Fo	rm 5500-SF	Short Form Annual R	•	of Small Employ	/ee	OMB Nos. 1210-0 1210-0			
	artment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan	nd 4065 of the Employee	2	2013			
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058(This Form is Open to Pub Inspection	olic		
	enefit Guaranty Corporation	Complete all entries in accor	dance with the instruc	tions to the Form 5500)-SF.	Inspection			
Part I		entification Information	4	and anding Of	4/04/0	204.4			
_	lar plan year 2013 or fisca	al plan year beginning 01/01/201			1/31/2				
	turn/report is for:		a multiple-employer pl	an (not multiemployer)		a one-participant plan			
B This re	turn/report is:	the first return/report	the final return/report						
	L KAN L	an amended return/report	1	n/report (less than 12 mo	ontnsj	—			
C Check	box if filing under:	Form 5558	automatic extension			DFVC program			
Dort II	Racia Blan Inform	special extension (enter description	,						
Part II 1a Name		nation—enter all requested inform	lation		1h	Three-digit			
	RUCKING, LLC 401(K) PI	LAN			15	plan number (PN) ▶ 001			
				-	1c	Effective date of plan 01/01/2008			
	ponsor's name and addre	ess; include room or suite number (ϵ	employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 20-9696466	r		
115 AIRPO					2c	Sponsor's telephone number 509-932-3579			
	RE, WA 99349				2d	Business code (see instructions 484110			
	administrator's name and UCKING, LLC	address Same as Plan Sponsor I 115 AIRPORT		Sponsor Address	3b	3b Administrator's EIN 20-9696466			
name	e, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	last return/report filed fo	or this plan, enter the		EIN			
<u> </u>	sor's name				4c	PN			
		the beginning of the plan year		_	5a		2		
		the end of the plan year			5b		0		
		count balances as of the end of the			5c		0		
6a Were	e all of the plan's assets d	uring the plan year invested in eligit	ole assets? (See instruct	tions.)		X Yes	No		
		e annual examination and report of				X Yes	No		
		See instructions on waiver eligibility er line 6a or line 6b, the plan canr	-				110		
•		plan, is it covered under the PBGC in			_		ed		
Caution:	A penalty for the late or	incomplete filing of this return/re	port will be assessed i	unless reasonable caus	se is	established.			
Under pen SB or Sch	alties of perjury and other	r penalties set forth in the instructior signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	ort, ir	ncluding, if applicable, a Schedu			
SIGN	Filed with authorized/va	lid electronic signature.	02/26/2014	NOELLE DALEY					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ial sig	ning as plan administrator			
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ial sig	ning as employer or plan spons	or		
Preparer's	name (including firm nan	ne, if applicable) and address; inclu	de room or suite number	r (optional)	Prep	arer's telephone number (optior	nal)		

7 Plan Assets and Liabilities		(a) Beginning of Year	. [(b) End of Year
a Total plan assets	7a	271985			0
b Total plan liabilities	7b	C)		0
C Net plan assets (subtract line 7b from line 7a)	7c	271985			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:					
(1) Employers	8a(1)	0			
(2) Participants	8a(2)				
(3) Others (including rollovers)	8a(3)	047			
b Other income (loss)	8b	-947			0.47
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-947
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	271038			
e Certain deemed and/or corrective distributions (see instructions)	8e	0			
f Administrative service providers (salaries, fees, commissions)	8f	0			
g Other expenses	8g	0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				271038
i Net income (loss) (subtract line 8h from line 8c)	8i				-271985
j Transfers to (from) the plan (see instructions)	8j	C			
 b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions 	eature codes	from the List of Plan Charac	teristic Co	des in th	e instructions:
			Yes	No	Amount
During the plan year:a Was there a failure to transmit to the plan any participant contribut			Yes	No X	Amount
0 During the plan year:	uciary Correct ? (Do not incl	tion Program) lude transactions reported	Yes 10a 10b		Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest 	iciary Correct ? (Do not incl	tion Program)	10a 10b	х	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	(Do not incl (Do not incl fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10a	x x	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See	10a 10b 10c	X X X	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See	10a 10b 10c 10d	x x x x	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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.) 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefit n?	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See	10a 10b 10c 10d 10d 10e 10f	x x x x x	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 	iciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e	x x x x x x	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 at h If this is an individual account plan, was there a blackout period? 	iciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction ne required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g	X X X X X X X X	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 at 1f 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 th 	iciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction ne required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h	X X X X X X X X	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 at 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107- Part VI Pension Funding Compliance 	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction re required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10c 10d 10c 10d 10e 10f 10g 10h 10i Delete Sche	X X X X X X X X X dule SB	(Form
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	Iciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction the required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10c 10d 10e 10f 10g 10h 10i Dete Sche	X X X X X X X X X dule SB	(Form
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	Iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction the required not 1-3 ents? (If "Yes om Schedule	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10a 10b 10c 10c 10d 10c 10d 10c 10d 10d 10b 10f 10g 10h 10i Delete Sche	X X X X X X X X X dule SB	(Form
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest on line 10a.)	Iciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction ner required not 1-3 ents? (If "Yes com Schedule requirements	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10c 10d 10c 10d 10c 10d 10d 10b 10f 10g 10h 10i Delete Sche	X X X X X X X X X dule SB	(Form
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest on line 10a.)	Iciary Correct ? (Do not incl fidelity bond, her persons b of the benefit n? s of year end (See instruction the required not 1-3 ents? (If "Yes com Schedule requirements as applicable ng amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10c 10d 10c 10d 10d 10f 10g 10h 10i 0lete Sche or section tions, and	X X X X X X X X X X X X X X X X X 302 of E	(Form

