Foi	rm 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be fi		ad 4065 of the Employe	•	2	2012
	epartment of Labor enefits Security Administration	Retirement Income Security Act		ctions 6057(b) and 6058		This Form i	s Open to Public
Pension B	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.	Ins	pection
Part I		entification Information					
For calend	ar plan year 2012 or fisc		012	and ending 0	9/30/2	2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
B This re-	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	1	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descrip	ution)				
Part II	Basic Plan Inform	mation—enter all requested infor					
1a Name			maion		1b	Three-digit	
	C. PENSION PLAN					plan number	
						(PN) 🕨	002
					1c	Effective date of 09/30	
<b>2a</b> Plan s THORN, IN		ess; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-08	fication Number 63506
PO BOX 87					2c	Sponsor's telep 509-382	hone number 2-4324
DAYTON, W	/A 99328				2d	Business code ( 11110	
<b>3a</b> Plan a THORN, INC.	dministrator's name and	address Same as Plan Sponsor	r Name Same as Plan	Sponsor Address	3b	Administrator's 91-08	EIN 63506
						509-382	2-4324
		plan sponsor has changed since the point of the point of the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN	
	or's name				4c	PN	
5a Total	number of participants at	t the beginning of the plan year			5a		3
<b>b</b> Total	number of participants at	t the end of the plan year			5b		3
		count balances as of the end of the			0.0		
					5c		3
6a Were	all of the plan's assets o	during the plan year invested in elig	gible assets? (See instruct	tions.)			🗙 Yes 🗌 No
under	29 CFR 2520.104-46? (	ne annual examination and report of See instructions on waiver eligibilit	ty and conditions.)				X Yes No
		er line 6a or line 6b, the plan ca					
		incomplete filing of this return/r					
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as ste.					
SIGN	Filed with authorized/va	alid electronic signature.	07/14/2014	ERIC THORN			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan sponsor
	name (including firm nar	me, if applicable) and address; incl		-			number (optional)
601 W. RIV	& HURLEY, INC. ERSIDE AVE., SUITE 16	600				509-838	3-5500
SPOKANE,	WA 99201						

