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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		Identification Information	on					
For calen	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013							
A This re	eturn/report is for:	X a single-employer plan	a multiple-emple	yer plan (not multiemployer)		a one-particip	pant plan	
B This re	eturn/report is:	the first return/report	the final return/r	eport				
		an amended return/report	a short plan year	return/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic exten	sion		DFVC progra	am	
	· ·	special extension (enter de	escription)			ш		
Part II	Basic Plan Info	ormation—enter all requested	· · ·					
1a Name		ontor an requestion	a mormaton		1b	Three-digit		
	•	AX DEFERRED ANNUITY PLA				plan number		
						(PN) ▶	001	
					1c	Effective date o	•	
2a Plan	snonsor's name and a	ddress; include room or suite nu	mher (employer if for a	ingle-employer plan)	2h	Employer Identi		
		OF THE INLAND NORTHWEST	moor (omployor, ir for a c	migro omproyor plany	20		61587	
					2c	Sponsor's telep	hone number	
222 W MIS	SION AVE.					509-328		
SPOKANE	, WA 99201-2344				2d	Business code ((see instructions)	
						81300		
		and address Same as Plan Sp	—	s Plan Sponsor Address	3b	Administrator's	EIN)61587	
IG BROTH IORTHWES	ERS BIG SISTERS OF ST		MISSION AVE. ANE, WA 99201-2344		3с		telephone number	
		3. 3. 4	,			509-328		
A 16.45-			41 14 1		41.			
		ne plan sponsor has changed sir umber from the last return/report		riled for this plan, enter the	4b	EIN		
	sor's name				4c	PN		
5a Tota	I number of participants	s at the beginning of the plan ye	ar		5a		9	
b Tota	I number of participants	s at the end of the plan year			5b		10	
				l la constitue de const				
C Num	ber of participants with	account balances as of the end	I of the plan year (defined	i benetit plans do not				
		account balances as of the end		•	5c		7	
6a Wer	plete this item)ee all of the plan's asse	ts during the plan year invested	in eligible assets? (See i	nstructions.)			7 X Yes No	
6a Wer b Are	plete this item)e e all of the plan's asse you claiming a waiver o	ts during the plan year invested of the annual examination and re	in eligible assets? (See i	nstructions.)ualified public accountant (IQ	PA)		X Yes No	
6a Wer	plete this item)ee all of the plan's asset you claiming a waiver of er 29 CFR 2520.104-46	ts during the plan year invested of the annual examination and res? (See instructions on waiver el	in eligible assets? (See in eport of an independent of igibility and conditions.).	nstructions.)ualified public accountant (IQ	PA)			
6a Wer b Are y unde	plete this item)ee all of the plan's asset you claiming a waiver or er 29 CFR 2520.104-46 u answered "No" to e	ts during the plan year invested of the annual examination and re ?? (See instructions on waiver el either line 6a or line 6b, the pla	in eligible assets? (See is eport of an independent of igibility and conditions.).	nstructions.)ualified public accountant (IQ	PA) Form	n 5500.	X Yes No X Yes No	
6a Wer b Are y unde If yo C If the	plete this item)ee all of the plan's asset you claiming a waiver of er 29 CFR 2520.104-46 u answered "No" to e	ts during the plan year invested of the annual examination and reservices (See instructions on waiver eleither line 6a or line 6b, the platifit plan, is it covered under the first during the second	in eligible assets? (See is port of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance progran	nstructions.)ualified public accountant (IQ 00-SF and must instead use 1 (see ERISA section 4021)?	PA) Form	n 5500. Yes	X Yes No	
6a Wer b Are y unde If yo c If the	plete this item)e all of the plan's asset you claiming a waiver or 29 CFR 2520.104-46 u answered "No" to e plan is a defined bene	ts during the plan year invested of the annual examination and reserved. (See instructions on waiver eleither line 6a or line 6b, the plantific planting is it covered under the form incomplete filing of this reserved.	in eligible assets? (See is eport of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance progranturn/report will be asse	nstructions.)ualified public accountant (IQ. 10-SF and must instead use (see ERISA section 4021)?	PA) Form	n 5500. Yes No established.	Yes No Yes No Not determined	
