Form 5500-SF

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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	uctions to the Form 550	0-SF.		
Part I		Identification Information					
For calenda	ar plan year 2012 or fi	scal plan year beginning 10/01/2	2012	and ending 0	9/30/2	2013	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-particip	ant plan
b This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	H	rn/report (less than 12 m	onths)	_	
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter descri	iption)				
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Name	•				1b	Three-digit	1
COMMERCIA	AL CREAMERY COM	PANY 401(K) PLAN				plan number (PN) ▶	002
					10	Effective date of	
					10	01/01/	•
	ponsor's name and ad IAL CREAMERY COM	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identif	fication Number
450 COUTU	CEDAD				2c	Sponsor's teleph	
159 SOUTH SPOKANE, \	WA 99201-7047				2d	Business code (see instructions)
		nd address Same as Plan Sponso		an Sponsor Address	3b	Administrator's E	
OMMERCIA	L CREAMERY COMP		H CEDAR , WA 99201-7047		3с	Administrator's t	elephone number
						509-747	'-4131
					_		
		e plan sponsor has changed since to mber from the last return/report.	he last return/report filed	for this plan, enter the	4b	EIN	
a Sponso		nber nom the last return/report.			4c	PN	
		at the beginning of the plan year			5a		112
		at the end of the plan year			5b		104
		account balances as of the end of the			30		104
			, ,	•	5c		102
	•	s during the plan year invested in el	`	,			X Yes No
,	•	f the annual examination and report			,		X Yes No
		? (See instructions on waiver eligibilither line 6a or line 6b, the plan ca					M Tes [] No
		•					
		or incomplete filing of this return her penalties set forth in the instruct	•				able a Schedule
SB or Sche		nd signed by an enrolled actuary, as					
SIGN	Filed with authorized/	valid electronic signature.	03/05/2014	MICHAEL GILMARTIN	٧		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	gning as plan adm	ninistrator
SIGN							
HERE	Signature of emplo		Date	Enter name of individ	ual eid	ning as employe	r or plan enoneor
Preparer's		name, if applicable) and address; inc					number (optional)
JODI CALHO	OUN `	, , , , , , , , , , , , , , , , , , , ,		, , ,	- 1	509-838	, ,
	HURLEY, INC.	1600				508-636	-0000
SPOKANE,	ERSIDE AVE., SUITE WA 99201	1000					

