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

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

D-			dance with the instruc				
		Identification Information					
For c	alendar plan year 2013 or fis	scal plan year beginning 01/01/201	3	and ending	2/31/2	2013	
A T	his return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B T	his return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths))	
C C	heck box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	on)				
Par	t II Basic Plan Info	rmation—enter all requested inform	nation				
1a N	Name of plan				1b	Three-digit	
COWA	N FRUIT 401(K) PSP					plan number	004
					10	(PN) ▶ Effective date of	001
					'	01/01/	•
	Plan sponsor's name and ad AN FRUIT	dress; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identif	fication Number
					2c	Sponsor's telep	hone number
2644 V	WILSON HWY					509-882	
	DVIEW, WA 98930				2d	Business code (
3a F	Plan administrator's name ar	nd address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
4 .	1/ FINI (II						
		e plan sponsor has changed since the mber from the last return/report.	last return/report filed to	r this plan, enter the	4b	EIN	
	Sponsor's name	noon nom the last return report.			4c	PN	
5a -	Total number of participants	at the beginning of the plan year			5a		12
b .	Total number of participants	at the end of the plan year			5b		15
C I							
		account balances as of the end of the		•	5c		14
	complete this item)			·	1		14 X Yes □ No
6a b	complete this item) Were all of the plan's assets Are you claiming a waiver of	s during the plan year invested in eligib f the annual examination and report of	ole assets? (See instruct an independent qualifie	tions.)d public accountant (IC	PA)		X Yes No
6a b	complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46	s during the plan year invested in eligib f the annual examination and report of ? (See instructions on waiver eligibility	ole assets? (See instruct an independent qualifie and conditions.)	tions.)d public accountant (IC	PA)		
6a b	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ei	s during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility (ther line 6a or line 6b, the plan can	ole assets? (See instruct an independent qualifie and conditions.) not use Form 5500-SF	tions.)d public accountant (IC	PA)	5500.	X Yes No X Yes No
6a b	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ei	s during the plan year invested in eligib f the annual examination and report of ? (See instructions on waiver eligibility	ole assets? (See instruct an independent qualifie and conditions.) not use Form 5500-SF	tions.)d public accountant (IC	PA)	5500.	X Yes No
6a b	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ei If the plan is a defined benef	s during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility (ther line 6a or line 6b, the plan can	ole assets? (See instruct an independent qualifie and conditions.) not use Form 5500-SF ansurance program (see	tions.)d public accountant (IC and must instead use ERISA section 4021)?	PA) Form	5500. Yes	X Yes No X Yes No
6a b C I	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late of r penalties of perjury and other	s during the plan year invested in eligible the annual examination and report of a (See instructions on waiver eligibility ther line 6a or line 6b, the plan canrular plan, is it covered under the PBGC in or incomplete filing of this return/rependent penalties set forth in the instruction	pole assets? (See instruct an independent qualifie and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable car examined this return/re	Form use is	5500. Yes No established. noluding, if applications	Yes No Yes No Not determined able, a Schedule
6a b C Caut	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late of r penalties of perjury and other	s during the plan year invested in eligible the annual examination and report of a (See instructions on waiver eligibility ther line 6a or line 6b, the plan can it plan, is it covered under the PBGC in or incomplete filing of this return/replace penalties set forth in the instruction and signed by an enrolled actuary, as we	pole assets? (See instruct an independent qualifie and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable car examined this return/re	Form use is	5500. Yes No established. noluding, if applications	Yes No Yes No Not determined able, a Schedule
6a b C I Caut Under SB or belief	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late or penalties of perjury and oth r Schedule MB completed ar f, it is true, correct, and comp	s during the plan year invested in eligible the annual examination and report of a (See instructions on waiver eligibility ther line 6a or line 6b, the plan can it plan, is it covered under the PBGC in or incomplete filing of this return/replace penalties set forth in the instruction and signed by an enrolled actuary, as we	pole assets? (See instruct an independent qualifie and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable car examined this return/re	Form use is	5500. Yes No established. noluding, if applications	Yes No Yes No Not determined able, a Schedule
6a b C I Cauti Under SB or belief	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late or penalties of perjury and oth r Schedule MB completed ar f, it is true, correct, and comp	is during the plan year invested in eligible the annual examination and report of a (See instructions on waiver eligibility of the line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in the plan, is it covered under the plan cannot it plan, is it plan, is it covered under the plan cannot it plan, is i	pole assets? (See instruct an independent qualifie and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable car examined this return/re	Form use is port, irt, and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and
6a b C I Caut Under SB or belief	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late or penalties of perjury and oth or Schedule MB completed an f, it is true, correct, and complete Filed with authorized/ Signature of plan a	is during the plan year invested in eligible the annual examination and report of a (See instructions on waiver eligibility of the line 6a or line 6b, the plan cannot plan, is it covered under the PBGC in the plan, is it covered under the plan cannot it plan, is it plan, is it covered under the plan cannot it plan, is i	ple assets? (See instruct an independent qualifie and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable cal examined this return/re sion of this return/repor	Form use is port, irt, and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and
Caut Unde SB or belief	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late of the plan is penalties of perjury and otle of schedule MB completed ar f, it is true, correct, and completed Filed with authorized/ Signature of plan a	s during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility either line 6a or line 6b, the plan canruit plan, is it covered under the PBGC in the plan in the instruction of the plan in the instruction of signed by an enrolled actuary, as we obtain the instruction of signed by an enrolled actuary, as we wall delectronic signature.	ple assets? (See instruct an independent qualifier and conditions.)	tions.)	Form use is port, ir t, and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and
Caut Unde SB oi belief SIGN HERI	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late of the penalties of perjury and other schedule MB completed ar f, it is true, correct, and complete Filed with authorized/ Signature of plan a Signature of emplo	s during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility either line 6a or line 6b, the plan canruit plan, is it covered under the PBGC in the plan in the instruction of the plan in the instruction of signed by an enrolled actuary, as we obtain the instruction of signed by an enrolled actuary, as we wall delectronic signature.	ple assets? (See instruct an independent qualifier and conditions.)	tions.)	Form Jse is port, irt, and ual sigual sigua	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employe	Yes No Yes No Not determined Able, a Schedule knowledge and
Caut Unde SB oi belief SIGN HERI	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late of the penalties of perjury and other schedule MB completed ar f, it is true, correct, and complete Filed with authorized/ Signature of plan a Signature of emplo	s during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility either line 6a or line 6b, the plan canruit plan, is it covered under the PBGC in or incomplete filing of this return/repart penalties set forth in the instruction and signed by an enrolled actuary, as wolete. valid electronic signature. dministrator	ple assets? (See instruct an independent qualifier and conditions.)	tions.)	Form Jse is port, irt, and ual sigual sigua	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employe	X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
Caut Unde SB oi belief SIGN HERI	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late of the penalties of perjury and other schedule MB completed ar f, it is true, correct, and complete Filed with authorized/ Signature of plan a Signature of emplo	s during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility either line 6a or line 6b, the plan canruit plan, is it covered under the PBGC in or incomplete filing of this return/repart penalties set forth in the instruction and signed by an enrolled actuary, as wolete. valid electronic signature. dministrator	ple assets? (See instruct an independent qualifier and conditions.)	tions.)	Form Jse is port, irt, and ual sigual sigua	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employe	Yes No Yes No Not determined Able, a Schedule knowledge and Ininistrator
Caut Unde SB oi belief SIGN HERI	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late of the penalties of perjury and other schedule MB completed ar f, it is true, correct, and complete Filed with authorized/ Signature of plan a Signature of emplo	s during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility either line 6a or line 6b, the plan canruit plan, is it covered under the PBGC in or incomplete filing of this return/repart penalties set forth in the instruction and signed by an enrolled actuary, as wolete. valid electronic signature. dministrator	ple assets? (See instruct an independent qualifier and conditions.)	tions.)	Form Jse is port, irt, and ual sigual sigua	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employe	Yes No Yes No Not determined Able, a Schedule knowledge and Ininistrator
Caut Unde SB oi belief SIGN HERI	were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei If the plan is a defined benef ion: A penalty for the late of the penalties of perjury and other schedule MB completed ar f, it is true, correct, and complete Filed with authorized/ Signature of plan a Signature of emplo	s during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility either line 6a or line 6b, the plan canruit plan, is it covered under the PBGC in or incomplete filing of this return/repart penalties set forth in the instruction and signed by an enrolled actuary, as wolete. valid electronic signature. dministrator	ple assets? (See instruct an independent qualifier and conditions.)	tions.)	Form Jse is port, irt, and ual sigual sigua	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employe	Yes No Yes No Not determined Able, a Schedule knowledge and Ininistrator