6a Wer b Are y unde If yo c If the Caution:	plete this item)e all of the plan's asset you claiming a waiver or 29 CFR 2520.104-46 u answered "No" to e plan is a defined bene A penalty for the late nalties of perjury and o	ts during the plan year invested of the annual examination and reference (See instructions on waiver elepither line 6a or line 6b, the playing plan, is it covered under the for incomplete filing of this retailed.	in eligible assets? (See is eport of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance progranturn/report will be asset tructions, I declare that I	nstructions.)ualified public accountant (IQ. 10-SF and must instead use (see ERISA section 4021)? ssed unless reasonable cat have examined this return/re	PA) Form use is	n 5500. Yes No established. ncluding, if applic	X Yes No X Yes No Not determined able, a Schedule	
6a Wer b Are y unde If yo c If the Caution: Under per	plete this item)e all of the plan's asset you claiming a waiver or 29 CFR 2520.104-46 u answered "No" to e plan is a defined bene A penalty for the late nalties of perjury and o	ts during the plan year invested of the annual examination and reference (See instructions on waiver elepither line 6a or line 6b, the plantifit p	in eligible assets? (See is eport of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance progranturn/report will be asset tructions, I declare that I	nstructions.)ualified public accountant (IQ. 10-SF and must instead use (see ERISA section 4021)? ssed unless reasonable cat have examined this return/re	PA) Form use is	n 5500. Yes No established. ncluding, if applic	X Yes No X Yes No Not determined able, a Schedule	
6a Wer b Are y under lf yo c If the Caution: Under per SB or Sch belief, it is	plete this item)e all of the plan's assertion of the plan is a defined benefit of the late analties of perjury and one dule MB completed as true, correct, and completed as true, correct, and completed assertion of the plant of the plant's assertion	ts during the plan year invested of the annual examination and reserved. (See instructions on waiver elepither line 6a or line 6b, the play of the plan, is it covered under the form incomplete filing of this reserved there penalties set forth in the instand signed by an enrolled actual applete.	in eligible assets? (See is port of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance progranturn/report will be assestructions, I declare that Iry, as well as the electron	nstructions.)	Form use is port, it, and	n 5500. Yes No established. ncluding, if applic	X Yes No X Yes No Not determined able, a Schedule	
6a Wer b Are y unde If yo c If the Caution: Under per	plete this item)	ts during the plan year invested of the annual examination and reserved (See instructions on waiver eleither line 6a or line 6b, the playerit plan, is it covered under the for incomplete filing of this restand signed by an enrolled actual applete.	in eligible assets? (See is port of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance program turn/report will be assest tructions, I declare that Iry, as well as the electron 07/14/2014	nstructions.)	Form use is port, it, and	n 5500. Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined Sable, a Schedule knowledge and	
6a Wer b Are y unde If yo c If the Caution: Under per SB or Sch belief, it is	plete this item)e all of the plan's assertion of the plan is a defined benefit of the late analties of perjury and one dule MB completed as true, correct, and completed as true, correct, and completed assertion of the plant of the plant's assertion	ts during the plan year invested of the annual examination and reserved (See instructions on waiver eleither line 6a or line 6b, the playerit plan, is it covered under the for incomplete filing of this restand signed by an enrolled actual applete.	in eligible assets? (See is port of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance progranturn/report will be assestructions, I declare that Iry, as well as the electron	nstructions.)	Form use is port, it, and	n 5500. Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined Sable, a Schedule knowledge and	
6a Wer b Are y unde If yo c If the Caution: Under per SB or Sch belief, it is SIGN HERE SIGN	plete this item)e all of the plan's asset you claiming a waiver of the 29 CFR 2520.104-46 at answered "No" to ear plan is a defined beneat the plant of the late analties of perjury and one dule MB completed as true, correct, and completed with authorized Signature of plan and plant is true.	ts during the plan year invested of the annual examination and reserved in the annual examination and reserved in the annual examination of the plant of the filt plan, is it covered under the filter penalties set forth in the instand signed by an enrolled actual exploration. Idvalid electronic signature.	in eligible assets? (See is eport of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance program turn/report will be asset in a well as the electror of the page of t	nstructions.)	Form Ise is port, it, and	n 5500. Yes No established. Including, if applic to the best of my	Yes No Yes No Not determined Sable, a Schedule knowledge and	