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7 Pilon Assets and Liabilities	Pai	t III Financial Information										
a Total plan assets	7			(a) Beginning of Yea	ar			(b) En	d of Ye	ear		
b Total plan lasbilities. 7b C Not plan assets (authact fine 7b from line 7a). 7c 8878441 816971 C Not plan assets (authact fine 7b from line 7a). 7c 8878441 816971 B Income, Expenses, and Transfest for this Plan Veer (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a(1) 268123 (2) Participants. 8a(2) 233657 (3) Others (including rollovers). 8a(3) 5 D Other income (eds) lines 8a(1), 8a(2), 8a(3), and 8b). 8c 9 124929 C Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b). 8c 9 124929 C Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b). 8c 9 124929 C Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b). 8c 9 124929 C Pertain demand and/or corrective distributions (see instructions). 8e 1 20815 G Other expenses or providers (salaries, fees, commissions). 8f 20815 G Other expenses or providers (salaries, fees, commissions). 8f 1 20815 G Other expenses (from) the facility is entructions. 8g 1 10152 Th Total repenses (and lines 8d, 8e, 8f, and 8g). 8h 1 10152 I Nati income (coss) (authord line 8th from line 8c). 8g 1 10152 I Transfers for (from) the facility is entructions. 8g 1 10152 Part IV Plan Characteristics 9a If the plan provides welfare benefits, onter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 25 27 27 25 20 23 24 3 25 20	а		\(\frac{1}{2}\)			` '						
C Net plan assets (aubtract line 75 from line 76). 8 Income, Espensies, and Transfers for this Plan Year (a) Amount (b) Total 8 Contributions received or receivability from: (1) Employers. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (3) Others (including rollowers). (4) D Other income (post). (5) Others (including rollowers). (6) Others (including rollowers). (7) Others (including rollowers). (8) Others (including rollowers). (8) Other income (post). (8) Other income (post). (8) Others (including rollowers). (8) Others (including rollowers). (8) Others (including rollowers). (8) Other income (post). (8) Others (including rollowers). (8) Others (including rollowers). (8) Others (including rollowers). (8) Others (including rollowers). (8) Other sepenses. (9) Other expenses. (9) Other expense												
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: () Employers (2) Participants (3) Others (including rotiovers) (3) Others (including rotiovers) (4) Expenses (4) Espenses (4) Espenses (5) Espenses (5) Espenses (6) Espenses (6) Espenses (7) Espenses (7) Espenses (8) E		•	887844	8878441			8165971					
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Experiments. (5) Other (including rollovers). (6) Other income (loss). (7) Experiments. (8) Dother income (loss). (8) B Dother spenses. (9) Contain locomed and for corrective distributions (see instructions). (9) Experiments earwing provides earlies and insurance premiums of the plan (loss) (substance in see insurance in service								(b)				
(2) Participants		·		(a) runount				(2)	Total			
Sal		(1) Employers										
b Cther income (loss)		(2) Participants	8a(2)	23365	57							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance permitums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) & f Administrative service providers (salaries, fees, commissions) & g Other expenses (add lines 8d, 8e, 8f, and 8g) & h Total expenses (add lines 8d, 8e, 8f, and 8g) & h Total expenses (add lines 8d, 8e, 8f, and 8g) & h Total expenses (add lines 8d, 8e, 8f, and 8g) & h Total form) the plan (see instructions) & g 1 Transfer to (from) the plan (see instructions) & g 1 Transfer to (from) the plan (see instructions) & g 1 Transfer to (from) the plan (see instructions) & g 2 E 2F 2G 2J 2K 3D b If the plan provides pension benefits, enter the applicable pension 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 raisflure to transmit to the plan any participant contributions within the time period described in 29 CFR 25103-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	Other income (loss)	. 8b	74947	7 9							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12	49259		
f Administrative service providers (salaries, fees, commissions)		• • • •	. 8d	193076	32							
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e									
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1961729 i Net income (loss) (subtract line 8h from line 8c) 8i 7.712470 j Transfers to (from) the plan (see instructions) 8j 7.712470 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 2K 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CRE 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). c Was the plan covered by a fidelity bond? 10c X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 500000 f Has the plan failed to provide any benefit when due under the plan? 10c X 10	f	Administrative service providers (salaries, fees, commissions)	8f	2081	5							
Notal expenses (add lines 8d, 8e, 8l, and 8g)	g	Other expenses	8g	1015	52							
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						19	61729)	
Part IV Plan Characteristics Plant IV Plant Characteristic Plant Charact			8i						-7	12470)	
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2C 2L 2X 3D		· · · · · · · · · · · · · · · · · · ·										
9a	Par	t IV Plan Characteristics	, oj									
Description		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	uctions	:		
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 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	b		eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
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 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	Dari	V Compliance Questions										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		<u> </u>				Voc	No		A			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Was there a failure to transmit to the plan any participant contribu				162			Amo	ount		
C Was the plan covered by a fidelity bond?	b				10a							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		on line 10a.)			10b		^					
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	С	Was the plan covered by a fidelity bond?			10c	X					5000	000
insurance service or other organization that provides some or all of the benefits under the plan? (See 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 as of year end.)	d		-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,				V						
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		instructions.)			10e	^					196	362
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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 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) 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.) 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					1545	558
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)	h	• • • • • • • • • • • • • • • • • • • •			10h		X					
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)	i				10i							
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)	Part						1					
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
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.) 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a								· , L			
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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						ction		ERISA?		Yes	X	No
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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.												
	a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		, and e	_	ne date of			ing	
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
	b	Enter the minimum required contribution for this plan year					12b					

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	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?		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 under the of the PBGC?	control		Yes X 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) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Annual Report Identification Information

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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