Form 5500-SF 2013 Page **2**

Do	t III Financial Information									
Pa	rt III Financial Information		Τ		<u> </u>					
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	43676	8				62	3152	
	Total plan liabilities	7b	40.070		-				0450	
	Net plan assets (subtract line 7b from line 7a)	7c	43676	8				62	3152	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	4434	0						
	(2) Participants	8a(2)	4954	7						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	9251	9						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						18	6406	
	Benefits paid (including direct rollovers and insurance premiums	- 00							0 100	
	to provide benefits)	8d	2	2						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							22	
i	Net income (loss) (subtract line 8h from line 8c)	8i						18	6384	
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructi	ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		100	-110		AIIIO	<i>.</i>	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
U	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
				10c	X					45000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X				43000
	or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				
h		(See instru	uctions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii						
Dord		1-0		101						
Part 11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	onto? (If "	Voc. " and instructions and com	nloto	Sahaa	lulo SE	2 (Form			
	5500) and line 11a below)								Yes	X No
	Enter the unpaid minimum required contribution for current year fr		,			11a				
12	Is this a defined contribution plan subject to the minimum funding			or se	ection (302 of	ERISA?		Yes	X No
	(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 beir granting the waiver.	<u> </u>	Mon		, and e	enter th Day	ne date of t	he lett Year	er rulir	ng ——
	you completed line 12a, complete lines 3, 9, and 10 of Schedule						1			
h	Enter the minimum required contribution for this plan year					12b	Ī			

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of 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?	Y	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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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).

> Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Infor						
For calend	ar plan year 2013 or fiscal plan year beginning	01/01/2013		and ending	12/31/	2013	
A This ref	turn/report is for:	lan 🔲 a mul	tiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This ref	turn/report is: the first return/repor	t the fir	nal return/report				
	an amended return/	report a shor	t plan year returi	n/report (less than 12 m	onths))	
C Check	box if filing under: Form 5558	auton	natic extension			DFVC progra	am
	special extension (e	enter description)					
Part II	Basic Plan Information—enter all req	uested information		245-264			
1a Name					1b	Three-digit	
Cowan Fruit	401(k) PSP					plan number (PN) ▶	001
					1c	Effective date o	
2a Plans Cowan Fruit	ponsor's name and address; include room or se	uite number (employe	er, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-140	
					2c	Sponsor's telep (509) 88	phone number
2644 Wilson	Hwy				2d		(see instructions)
Grandview,	WA 98930				24	111300	
	dministrator's name and address Same as F	Plan Sponsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
	name and/or EIN of the plan sponsor has chang	Contract of the Contract of th	urn/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan number from the last return	/report.			40	DN	
The state of the s	or's name number of participants at the beginning of the p	lan year			-	PN	12
	number of participants at the beginning of the plan ye					-	15
	er of participants with account balances as of the				5b		10
	lete this item)				5c		14
6a Were	all of the plan's assets during the plan year inv	ested in eligible asse	ets? (See instruc	tions.)			X Yes No
	ou claiming a waiver of the annual examination						X Yes ☐ No
	29 CFR 2520.104-46? (See instructions on was answered "No" to either line 6a or line 6b,						Y Yes No
	plan is a defined benefit plan, is it covered under				-	M	Not determined
O II tile j	orall is a defined benefit plan, is it covered under	er the r Boo madrant	ce program (see	ENIOA Section 4021):		Tes Tivo T	140t determined
	penalty for the late or incomplete filing of t						
SB or Sche	alties of perjury and other penalties set forth in edule MB completed and signed by an enrolled true, correct, and complete.						
Deliei, it is		175					
SIGN	Susan C. Cowan	- 5	-30-14	Susan Cowan			
HERE	Signature of plan administrator	D	ate	Enter name of individ	lual siç	gning as plan adr	ministrator
SIGN							
HERE	Signature of employer/plan sponsor	D	ate	Enter name of individ	lual sig	gning as employe	er or plan sponsor
Preparer's	name (including firm name, if applicable) and a	iddress; include roon	n or suite numbe				number (optional)
					1		

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	43676	8			623152
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	43676	8			623152
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(4)	44340	3			
(1) Employers	8a(1)	4954			-	
(2) Participants	8a(2)		0			
(3) Others (including rollovers)	8a(3)	9251	-	0.3		
b Other income (loss)	8b	9231	9			100100
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c	The second second		7790	-11	186406
to provide benefits)	8d	22	2			
e Certain deemed and/or corrective distributions (see instructions)	8e		0	1150		
f Administrative service providers (salaries, fees, commissions)	8f	(0			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					22
i Net income (loss) (subtract line 8h from line 8c)	8i					186384
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature codes	from the List of Plan Chara	acteris	tic Co	des in t	he instructions:
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	c Cod	es in th	e 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 contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	ii.	2	10b		x	
C Was the plan covered by a fidelity bond?			10c	Х		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,				- 1	45000
			10d		х	45000
			10d		X	45000
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er persons b	y an insurance carrier, s under the plan? (See	10d 10e		x	45000
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	er persons b of the benefit	y an insurance carrier, s under the plan? (See	10e		4004	45000
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	er persons b of the benefit	y an insurance carrier, s under the plan? (See	10e 10f		X X	45000
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla plate the plan have any participant loans? (If "Yes," enter amount a half this is an individual account plan, was there a blackout period?	ner persons b of the benefit n?	y an insurance carrier, s under the plan? (See	10e 10f 10g		x	45000
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the service of t	er persons b of the benefit n? s of year end (See instruction	y an insurance carrier, s under the plan? (See	10e 10f 10g 10h		X X	45000
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	er persons b of the benefit n? s of year end (See instruction	y an insurance carrier, s under the plan? (See	10e 10f 10g		X X	45000
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem	er persons b of the benefit n? s of year end See instructi ne required no	y an insurance carrier, s under the plan? (See	10e 10f 10g 10h 10i	Sched	X X X X	(Form
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