nents? (If "Ye	tion Program)	10a 10b 10c 10d 10d 10e 10g 10g 10h 10h 10h 10h 10h	x x x x x x x x x x x	3 (Form	Yes
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	uciary Correct t? (Do not ind a fidelity bond her persons I of the benefi- an? as of year end (See instruct the required r 01-3 nents? (If "Ye	tion Program)	10a 10b 10c 10d 10d 10g 10g 10h 10g 10h	X X X X X X X X hedule Si	3 (Form	*
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С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount).	a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u> </u>	res [No N/A
Part	VII Plan Terminations and Transfers of Assets			-1991		
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	der the	control	1		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s)	to			
1	3c(1) Name of plan(s):	1	3c(2) E	IN(s)		13c(3) PN(s)
*						
Part	VIII Trust Information (optional)					
	Name of trust		14b T	rusťs	EIN	