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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.	ins	spection		
Part I	Annual Report	Identification Information				•			
For calenda	ar plan year 2013 or fis	scal plan year beginning 01/01/2013	3	and ending	2/31/2	2013			
	urn/report is for:			lan (not multiemployer)		a one-partici	pant plan		
B This ret	urn/report is:	님 ' 님	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths))			
C Check box if filing under: ☐ Form 5558 ☐ automatic extension					DFVC program				
		special extension (enter descriptio	n)						
Part II	Basic Plan Info	rmation—enter all requested informa	ation						
1a Name	of plan				1b	Three-digit			
INLAND PSY	CHIATRY & PSYCHO	DLOGY, INC. 401K PLAN				plan number	004		
					4.0	(PN) •	001		
					10	Effective date of	₁t pian /1998		
2a Plan si	nonsor's name and ad	dress; include room or suite number (er	mployer if for a single-	employer plan)	2h	Employer Identi			
	YCHIATRY & PSYCHO		imployer, il for a single-	employer plant	20		43258		
					2c	Sponsor's telep	hone number		
906 SECON	D AVE, STE 600					509-45			
	WA 99201-4539				2d	Business code	(see instructions)		
						6211°	12		
3a Plan a	dministrator's name ar	nd address Same as Plan Sponsor N	lame Same as Plar	Sponsor Address	3b	Administrator's			
ILAND PSYC	CHIATRY & PSYCHOL	LOGY, INC 906 SECOND			0 -		743258		
		SPOKANE, WA	A 99201-4539		3C	Administrator's 509-45	telephone number		
4 If the r	name and/or EIN of the	e plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b	EIN			
		mber from the last return/report.							
a Spons					4c	PN			
5a Total r	number of participants	at the beginning of the plan year			5a		8		
b Total r	number of participants	at the end of the plan year			5b		1		
		account balances as of the end of the p	• '	-	5c		1		
6a Were	all of the plan's assets	s during the plan year invested in eligibl	le assets? (See instruc	tions.)			X Yes No		
_	•	f the annual examination and report of a	,	,	PA)				
		? (See instructions on waiver eligibility a	,				X Yes No		
_		ither line 6a or line 6b, the plan canno			_		-		
C If the p	olan is a defined benef	it plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution: A	penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.			
	•	her penalties set forth in the instructions					able, a Schedule		
		nd signed by an enrolled actuary, as we	ell as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and		
belief, it is t	true, correct, and comp	olete.							
SIGN	Filed with authorized/	valid electronic signature.	07/11/2014	JANICE SIMCHUK					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	gning as plan adr	ministrator		
SIGN									
HERE	Signature of emplo	ver/nlan sponsor	Date	Enter name of individ	ııal sir	ning as employe	er or plan enoneor		
Preparer's		name, if applicable) and address; include					number (optional)		
	3	., .,, .,		(()		

Form 5500-SF 2013 Page **2**

Do	rt III Financial Information										
Pa			()5				4) =				
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End	l of Y	ear 62173)	
<u>а</u>	Total plan assets	7a	55957	339371			02173				
	Total plan liabilities	7b	55057	'A					60470	1	
	Net plan assets (subtract line 7b from line 7a)	7c		559571			62173				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)										
	Other income (loss)	8b	2733	0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							27330		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	52199	8							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
	Administrative service providers (salaries, fees, commissions)	8f	273								
q	Other expenses	8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						ı	524728	<u> </u>	
	Net income (loss) (subtract line 8h from line 8c)	8i							197398		
÷	Transfers to (from) the plan (see instructions)			^					107000	,	
,		8j		0							
	t IV Plan Characteristics	f+	des from the List of Disa Chan		4i- C-		4b - 1 4 1	-ti			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D 2T 2A	reature co	des from the List of Plan Char	acteris	suc Cc	ides in	the mstru	Cuons	i.		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
C				40-	X					75000	
	<u> </u>			10c						75000	
d	or dishonesty?			10d		Х					
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					1108	
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	10g		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 required	d notice or one of the	10ii							
Dow		1-0		101							
Part 11			V II instructions and		Cabaa	dula Of	D / Farmer	1			
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No	
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		T -			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		the le		ing	
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		ı						
b	Enter the minimum required contribution for this plan year					12b					

Page	3	- [1
гаус	J	- 1	

			1		
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?	X	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

Form 5500-SF

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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).