6a Wer b Are y unde If yo C If the Caution: Under pet SB or Sch belief, it is SIGN HERE SIGN HERE	plete this item)e all of the plan's asset you claiming a waiver of the 29 CFR 2520.104-46 to answered "No" to ear plan is a defined beneat the plant of the late analties of perjury and one dule MB completed as true, correct, and complete the plant of the late and the late	ts during the plan year invested of the annual examination and reserved in the annual examination and reserved in the annual examination of the plant of the filter plant, is it covered under the filter penalties set forth in the instand signed by an enrolled actual expectation of the plant of the plant of the penalties set forth in the instand signed by an enrolled actual expectation.	in eligible assets? (See is eport of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance program turn/report will be asset structions, I declare that I ry, as well as the electror 07/14/2014 Date Date	nstructions.)	Form Suse is is is, and N ual signature.	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragging as employed	Yes No Yes No Not determined Sable, a Schedule reknowledge and ministrator er or plan sponsor	
6a Wer b Are y unde If yo C If the Caution: Under pet SB or Sch belief, it is SIGN HERE SIGN HERE	plete this item)e all of the plan's asset you claiming a waiver of the 29 CFR 2520.104-46 to answered "No" to ear plan is a defined beneat the plant of the late analties of perjury and one dule MB completed as true, correct, and complete the plant of the late and the late	ts during the plan year invested of the annual examination and reserved in the annual examination and reserved in the annual examination of the plant of the filt plan, is it covered under the filter penalties set forth in the instand signed by an enrolled actual exploration. Idvalid electronic signature.	in eligible assets? (See is eport of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance program turn/report will be asset structions, I declare that I ry, as well as the electror 07/14/2014 Date Date	nstructions.)	Form Suse is is is, and N ual signature.	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragging as employed	Yes No Yes No Not determined Sable, a Schedule knowledge and	
6a Wer b Are y unde If yo C If the Caution: Under pet SB or Sch belief, it is SIGN HERE SIGN HERE	plete this item)e all of the plan's asset you claiming a waiver of the 29 CFR 2520.104-46 to answered "No" to ear plan is a defined beneat the plant of the late analties of perjury and one dule MB completed as true, correct, and complete the plant of the late and the late	ts during the plan year invested of the annual examination and reserved in the annual examination and reserved in the annual examination of the plant of the filter plant, is it covered under the filter penalties set forth in the instand signed by an enrolled actual expectation of the plant of the plant of the penalties set forth in the instand signed by an enrolled actual expectation.	in eligible assets? (See is eport of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance program turn/report will be asset structions, I declare that I ry, as well as the electror 07/14/2014 Date Date	nstructions.)	Form Suse is is is, and N ual signature.	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragging as employed	Yes No Yes No Not determined Sable, a Schedule reknowledge and ministrator er or plan sponsor	
6a Wer b Are y unde If yo C If the Caution: Under pet SB or Sch belief, it is SIGN HERE SIGN HERE	plete this item)e all of the plan's asset you claiming a waiver of the 29 CFR 2520.104-46 to answered "No" to ear plan is a defined beneat the plant of the late analties of perjury and one dule MB completed as true, correct, and complete the plant of the late and the late	ts during the plan year invested of the annual examination and reserved in the annual examination and reserved in the annual examination of the plant of the filter plant, is it covered under the filter penalties set forth in the instand signed by an enrolled actual expectation of the plant of the plant of the penalties set forth in the instand signed by an enrolled actual expectation.	in eligible assets? (See is eport of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance program turn/report will be asset structions, I declare that I ry, as well as the electror 07/14/2014 Date Date	nstructions.)	Form Suse is is is, and N ual signature.	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragging as employed	Yes No Yes No Not determined Sable, a Schedule reknowledge and ministrator er or plan sponsor	
