Form 5500-SF		Short Form Annual Return/Report of Small Employ				OMB Nos. 1210-011 1210-008			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			e 2013		2013		
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 1	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			This Form i	s Open to Public		
	enefit Guaranty Corporation	,	)-SF.	Ins	pection				
Perison benefit dualative corporation         Complete all entries in accordance with the instructions to the Form 5500-SF.           Part I         Annual Report Identification Information									
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013			
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	a one-participant plan		
B This ref	turn/report is:	the first return/report t	the final return/report						
	ļ	an amended return/report	nonths)						
C Check	box if filing under:	Form 5558 automatic extension				DFVC program			
		special extension (enter description							
Part II	Basic Plan Inform	mation—enter all requested informat	tion						
1a Name	•				1b	Three-digit plan number			
REGENTH	OMES, INC. 401(K) PRO	FIT SHARING PLAN				(PN)	001		
					1c	Effective date o	f plan		
						01/01/1997			
	ponsor's name and addre OMES, INC.	ess; include room or suite number (em	nployer, if for a single-	employer plan)	2b	b Employer Identification Numb (EIN) 91-1332159			
3077 20TH 3	STREET E., SUITE B				2c	Sponsor's telephone number 253-927-7006			
TACOMA, V	VA 98424				2d	Business code (see instructions) 236110			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's EIN			
						<b>3c</b> Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.						) EIN			
	or's name				4c	IC PN			
5a Total number of participants at the beginning of the plan year						<b>a</b> 9			
<b>b</b> Total	number of participants at	t the end of the plan year			5b	7			
		count balances as of the end of the pla			5c		6		
complete this item)      6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No		
	•	ne annual examination and report of ar	•	,					
		See instructions on waiver eligibility ar					X Yes No		
-		er line 6a or line 6b, the plan canno					] N = 4 = 4 = 4 = 1000 (10 = 1000)		
C if the	pian is a defined benefit p	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes NO	Not determined		
		incomplete filing of this return/repo							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.	electronic signature. 03/26/2014 MARA OTLANS						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe		Date		dual signing as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	oarer's telephone	number (optional)		

a         Total plan labelities	Part III         Financial Information           7         Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
b       Total pain liabilities       7b       902038       1123407         c       Not pain seaset (subtract line 7b from line 7a)       7c       902038       1123407         a       Contributions received or receivable from:       8a(1)       11445       (b) Total         a       Contributions received or receivable from:       8a(2)       29560       (c)       (c)         (d)       Endregons       8a(2)       29560       (c)		72								
C       Net plan assets (subtract line 7b from line 7a)       7c       920338       1123467         B       Incone, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         C       Contributions received or received or incode form:       8a(1)       11445         C) Participants       8a(2)       29860         (3) Others (including rollovers)       8a(3)       90         D Other income (css)       8b       113401         C       Total income (call lines 8a(1) Sa(2), 8a(3), and 8b)       8c       113401         D Other income (css)       8b       113401       153066         C rotal income (call lines 8a(1) Sa(2), 8a(3), and 8b)       8c       13382       153066         D Other income (css)       8g       99       995       99       90       90       90       91       131429       131429       131429       131429       131429       131429       131429       131429       131429       131429       131429       131429       131429       131429       131429 <td< td=""><td></td><td></td><td>00200</td><td>0</td><td>+</td><td colspan="4"></td></td<>			00200	0	+					
Income Expenses. and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or necervable from:         8e(1)         11445         (c) Participants         68(2)         28960         (c)	•		99203	002038						
a Contributions received or receivable from:           a Contributions received or receivable from:         Ba(1)         11445           (2) Participants	_									
(1) Employers       8x(1)       11445         (2) Participants       8x(2)       28990         (3) Others (including rollowers)       8x(3)       113401         C Total income (toss)       8b       113401         C Total income (toss)       8b       113401         C Total income (toss)       8c       153806         D Benefits paid (including direct rollowers and insurance premiums to provide benefits)       8c       13382         O Certain demed andor corrective distributions (see instructions).       8e       13382         O Other expenses       9g       9         Total expenses (add lines 8d, 6e, 8f, and 8g)       8h       131429         Total expenses (add lines 8d, 7k, 2dk 2d 2d 2d 3d 1d							(b) 10tai			
(a) Other plane (including rollovers).       8a(3)       113401         (b) Other income (loss)       8b       113401         (c) Total income (loss)       8b       113401         (c) Total income (loss)       8b       113401         (c) Other expenses       8c       13382         (c) Other expenses       8c       13382         (c) Other expenses       8g       131429         (c) Transfers to (from) the plan gene instructions).       8h       22377         (c) Transfers to (from) the plan gene instructions).       8j       131429         (c) Transfers to (from) the plan gene instructions).       8j       131429         (c) Transfers to (from) the plan gene instructions.       8j       10       131429         (c) Transfers to (from) the plan gene instructions and DOL's Volumary Fiduary Correction Program.       10a       X       20000         (c) Transfers to falue to transiti to the plan any participant contributions within the time period described in 18 40.       N       Amount         (c) Was the plan covered by a fideiity bond?       10a       X       200000       20000       20000 </td <td></td> <td>. 8a(1)</td> <td colspan="3">11445</td> <td></td> <td></td> <td></td>		. 8a(1)	11445							
b       Other income (loss)       8b       113401         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       163802         E       Control (including direct collovers and insurance permisms)       8d       13382         E       Control (including direct collovers and insurance permisms)       8d       13382         G       Control (including direct collovers and insurance permisms)       8d       13382         G       Other expenses       8g       13382         G       Therapiers to (from) the plan (see instructions)       8d       131429         J       Transfers to (from) the plan (see instructions)       8j       131429         J       Transfers to (from) the plan (see instructions)       8j       131429         J       Transfers to (from) the plan (see instructions)       8j       131429         J       Transfers to (from) the plan (see instructions)       8j       131429         J       Transfers to (from) the plan (see instructions)       8j       100         During the plan provides pension benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       0       0         O       During the plan year       Yes       No <td>(2) Participants</td> <td></td> <td colspan="3">28960</td> <td></td> <td></td> <td></td>	(2) Participants		28960							