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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 Information							
For calend		01/2013	and ending	12/31/201	. 3			
A This re	eturn/report is for: X a single-employer plan a	a multiple-employer p	lan (not multiemployer)	a one-partic				
B This re	eturn/report is:	he final return/report						
	an amended return/report a	short plan year retur	n/report (less than 12 m	onths)				
C Check	box if filing under: Form 5558	DFVC progr	ram					
	special extension (enter description)		L				
Part II	Basic Plan Information—enter all requested informat	ion						
1a Name		<u> </u>		1b Three-digit				
INLANI	PSYCHIATRY & PSYCHOLOGY, INC. 401K P	LAN		plan number	001			
				(PN) 10 Effective date of				
				01/01/1998	8			
	sponsor's name and address; include room or suite number (em D PSYCHIATRY & PSYCHOLOGY, INC	ployer, if for a single	-employer plan)	2b Employer Ident (EIN) 91-174				
906 CE	COND AVE, STE 600			2c Sponsor's telep				
J00 5E	COND AVE, SIE 000			509-458-5				
SPOKAN	IE WA 99201-4539			2d Business code 621112	(see instructions)			
3a Plan a	administrator's name and address Same as Plan Sponsor Nai	me Same as Plar	Sponsor Address	3b Administrator's				
INLAND	PSYCHIATRY & PSYCHOLOGY, INC			91-174325				
906 SE	COND AVE, STE 600	3c Administrator's 509-458-58	•					
SPOKAN	E WA 99201-4539							
	name and/or EIN of the plan sponsor has changed since the lase, EIN, and the plan number from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN				
Hanne								
	sor's name			4c PN				
a Spons	•			4c PN 5a	8			
a Spons 5a Total	sor's name		i		8			
a Spons5a Totalb Totalc Numb	sor's name number of participants at the beginning of the plan year	n year (defined bene	fit plans do not	5a				
a Spons5a Totalb Totalc Numbercomp6a Were	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year per of participants with account balances as of the end of the plan elete this item) all of the plan's assets during the plan year invested in eligible	n year (defined bene 	fit plans do not	5a 5b 5c	1			
 a Spons 5a Total b Total c Number comp 6a Were b Are year 	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc	fit plans do not tions.)d public accountant (IQF	5a 5b 5c PA)	1 1 X Yes No			
5a Total b Total c Numb comp 6a Were b Are younder	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)	fit plans do not tions.) d public accountant (IQf	5a 5b 5c PA)	1			
5a Total b Total C Numb comp 6a Were b Are younder if you	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF	fit plans do not tions.) d public accountant (IQf	5a 5b 5c PA)	1 1 X Yes No			
5a Total b Total c Numb comp 6a Were b Are younder if you c If the	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.) use Form 5500-SF irance program (see	fit plans do not tions.) d public accountant (IQF and must instead use ERISA section 4021)?	5a 5b 5c Form 5500. Yes No	1 X Yes No X Yes No			
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualified d conditions.) use Form 5500-SF arance program (see	fit plans do not tions.) d public accountant (IQF and must instead use ERISA section 4021)?	5a 5b 5c 5c 5c 5c 5c 5c 5c	1 X Yes No X Yes No Not determined			
5a Total b Total c Number comp 6a Were b Are younder if you c If the p Caution: A Under pens SB or Schel	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.) d public accountant (IQf and must instead use ERISA section 4021)? unless reasonable causes	5a 5b 5c PA) Form 5500	1 X Yes No X Yes No Not determined			
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under peniss or Sche belief, it is:	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.) d public accountant (IQf and must instead use ERISA section 4021)? unless reasonable causes	5a 5b 5c PA) Form 5500	1 X Yes No X Yes No Not determined			
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche belief, it is	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.) d public accountant (IQf and must instead use ERISA section 4021)? unless reasonable cau examined this return/report,	5a 5b 5c PA) Form 5500. Se is established. ort, including, if applic and to the best of my	1 X Yes No X Yes No Not determined Table, a Schedule knowledge and			
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche belief, it is s	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.) d public accountant (IQF and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep sion of this return/report,	5a 5b 5c PA) Form 5500. Se is established. ort, including, if applic and to the best of my	1 X Yes No X Yes No Not determined Table, a Schedule knowledge and			
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pen SB or Sche belief, it is: SIGN HERE	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.) d public accountant (IQf and must instead use ERISA section 4021)? unless reasonable cau- examined this return/report, JANICE SIMCHUK Enter name of individu JANICE SIMCHUK Enter name of individu	5a 5b 5c PA) Form 5500. Se is established. Ort, including, if applic and to the best of my all signing as plan admits.	1 X Yes No X Yes No Not determined Pable, a Schedule knowledge and			
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pen SB or Sche belief, it is: SIGN HERE	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.) d public accountant (IQf and must instead use ERISA section 4021)? unless reasonable cau- examined this return/report, JANICE SIMCHUK Enter name of individu JANICE SIMCHUK Enter name of individu	5a 5b 5c PA) Form 5500. Se is established. Ort, including, if applic and to the best of my all signing as plan admits.	1 X Yes No X Yes No Not determined Pable, a Schedule knowledge and Ininistrator			
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pen SB or Sche belief, it is: SIGN HERE	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.) d public accountant (IQf and must instead use ERISA section 4021)? unless reasonable cau- examined this return/report, JANICE SIMCHUK Enter name of individu JANICE SIMCHUK Enter name of individu	5a 5b 5c PA) Form 5500	1 X Yes No X Yes No Not determined Pable, a Schedule knowledge and Ininistrator			
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pen SB or Sche belief, it is: SIGN HERE	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.) d public accountant (IQf and must instead use ERISA section 4021)? unless reasonable cau- examined this return/report, JANICE SIMCHUK Enter name of individu JANICE SIMCHUK Enter name of individu	5a 5b 5c PA) Form 5500	1 X Yes No X Yes No Not determined Pable, a Schedule knowledge and Ininistrator			
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pen SB or Sche belief, it is: SIGN HERE	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.) d public accountant (IQf and must instead use ERISA section 4021)? unless reasonable cau- examined this return/report, JANICE SIMCHUK Enter name of individu JANICE SIMCHUK Enter name of individu	5a 5b 5c PA) Form 5500	1 X Yes No X Yes No Not determined Pable, a Schedule knowledge and Ininistrator			