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

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Ye	ar
a Total plan assets	7a	155186	4			16	21296
<b>b</b> Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	155186	4			16	21296
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:	<b>a</b> (1)	4000	•				
(1) Employers		1200	0				
(2) Participants				_			
(3) Others (including rollovers)		5000		_			
<b>b</b> Other income (loss)		5962	4	_			
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c						71624
to provide benefits)	8d	219	2				
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2192
i Net income (loss) (subtract line 8h from line 8c)	8i						69432
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions			clensi				
				Yes	No	Amo	unt
			10a	Yes	No X	Amo	unt
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contrib</li></ul>	luciary Correctst? (Do not inc	ction Program)	10a 10b	Yes	-	Amo	unt
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	luciary Correctst? (Do not inc	xtion Program) clude transactions reported		Yes	X	Amo	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> </ul>	luciary Correct st? (Do not inc s fidelity bond	ction Program) clude transactions reported	10b		X	Amo	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</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>	luciary Correct st? (Do not inc s fidelity bond ther persons to of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c		X X	Amo	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</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 of insurance service or other organization that provides some or all</li> </ul>	s fidelity bond ther persons to of the benefit	ction Program) Clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d		x x x	Amo	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</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 of insurance service or other organization that provides some or all instructions.)</li> </ul>	luciary Correct st? (Do not inc s fidelity bond ther persons to of the benefit	ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c 10d 10e 10f		x x x x x	Amo	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</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 of 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 if h If this is an individual account plan, was there a blackout period?</li> </ul>	s fidelity bond ther persons to of the benefit an?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e		x x x x x x x	Amo	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</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 of 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 point of the plan have any participant loans? (If "Yes," enter amount a point of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans?</li> </ul>	luciary Correct st? (Do not inconstruction s fidelity bond ther persons to of the benefit an?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See cl.)	10b 10c 10d 10e 10f 10g		x x x x x x x x	Amo	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</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 of 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 2520.101-3.)</li> <li>i 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 exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	luciary Correct st? (Do not inconstruction s fidelity bond ther persons to of the benefit an?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See cl.)	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x	Amo	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</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 of 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 in 1 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 exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Pansion Funding Compliance</li> </ul>	luciary Correct st? (Do not incost?) s fidelity bond ther persons to of the benefit an?	tion Program) clude transactions reported clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See clude) d.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	(Form	200000
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic 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>	luciary Correct st? (Do not incost s fidelity bond ther persons to of the benefit an? as of year end (See instruct the required r 01-3 nents? (If "Ye	tion Program) clude transactions reported that was caused by fraud by an insurance carrier, is under the plan? (See the plan? (See the plan? (See the plan? (See the	10b 10c 10d 10e 10f 10g 10h 10i	X Schec	X X X X X X X X	(Form	200000
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</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 of 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 is a 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 exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)</li> </ul>	luciary Correct st? (Do not inc s fidelity bond ther persons t of the benefit an? as of year end (See instruct the required r D1-3 nents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X Uule SB	(Form	200000
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</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 of 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 is 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)</li> </ul>	luciary Correct st? (Do not incost?) s fidelity bond ther persons to of the benefit an? (See instruct the required r 01-3	tion Program) clude transactions reported that was caused by fraud by an insurance carrier, is under the plan? (See characteristic or one of the the instructions and com the instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X Uule SB	(Form	200000
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic 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>	luciary Correct st? (Do not incost) s fidelity bond ther persons to of the benefit an? (See instruct (See instruct the required r 01-3 ments? (If "Ye g requirement v, as applicab ing amortized	tion Program) clude transactions reported that was caused by fraud by an insurance carrier, is under the plan? (See characteristic see characteristic see char	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Sched	X X X X X X X X X X 11a 302 of F	(Form	200000 Yes No Yes No ter ruling
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li></ul>	luciary Correct st? (Do not incost?) s fidelity bond ther persons to of the benefit an? (See instruct (See instruct the required r 01-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Sched	X X X X X X X X X X X X X X X X X X X	(Form	200000 Yes No Yes No ter ruling
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li></ul>	luciary Correct st? (Do not incost?) s fidelity bond ther persons b of the benefit an? (See instruct (See instruct the required r 01-3 nents? (If "Ye g requirement v, as applicab ing amortized <b>Ie MB (Form</b>	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, so under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 	X Schec	X X X X X X X X X X X X X X X X X X X	(Form	20000 Yes N Yes N Yes N

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual R		of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan	and 4085 of the Energies		2012
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act of the Interna	f 1974 (ERI\$A), and s al Revenue Code (the	sections 6057(b) and 605 e Code).	8(a) of	This Form is Open to Public Inspection
Part I Annual Report Id	Complete all entries in accord contification Information	dance with the Instr	uctions to the Form 550	00-SF	
For calendar plan year 2012 or fisc		/01/2012	and ending		09/30/2013
	X a single-employer plan		plan (not multiemployer)		
B This return/report is:	the first return/report	the final return/report		l	a one-participant plan
[	an amended return/report	a short plan year retu	um/report (less than 12 m	ionths)	
C Check box if filing under:	X Form 5558	automatic extension	1	Ì	DFVC program
Γ	special extension (enter descriptio	n)		L	
Part II   Basic Plan Inform	nation-enter all requested informa				
<b>1a</b> Name of plan Thorn, Inc. Pension H					Three-digit plan number (201) N 002
					(FN) F
	1 1119-100-111			10	Effective date of plan
<b>2a</b> Plan sponsor's name and addre Thorn, Inc.	ess; include room or suite number (er	mployer, if for a single	e-employer plan)		Employer Identification Number (EIN) 91-0863506
PO Box 87				2c 3	Sponsor's telephone number
Dayton	WA 99328			2d	Business code (see Instructions)
3a Plan administrator's name and	address Same as Plan Sponsor N	ame Same as Pla	an Sponsor Address	3b /	Administrator's EIN
Thorn, Inc.		-			91-0863506
PO Box 87					Administrator's telephone number
Dayton	WA 99328				
4 If the name and/or EIN of the planame, EIN, and the plan numb	an sponsor has changed since the la er from the last return/report.	est return/report filed	for this plan, enter the	4b i	EIN
a Sponsor's name				4c /	PN
5a Total number of participants at	the beginning of the plan year			5a	3
	the end of the plan year			5b	3
C Number of participants with account of the second sec	count balances as of the end of the pl	lan year (defined ben	efit plans do not		J
	uring the plan year invested in eligible				
b Are you claiming a waiver of the	e annual examination and report of a See instructions on waiver eligibility a	n independent qualifi	ied public accountant (IOI	PA)	
If you answered "No" to eithe	er line 6a or line 6b, the plan canno	na conations.) St use Form 5500-SF	and must instead use		
	incomplete filing of this return/repo				
Under penalties of perjury and other	penalties set forth in the instructions signed by an enrolled actuary, as wel	. I declare that I have	examined this return/ren	ort inc	udido, if applicable, a Schedule
SIGN Frie M	or-	7/1/14	ERIC THORN		
HERE Signature of plan adm		Date	Enter name of individu	ral eigni	ing as plan administrator
SIGN Thom Suc	1				
HERE Signature of employer		Date	THORN IN		by ERTC THORN
Preparer's name (including firm nam JODI CALHOUN	e, if applicable) and address; include	room or suite numbe	er (optional)	Prepa	ing as employer or plan sponsor rer's telephone number (optional)