Control       Control       Be       153806         Control       Control       Be       153806         Control       Be       13382       153806         Control       Bi       13382       13382         Control       Bi       13382       13382         Control       Bi       13382       13382         Control       Bi       13382       13382         Control       Bi       133429       133429         Part IV       Plan Characteristics       Bi       133429         Di       If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2E 2C 2A 2E 2E 2A 2E 2C 2A 2E 2E 2C 2A 2E 2E 2C 2A	(3) Others (including rollovers)									
d       Bendlis paid (including direct rollovers and linsurance premiums in provide benefits).       Bd       113822         e       Certain deemed and/or concerdive distributions (see instructions).       Bd       89       995         g       Other expenses       Bg       995       995         g       Other expenses (add lines 80. 5e, 6f, and 80)       Bf       8995       995         g       Other expenses (add lines 80. 5e, 6f, and 80)       Bf       995       995         g       Transfers to (from) the plan (see instructions).       Bg       131429       131429         g       Transfers to (from) the plan (see instructions).       Bg       131429       131429         g       If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A / 2E / 2G	<b>b</b> Other income (loss)	. 8b	11340	1						
to provide benefits)	<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						15	3806		
e       Certain deemed and/or corrective distributions (see instructions)       8e       8995         g       Other expenses		0.4	1338	2						
f       Administrative service providers (salaries, fees, commissions)			13382							
A minimulative provides protocol quarkets, received minimulatority       Dr         Q Other expenses       ag         1 Not income (loss) (subtract line 8h from line 8c)       8i         1 Net income (loss) (subtract line 8h from line 8c)       8i         2 Transfers to (from) the plan cle instructions)       3j         Part IV       Plan Characteristics         30       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A 2E 2F 2G 2J 2K 2R 2T 3D       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         2A 2E 2F 2G 2J 2K 2R 2T 3D       During the plan year:       Yes       Ne Amount         2B Other expenses       10       During the plan year:       Yes       Ne Amount         2 CR 2510-1027 (See instructions and DL's Voluntary Fiduciary Correction Program)       10a       X         C Was the plan covered by a fidelity bond?       10c       X       20000C         C Was the plan covered by a fidelity bond?       10c       X       20000C         C Was any lees 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 and year end.)       10d       X         f	-		800	0005						
h       Total expenses (add lines 8d, 8e, 8f, and 8g)			099	0						
i       Net income (loss) (subtract line 8h from line 8c)       8i       131429         j       Transfers to (from) the plan (see instructions)       8j       131429         Part IV       Plan Characteristics       9j       14 the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2a       2E       2F       2G       2J       2K       2R       2T       3D         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2A       2E       2F       2G       2J       2K       2R       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2Part V       Compliance Questions       10a       X         c       Was there a failure to transmit to the plan any participant contributions within the time period described in a 29 GFR 2610.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       200000         c       Was the plan covered by a fidelity bond?       10c       X       200000       10c       X       200000         c       Was the plan have any participant toars? (If Yes, agents, or other persons by an insurance carrier, insurance ser							-	0077		
j       Transfers to (from) the plan (see instructions)       gi         gi       gi         Part IV       Plan Characteristics         gi       gi         gi       gi       gi         gi       gi       gi         gi       gi       gi         gi       gi       gi         gi       gi       gi         gi       gi	· · · · · · · · · · · · · · · · · · ·									
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:         2a       2E       2F       2G       2J       2K       2R       2T       3D         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         0       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 Flduciary Correction Program).       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).       10c       X       200000         c       Was the plan covered by a fidelity bond?       10c       X       200000       X       200000       X         c       Was the plan avea a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       200000         d       Ut the slan individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101.3).       10d <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>13</td> <td>1429</td>	· · · · · · · · · · · · · · · · · · ·						13	1429		
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2b       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 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 Flduciary Correction Program).       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10c       X       200000         c       Was the plan covered by a fidelity bond?       10c       X       200000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bund, that was caused by fraud or dishonestry?       10d       X       200000         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       200000         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       50         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       50 <td></td> <td>·· 8j</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		·· 8j								
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)	Part V Compliance Questions									
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       A         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       200000         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       200000         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.)       10d       X       200000         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       200000         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       200000         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       200000         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       200000         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       200000										