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?	. X Y	′es	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X 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):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN		

	rm 5500-SF	Short Form Annual Re	turn/Report c enefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
Inter	rtment of the Treasury mal Revenue Service	This form is required to be filed a	е	2013					
Employee B	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Retirement Income Security Act of 1 the Internal F Complete all entries in accorda	This Form is Open to Public Inspection						
Part I	Annual Report Id	entification Information			J-3F.				
For calenda	ar plan year 2013 or fisca		01/2014	and ending		01/31/2014			
A This ret	turn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-participant plan			
	turn/report is:	¬	ne final return/report	an (not mattemployer)					
c or				n/report (less than 12 mo	onths)				
C Check	box if filing under:	Ξ	utomatic extension			DFVC program			
		special extension (enter description)							
Part II		nation—enter all requested informati	on						
1a Name					1b	Three-digit			
SEDONA	TRUCKING, LLC	401(k) PLAN				plan number			
						(PN) • 001			
						Effective date of plan			
2a Plan st	nonsor's name and addre	and include room or quite number (and	alauran if fan a staat			01/01/2008			
SEDONA	TRUCKING, LLC	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 20-9696466			
					20	Sponsor's telephone number			
115 AIF	RPORT WAY N				509-932-3579				
					2d	Business code (see instructions)			
DESERT	AIRE	WA 99349				484110			
	dministrator's name and a TRUCKING, LLC	address Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b Administrator's EIN 20-9696466				
DEDOMA	IROCRING, LLC				3c	Administrator's telephone number			
115 AIH	RPORT WAY N				509-932-3579				
DESERT	AIRE	WA 99349							
4 If the r	name and/or EIN of the pl	lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b EIN				
name,	, EIN, and the plan numb	er from the last return/report.							
a Sponse			-		4c	PN			
		the beginning of the plan year			5a	2			
b Total r	number of participants at	the end of the plan year			5b	0			
C Numbe	er of participants with acc	count balances as of the end of the pla	n year (defined bene	fit plans do not	Fo				
		······			5c	0			
b Arove	all of the plan's assets di	uring the plan year invested in eligible	assets? (See instruct	ions.)		X Yes No			
under	29 CFR 2520 104-46? (S	e annual examination and report of an See instructions on waiver eligibility an	Independent qualifie	d public accountant (IQF	PA)	X Yes 🗌 No			
lf you	answered "No" to eithe	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use I	Form	5500			
		lan, is it covered under the PBGC insu							
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed ι	unless reasonable cau	se is	established.			
SB or Sche	alties of perjury and other edule MB completed and rue, correct, and complet	penalties set forth in the instructions, signed by an enrolled actuary, as well te.	I declare that I have e as the electronic vers	examined this return/rep sion of this return/report,	ort, in and t	cluding, if applicable, a Schedule o the best of my knowledge and			
SIGN	Amana	Lamison	2-25-2014	DONNA JAMISON					
HERE	Signature of plan adm								
01011			Date		iai sig	ning as plan administrator			
HERE Donna famicon 2-25-2014 DONNA JAMISON									

Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include i	oom or suite number	(optional)	Preparer's telephone number (optional)

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

7 Plan Assets and Liabilitiesa Total plan assets						
a Total plan assets			(a) Beginning of Yea	r		(b) End of Year
		. 7a		71985		0
b Total plan liabilities		. 7b		0		0
C Net plan assets (subtract line 7b	o from line 7a)	. 7c	27	71985		0
8 Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receiv				0		
(1) Employers		. 8a(1)		0		
· · · · ·		. 8a(2)		0		
, ,, ,, ,		. 8a(3)		0		
b Other income (loss)		. 8b		-947		0.45
C Total income (add lines 8a(1), 8		. 8c				-947
d Benefits paid (including direct ro to provide benefits)	bliovers and insurance premiums	8d	27	71038		
e Certain deemed and/or correctiv		. 8e		0		
f Administrative service providers	s (salaries, fees, commissions)	. 8f		0		
	, (culance, rece, centrocency, inter-	. 8g		0		
h Total expenses (add lines 8d, 8d		. 8h				271038
	8h from line 8c)	. 8i				-271985
j Transfers to (from) the plan (see	e instructions)	· 8j		0		
Part IV Plan Characterist	tics	•				
2E 2G 2J 3D	nefits, enter the applicable pension					
10 During the plan year:	10115			Ye	s No	Amount
a Was there a failure to transmit	to the plan any participant contribustructions and DOL's Voluntary Fid			10a	x	Amount
b Were there any nonexempt tra	ansactions with any party-in-interes	t? (Do not incl	ude transactions reported	10b	х	
,	lelity bond?			10c	x	
	her or not reimbursed by the plan's			100		
or dishonesty?				10d	Х	
		ner persons b	and the second			
 Were any fees or commissions insurance service, or other org instructions.) 			s under the plan? (See	10e	x	
insurance service, or other org	any benefit when due under the pla		s under the plan? (See			
insurance service, or other org instructions.) f Has the plan failed to provide a	any benefit when due under the pla	in?	s under the plan? (See	10e 10f	x x	
insurance service, or other org instructions.) f Has the plan failed to provide a g Did the plan have any participa h If this is an individual account	any benefit when due under the pla ant loans? (If "Yes," enter amount a plan, was there a blackout period?	an? as of year end. (See instruction	s under the plan? (See)) ons and 29 CFR	10e 10f 10g	x	
insurance service, or other org instructions.) f Has the plan failed to provide a g Did the plan have any participa h If this is an individual account 2520.101-3.) i If 10h was answered "Yes," ch	any benefit when due under the pla ant loans? (If "Yes," enter amount a plan, was there a blackout period? neck the box if you either provided t	an? as of year end. (See instruction he required not	s under the plan? (See)) ons and 29 CFR otice or one of the	10e 10f 10g 10h	X X X X	
insurance service, or other org instructions.) f Has the plan failed to provide a g Did the plan have any participa h If this is an individual account p 2520.101-3.) i If 10h was answered "Yes," ch exceptions to providing the not	any benefit when due under the pla ant loans? (If "Yes," enter amount a plan, was there a blackout period? neck the box if you either provided t tice applied under 29 CFR 2520.10	an? as of year end. (See instruction he required not	s under the plan? (See)) ons and 29 CFR otice or one of the	10e 10f 10g	X X X X	
insurance service, or other org instructions.) f Has the plan failed to provide a g Did the plan have any participa h If this is an individual account 2520.101-3.) i If 10h was answered "Yes," ch exceptions to providing the not Part VI Pension Funding C 11 Is this a defined benefit plan su	any benefit when due under the pla ant loans? (If "Yes," enter amount a plan, was there a blackout period? neck the box if you either provided t tice applied under 29 CFR 2520.10 Compliance ubject to minimum funding requiren	an? as of year end. (See instruction he required not 11-3 nents? (If "Yes	s under the plan? (See)) ons and 29 CFR otice or one of the ,," see instructions and com	10e 10f 10g 10h 10i	X X X X edule SB ((Form
insurance service, or other org instructions.) f Has the plan failed to provide a g Did the plan have any participa h If this is an individual account participa i If 10h was answered "Yes," ch exceptions to providing the not Part VI Pension Funding C 11 Is this a defined benefit plan su 5500) and line 11a below)	any benefit when due under the pla ant loans? (If "Yes," enter amount a plan, was there a blackout period? neck the box if you either provided t tice applied under 29 CFR 2520.10 Compliance ubject to minimum funding requiren	an? as of year end. (See instruction he required no 11-3 nents? (If "Yes	s under the plan? (See)) ons and 29 CFR otice or one of the s," see instructions and com	10e 10f 10g 10h 10i	X X X X edule SB (