FAX NO. :

Randall & Hurley, Inc		509-838
601 W. Riverside Ave.	, Suite 1600	
		计学校发展 的复数制
Spokane	WA 99201	성의 사람은 물질이 많이.

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

509-838-5500

Form 5500-SF 2012

Page 2

7 Plan Assets and Liabilities	1. The second	(a) Beginning of Ye	ar			(b) End	t of Ve	95	
a Total plan assets	7a		518	64					129
b Total plan liabilities	7b	1 111							107
C Net plan assets (subtract line 7b from line 7a)	7c	15	518	64				162	129
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		·   ··		(b)	Total		***
Contributions received or receivable from:     (1) Employers	8a(1)		120	00					ай н
(2) Participants	8a(2)				i a pr	n ng si gan		1	
(3) Others (including rollovers)	8a(3)				197. A	t state of		1.1.4	
b Other income (loss)	8b		5962	24	1011	e experi		11	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			:				7	162
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		219	92	i n f Siy				
e Certain deemed and/or corrective distributions (see instructions)	<b>8</b> e			20	185		1.1	di di	2 ) <sub>10</sub>
f Administrative service providers (salaries, fees, commissions)	8f		_	1		N. A. S. T. S.			()
g Other expenses	8g				: Alto			1.11	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		i de la	2					219
i Net income (loss) (subtract line 8h from line 8c)	8i		d oli	-01				6	943
Transfers to (from) the plan (see instructions)	8j			2.14	1.20			eaun,	. Chier
Part IV         Plan Characteristics           Ba         If the plan provides pension benefits, enter the applicable pension ferror of 2A 3D           b         If the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits, enter the applicable welfare ferror of the plan provides welfare benefits.									
b If the plan provides welfare benefits, enter the applicable welfare fea	ature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ions:		
art V Compliance Questions	ature cod	es from the List of Plan Chara	cterist		les in t	he instruct	ions;		
art V Compliance Questions 0 During the plan year:		нин — — — — — — — — — — — — — — — — — —	cterist	ic Cod Yes	les in t No	he instruct	ions; Amou	int	
Part V         Compliance Questions           0         During the plan year:           a         Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduo)	ions withir	the time period described in ection Program)	cterist					Int	
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributii 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ions withir ciary Com ? (Do not i	n the time period described in ection Program) Include transactions reported			No			nt	
Part V       Compliance Questions         0       During the plan year;         a       Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue)         b       Were there any nonexempt transactions with any party-in-interest? on line 10a,)         c       Was the plan covered by a fidelity bond?	ions withir ciary Com ? (Do not i	n the time period described in ection Program) nclude transactions reported	10a		No X				
Part V       Compliance Questions         0       During the plan year;         a       Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo)         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fior dishonesty?	ions withir ciary Com ' (Do not i idelity bor	i the time period described in ection Program) include transactions reported ind, that was caused by fraud	10a 10b	Yes	No X				0000
<ul> <li>Yart V Compliance Questions</li> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributine 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduoid)</li> <li>Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan's fill or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)</li> </ul>	ions within ciary Corre (Do not i idelity bor repersons the bene	the time period described in ection Program) Include transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c	Yes	No X X				0000
art V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributil 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.).         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fior dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of	ions within ciary Corre (Do not i idelity bor repersons the bene	the time period described in ection Program) Include transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes	No X X X				0000
art V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributii 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fior dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)         f       Has the plan failed to provide any benefit when due under the plan?	ions withir ciary Corr (Do not i idelity bor er persons the bene	the time period described in ection Program) include transactions reported id, that was caused by fraud to by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X				0000
<ul> <li>Part V Compliance Questions</li> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo</li> <li>Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan's finor dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as h if this is an individual account plan, was there a blackout period? (See the plan have and plan.</li> </ul>	ions withir ciary Com (Do not i idelity bor er persons the bene ? of year er See instru	the time period described in ection Program) Include transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.)	10a 10b 10c 10d 10e 10f	Yes	No X X X				