7	rt III Financial Information Plan Assets and Liabilities	14 2 5 5	(a) Paginning of Va		Т		/b\ =-	J - 6 V	·	
<u></u> a	Total plan assets	. 7a	(a) Beginning of Ye	ar 595	71		(b) En	a or y	ear	6217
	Total plan liabilities	7b	J		/ 	*****				0217
c	Net plan assets (subtract line 7b from line 7a)	7c	5	595	71					6217
8	Income, Expenses, and Transfers for this Plan Year	Table 1	(a) Amount		-		(b)	Total		0211
а			(a) Amount		100		(D)	Total	NET S	137223
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		2733	30					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								2733
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	2199	8					
e	Certain deemed and/or corrective distributions (see instructions) \dots	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		273	30					
g	Other expenses	8g			0	v				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							Ę	52472
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							4	19739
	Transfers to (from) the plan (see instructions)	8j			0					
_										
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
10	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Correcti	on Program)	10a	Yes	No X		Amo	ount	
10	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correcti ? (Do not inclu	on Program)ude transactions reported	10a 10b	Yes			Amo	ount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correcti ? (Do not inclu	on Program)ude transactions reported		Yes	Х		Amo	ount	75000
b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ciary Correcti ? (Do not included) fidelity bond, if	on Program)	10b		Х		Amo	ount	75000
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.)	ciary Correction (Do not included) fidelity bond, the persons by the benefits	an insurance carrier, under the plan? (See	10b 10c		Х		Amo	punt	
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or transactions.	ciary Correction (Do not included) fidelity bond, the persons by the benefits	an insurance carrier, under the plan? (See	10b 10c 10d	Х	Х		Amo	punt	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.)	ciary Correction (Do not included) (Do not included) (Control of the benefits in Present Services (Control of the benefits (Control of t	an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f	Х	X X		Amo	ount	
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (ciary Correction (Do not included) fidelity bond,	an insurance carrier, under the plan? (See	10b 10c 10d	Х	X X X		Amo	ount	
b c d f g	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	fidelity bond, fideli	an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g	Х	X X X		Amo	ount	
b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?. 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 Did the plan have any participant loans? (If "Yes," enter amount as 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 exceptions to providing the notice applied under 29 CFR 2520.101	fidelity bond, fideli	an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g 10h	Х	X X X		Amo	bunt	
b c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	ciary Correction (Do not included) fidelity bond,	on Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X X X	(Form	Amo	Yes	
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	Enter the amount contributed by the employer to the plan for th	nis plan year	********	12c	T		
d	Subtract the amount in line 12c from the amount in line 12b. Ennegative amount)			12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met be				Yes	No	∏ N/A
Part	VII Plan Terminations and Transfers of Assets	S					
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?		. Х	Yes 🗌	No	
	If "Yes," enter the amount of any plan assets that reverted to th	ne employer this year		. 13a			
b	Were all the plan assets distributed to participants or beneficiar of the PBGC?	ries, transferred to another plan, or brough	t under the	control		∏ Ye	s 🛛 No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	d from this plan to another plan(s), identify	the plan(s)	to			
1	3c(1) Name of plan(s):		1	3c(2) E	EIN(s)	13c(3) PN(s)
			-				
Part	VIII Trust Information (optional)				*****	L	
-	Name of trust			14b ⊺	rust's EIN		