insurance service, or other org instructions.) f Has the plan failed to provide a g Did the plan have any participa h If this is an individual account p 2520.101-3.) i If 10h was answered "Yes," ch exceptions to providing the not Part VI Pension Funding C 11 Is this a defined benefit plan su 5500) and line 11a below) 11a Enter the unpaid minimum req	any benefit when due under the pla ant loans? (If "Yes," enter amount a plan, was there a blackout period? neck the box if you either provided t tice applied under 29 CFR 2520.10 Compliance ubject to minimum funding requiren	an? as of year end. (See instruction the required no 11-3 nents? (If "Yes rom Schedule	s under the plan? (See) ons and 29 CFR otice or one of the ," see instructions and com SB (Form 5500) line 39	10e 10f 10g 10h 10i	X X X X edule SB (Yes No
insurance service, or other org instructions.) f Has the plan failed to provide a g Did the plan have any participa h If this is an individual account p 2520.101-3.) i If 10h was answered "Yes," ch exceptions to providing the not Part VI Pension Funding C 11 Is this a defined benefit plan su 5500) and line 11a below) 11a Enter the unpaid minimum req 12 Is this a defined contribution p	any benefit when due under the pla ant loans? (If "Yes," enter amount a plan, was there a blackout period? neck the box if you either provided t tice applied under 29 CFR 2520.10 Compliance ubject to minimum funding requiren uired contribution for current year f plan subject to the minimum funding	an? as of year end. (See instruction he required no 11-3 nents? (If "Yes rom Schedule g requirements	s under the plan? (See)) ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39 of section 412 of the Code	10e 10f 10g 10h 10i	X X X X edule SB (Yes No
 insurance service, or other org instructions.) f Has the plan failed to provide a g Did the plan have any participa h If this is an individual account participa. i If 10h was answered "Yes," chexceptions to providing the not Part VI Pension Funding C 11 Is this a defined benefit plan su 5500) and line 11a below) 11a Enter the unpaid minimum req 12 Is this a defined contribution p (If "Yes," complete line 12a or a If a waiver of the minimum fund 	any benefit when due under the pla ant loans? (If "Yes," enter amount a plan, was there a blackout period? neck the box if you either provided t tice applied under 29 CFR 2520.10 Compliance ubject to minimum funding requiren	an? as of year end. (See instruction he required no 1-3 nents? (If "Yes rom Schedule g requirements r, as applicable ng amortized i	s under the plan? (See 	10e 10f 10g 10h 10i plete Sch or sectio	X X X X edule SB (11a n 302 of E	RISA? Yes No
 insurance service, or other org instructions.) f Has the plan failed to provide a g Did the plan have any participa h If this is an individual account p 2520.101-3.) i If 10h was answered "Yes," ch exceptions to providing the not Part VI Pension Funding C 11 Is this a defined benefit plan su 5500) and line 11a below) 11a Enter the unpaid minimum req 12 Is this a defined contribution p (If "Yes," complete line 12a or a If a waiver of the minimum func granting the waiver. 	any benefit when due under the pla ant loans? (If "Yes," enter amount a plan, was there a blackout period? neck the box if you either provided t tice applied under 29 CFR 2520.10 Compliance ubject to minimum funding requiren uired contribution for current year f plan subject to the minimum funding lines 12b, 12c, 12d, and 12e below ding standard for a prior year is bei	an? as of year end. (See instruction he required no 1-3 nents? (If "Yes rom Schedule grequirements grequirements as applicable ng amortized i	s under the plan? (See)	10e 10f 10g 10h 10i plete Sch or sectio	X X X X edule SB (11a n 302 of E	RISA? Yes No • date of the letter ruling

-								
С	Enter the amount contributed by the employer to the plan for this plan year	12	С					
d	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)							
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					N	0	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	13a Has a resolution to terminate the plan been adopted in any plan year?					lo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	а					0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Х	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						
	I3c(1) Name of plan(s):	13c(2) El	N(s)		1	3c(3)	PN(s)
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Part	VIII Trust Information (optional)							
14a	Name of trust	14b) Tr	usťs	EIN			