<ul> <li>Part V Compliance Questions</li> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo</li> <li>b Were there any nonexempt transactions with any party-in-interest? 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 fior dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of 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 as h If this is an Individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the</li> </ul>	ions within ciary Com (Do not i idelity bor er persons the bene ? of year en See instruction	the time period described in ection Program) Include transactions reported add, that was caused by fraud by an insurance carrier, fits under the plan? (See add.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X		Amou	20	
<ul> <li>Part V Compliance Questions</li> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduoid)</li> <li>Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan's fill or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)</li> <li>Has the plan have any participant loans? (If "Yes," enter amount as h if this is an Individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>I f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> </ul>	ions within ciary Com (Do not i idelity bor er persons the bene ? of year en See instruction	the time period described in ection Program) Include transactions reported add, that was caused by fraud by an insurance carrier, fits under the plan? (See add.)	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X			20	
<ul> <li>Part V Compliance Questions</li> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)</li> <li>b Were there any nonexempt transactions with any party-in-interest? 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 from dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of 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 as h if this is an Individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-art VI Pension Funding Compliance</li> </ul>	ions within ciary Com ? (Do not i idelity bor er persons i the bene ? of year er See instruct a required 3	a the time period described in ection Program) include transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10l	X	No X X X X X X X X X		Amou	20	Νο
<ul> <li>Part V Compliance Questions</li> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)</li> <li>b Were there any nonexempt transactions with any party-in-interest? 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 fior dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of 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 as h if this is an Individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-ant VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li> </ul>	ions withir ciary Com (Do not i idelity bor er persons the bene ? of year er See instru- e required 3	the time period described in ection Program) include transactions reported id, that was caused by fraud is by an insurance carrier, fits under the plan? (See ind.) ctions and 29 CFR notice or one of the es." see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10l	X	No X X X X X X X X		Amou	20	
<ul> <li>Part V Compliance Questions</li> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributine 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)</li> <li>b Were there any nonexempt transactions with any party-in-interest? 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 fior dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of 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 as h If this is an Individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below).</li> </ul>	ions withir ciary Com ? (Do not i idelity bor er persons f the bene ? of year er See instruct a required 3 nts? (If "Y	the time period described in ection Program) Include transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See ad.) tions and 29 CFR notice or one of the es." see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10l	X	No X X X X X X X Ule SB	(Form		20 (es	No
<ul> <li>Part V Compliance Questions</li> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo</li> <li>b Were there any nonexempt transactions with any party-in-interest? 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 fill or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of 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 as h if this is an individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>ant VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li> <li>2 Is this a defined contribution plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the plan sub</li></ul>	ions withir ciary Com ? (Do not i idelity bor er persons f the bene ? of year er See instru- e required 3 	the time period described in ection Program) Include transactions reported id, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.) Ctions and 29 CFR notice or one of the es." see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10l	X	No X X X X X X X Ule SB	(Form		20 (es	
<ul> <li>Part V Compliance Questions</li> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributine 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)</li> <li>b Were there any nonexempt transactions with any party-in-interest? 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 fior dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of 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 as h If this is an Individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below).</li> </ul>	ions withir ciary Com r (Do not i idelity bor er persons f the bene ? of year er See instru- erequired 3 nts? (If "Y equirement as applica	the time period described in ection Program) Include transactions reported id, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.) Ind.) Ind.) Ind.) Indice or one of the es." see instructions and com ints of section 412 of the Code ble.) d in this plan year, see instruc	10a 10b 10c 10d 10d 10f 10g 10h 10l 10l 0r sec	Yes X Sched	No X X X X X X X Ule SB	(Form		20 (es ]	No