on line 10a.)       10b       ^         C       Was the plan covered by a fidelity bond?       10c       X       20000         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       20000         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.)       10d       X       50         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       50         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10 During the plan year:				Yes	No	Αmoι	Int		
c       Was the plan bovered by a holeny bound?       10c       20000         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 instructions.)       10e       X       50         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       50         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       50         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h       X       50         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       10i	a Was there a failure to transmit to the plan any participant contribu			10a	Yes	-	Αmoι	int		
or dishonesty? 10d     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.)   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.)	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	uciary Correc t? (Do not inc	tion Program)		Yes	X	Αποι	int		
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.).</li> </ul>	uciary Correc t? (Do not inc	tion Program) lude transactions reported	10b		X	Amou			
f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         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 [] N         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         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 [] N         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       I       I         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	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	uciary Correc t? (Do not inc fidelity bond,	tion Program) lude transactions reported	10b 10c		X X	Amou			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all</li> </ul>	uciary Correc t? (Do not inc s fidelity bond, her persons b I of the benefi	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c 10d	X	X X	Amou	20000		
Image: Section of the plantation of	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> </ul>	uciary Correc t? (Do not inc s fidelity bond, her persons b l of the benefit	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	X	× × ×	Amou	20000		
2520.101-3.)       10h         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         Part VI       Pension Funding Compliance       10i         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 unpaid minimum required contribution for current year from Schedule SB (Form 5500) 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         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         13       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         14       If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: State of the state of the letter ruling the waiver.	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	uciary Correc t? (Do not inc s fidelity bond, her persons b I of the benefi an?	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	X	x x x x	Ато.	20000		
exceptions to providing the notice applied under 29 CFR 2520.101-3     Part VI   Pension Funding Compliance   11   11   11   12   13   14   12   15   16   11   12   13   14   15   16   17   18   19   11   11   12   13   14   15   16   17   18   19   11   19   11   11   12   13   14   15   15   16   17   18   19   11   19   11   11   12   13   14   15   16   17   18   19   11   19   11   11   11   11   12   13   14   15   16   17   18   19   19   11   19   11   11   11   11   11   12   13   14   15   14   15   16	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a source of the plan have any participant loans?</li> </ul>	uciary Correc t? (Do not inc s fidelity bond, her persons b l of the benefi an?	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	X	x x x x	Ато.	20000		
<ul> <li>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)</li> <li>11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39</li> <li>11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11b Yes X</li> <li>11c If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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.</li> <li>11c Month Day Year</li> <li>11c If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</li> </ul>	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>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.)</li> </ul>	uciary Correc t? (Do not inc s fidelity bond, her persons b l of the benefi an? as of year end (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 10f 10g	X	x x x x x x	Ато.	20000		
5500) and line 11a below)       Yes         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) 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       N         (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       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Here the section 12a       Here the line 12a       Here th	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>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 h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	uciary Correc t? (Do not inc s fidelity bond, her persons b l of the benefii an? (See instruction the 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 x x	Ато.	20000		
<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>Yes X N (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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.</li> <li>Month Day Year</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</li> </ul>	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)</li> <li>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.)</li> <li>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</li> </ul>	uciary Correc t? (Do not inc s fidelity bond, her persons b l of the benefit an? (See instruction (See instruction the required n 01-3	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 x		20000		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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.	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc s fidelity bond, her persons b l of the benefii an? as of year end (See instruction the required n 01-3 	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	3 (Form	20000		
<b>a</b> 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.	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc s fidelity bond, her persons b l of the benefii an? as of year end (See instruction the required n 01-3 	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	3 (Form	20000		
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	<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc t? (Do not inc s fidelity bond, her persons b l of the benefii an? as of year end (See instruction the required n 01-3 nents? (If "Yest from Schedule g requirement	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 X Iule SE	3 (Form	20000 50 Yes [] N		
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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 c of the PBGC?	ontrol		Yes X No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
<b>13c(1)</b> Name of plan(s): 13			l(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)		1					
14a Name of trust			ust's EIN					