For calendar	r plan year 2012 or fi	scal plan yea	ar beginning	10/01/2012	and ending	0.9	/30/2013			
A This retu	ırn/report is for:	X a single	e-employer plan	a multiple-employer	olan (not multiemployer)	П	a one-participant plan			
B This retu	•	the first	return/report	the final return/report	<u> </u>					
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		片	nded return/report	<u> </u>	rn/report (less than 12 mo	onths)				
C Check be	ox if filing under:	Form 5	558	automatic extension			DFVC program			
		Special	extension (enter des	cription)		_				
Part II	Basic Plan Info	rmation_	-enter all requested ir	nformation						
1a Name o						1	ree-digit			
Commerc	cial Creamery	Compan	y 401(k) Plan	l			an number N)			
							fective date of plan			
							./01/1984			
	oonsor's name and ac			per (employer, if for a single	e-employer plan)		nployer Identification Number IN) 91-0184450			
159 SOU	JTH CEDAR					1 '	oonsor's telephone number 09-747-4131			
SPOKANE	3	WA	99201-70	47		!	usiness code (see instructions)			
3a Plan ad	dministrator's name a	nd address	Same as Plan Spor	nsor Name Same as Pl	an Sponsor Address		Iministrator's EIN			
COMMERC	CIAL CREAMERY	COMPAN	Y				1-0184450			
						i	dministrator's telephone number			
159 SOU	JTH CEDAR						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SPOKANE	3	WA	99201-7047							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the				4b EIN						
				e the last return/report filed	for this plan, enter the	4b ∈	IN			
name,	EIN, and the plan nu			e the last return/report filed	for this plan, enter the	_				
name, a Sponso	EIN, and the plan nu or's name	ımber from th	ne last return/report.			4c P	N			
name, a Sponso 5a Total n	EIN, and the plan nu or's name number of participants	ımber from th s at the begir	ne last return/report. nning of the plan year			4с Р 5а	N 112			
name, a Sponso 5a Total n b Total n	EIN, and the plan nuor's name number of participants number of participants	umber from the sat the begings at the end of	ne last return/report. nning of the plan year of the plan year			4c P	N			
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name, a Sponso 5a Total n b Total n c Numbe comple 6a Were b Are younder	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item) all of the plan's asse ou claiming a waiver of 29 CFR 2520.104-46	s at the beging a state of the annual of the annual of the instru	nning of the plan year of the plan year ances as of the end of the plan year invested in examination and repuctions on waiver eligi	of the plan year (defined be eligible assets? (See instr ort of an independent quali ibility and conditions.)	nefit plans do not uctions.)	4c P 5a 5b 5c	N 112 104 102 X Yes No			
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name, a Sponso 5a Total n b Total n c Numbe comple 6a Were b Are younder If you Caution: A	EIN, and the plan nuor's name number of participants are of participants with ete this item)	s at the beging a string the end of the annual string the entropy (See instruction of the control of the string the either line string the entrol of the ent	nning of the plan year of the plan year of the plan year	eligible assets? (See instruction of an independent qualifibility and conditions.)	nefit plans do not uctions.) fied public accountant (IC F and must instead use d unless reasonable car e examined this return/re	4c P 5a 5b 5c PPA) Prorm 5a use is es	N 112 104 102			
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Pa	rt III Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear		
a	Total plan assets	7a	887	7844	1				81	6597	1
b	Total plan liabilities	7b		·····							_
<u>c</u>	Net plan assets (subtract line 7b from line 7a)								81	6597	1
8							(b)	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	20	6612	:3						
	(1) Employers										_
	(3) Others (including rollovers)	8a(3)									
<u>h</u>	Other income (loss)	7,	4947	9						_	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c							12	4925	<u> </u>
	Benefits paid (including direct rollovers and insurance premiums										_
	to provide benefits)	. 8d	193	3076	,2	· · · · · · · · · · · · · · · · · · ·					_
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			_						
f	Administrative service providers (salaries, fees, commissions)	8f		2081	-						_
<u>g</u>		8g		1015	12						_
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								6172	_
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i				•		***************************************	/	1247	<u> </u>
	Transfers to (from) the plan (see instructions)	- 8j									_
	t IV Plan Characteristics		1 (4 1) (6)				,, , ,				_
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	stic Co	aes in	tne instr	uctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	es in t	he instru	ctions:			_
Par	t V Compliance Questions										_
10	During the plan year:				Yes	No		Ame	ount		
а	• • • • • •			10a		Х					
— <u>b</u>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest			IVa							_
	on line 10a.)		· · · · · · · · · · · · · · · · · · ·	10b		Х					
С	Was the plan covered by a fidelity bond?	••••		10c	Х				5	0000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			Х					_
	or dishonesty?			10d		Λ					_
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or										
	instructions.)			10e	Х					1966	2
f	f Has the plan failed to provide any benefit when due under the plan?					Х					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х				1	5455	8
h		(See instr	uctions and 29 CFR	1.5							_
	2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	•		10i							
David	exceptions to providing the notice applied under 29 CFR 2520.10	1-0		101			<u> </u>				_
Par							2 /Eorm	1	***		_
44			V +		C-L	1I. C.				Пи)
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	□	_
								[Yes	<u> </u>	<u>-</u>
	5500) and line 11a below)					11a		[L.,	X No	_
11a	5500) and line 11a below)	ı requirem	ents of section 412 of the Code			11a		[L.,		_
11a	Stoo) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection :	11a 302 of	ERISA?	[Yes	X No	_
11a 12 a	I Enter the amount from Schedule SB line 39	requirem , as applic	ents of section 412 of the Code able.) ted in this plan year, see instruc Mon	e or se	ection :	11a 302 of	ERISA?	[Yes	X No	_
11a 12 a	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 being the standard for the minimum funding standard for the standa	requirem , as applic ng amortiz e MB (For	ents of section 412 of the Code able.) red in this plan year, see instruc Mon rm 5500), and skip to line 13.	e or se	ection :	11a 302 of	ERISA?	[Yes	X No	_