6a Wer b Are y unde If yo C If the Caution: Under pet SB or Sch belief, it is SIGN HERE SIGN HERE	plete this item)e all of the plan's asset you claiming a waiver of the 29 CFR 2520.104-46 to answered "No" to ear plan is a defined beneat the plant of the late analties of perjury and one dule MB completed as true, correct, and complete the plant of the late and the late	ts during the plan year invested of the annual examination and reserved in the annual examination and reserved in the annual examination of the plant of the filter plant, is it covered under the filter penalties set forth in the instand signed by an enrolled actual expectation of the plant of the plant of the penalties set forth in the instand signed by an enrolled actual expectation.	in eligible assets? (See is eport of an independent of igibility and conditions.). an cannot use Form 550 PBGC insurance program turn/report will be asset structions, I declare that I ry, as well as the electror 07/14/2014 Date Date	nstructions.)	Form Suse is is is, and N ual signature.	n 5500. Yes No sestablished. Including, if applic to the best of my gning as plan adragging as employed	Yes No Yes No Not determined Sable, a Schedule knowledge and ministrator er or plan sponsor	

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of V	'oar		
	Total plan assets	7a	(a) Beginning of Year				(b) End of Year			1	
	Total plan liabilities	7b	35						10011	•	
	Net plan assets (subtract line 7b from line 7a)	76 7c	149345		190174						
8	Income, Expenses, and Transfers for this Plan Year	70				(b) Total					
	Contributions received or receivable from:		(a) Amount				(a)	ota			
	(1) Employers	8a(1)	629	6							
	(2) Participants	8a(2)	775	5							
	(3) Others (including rollovers)	8a(3)	155	7							
b	Other income (loss)	8b	2863	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							44240)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	131	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	209	7							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							341	1	
i	Net income (loss) (subtract line 8h from line 8c)	8i							40829	9	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	٠,	L								
9a	If the plan provides pension benefits, enter the applicable pension of the plan provides pension benefits, enter the applicable pension of the plan provides pension benefits, enter the applicable pension of the plan provides pension of the plan pension of the plan provides pension of the plan	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	ions	:		
Dan	t V Compliance Overtions										
Par					V	Ma	I				
10	During the plan year:	tiono withi	n the time period described in		Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	rection Program)	10a		X					
K.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
					Χ					450	2000
	· · · · · · · · · · · · · · · · · · ·			10c						150	0000
	or dishonesty?			10d		X					
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 plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end)	10q		X					
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							
Daw		1-3		101							
Part	<u> </u>		Van II ann innturations and ann		Cabaa	lula CI) /Farra	1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	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	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	ne date of	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
					- 1	12b					

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).

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OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

, Complete all entires in accord	idince Airti file matta	Alons to the Form 550	0-01.				
Part I Annual Report Identification Information							
For calendar plan year 2013 or fiscal plan year beginning 01	/01/2013	and ending	12/31/2	013			
A This return/report is for:							
B This return/report is:	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:	automatic extension		☐ DFVC pro	ogram			
special extension (enter description)			О.	•			
	-		******				
Part II Basic Plan Information—enter all requested information	ation		1b Three-digit				
1a Name of plan BIG BROTHERS-BIG SISTERS TAX DEFERRED ANNU	TTV DI.A		plan numbe	r			
DIG DKOTHEGER AND CHEEFER DIG DIG DIG DIG	III IIII		(PN) ▶	001			
			1c Effective da 01/01/19				
2a Plan sponsor's name and address; include room or suite number (e. BIG BROTHERS BIG SISTERS OF THE INLAND NOR'		employer plan)	2b Employer Id (EIN) 91-6	lentification Number			
			2c Sponsor's to	elephone number			
222 W MISSION AVE.			509-328				
SPOKANE WA 99201-2344			813000	de (see instructions)			
3a Plan administrator's name and address Same as Plan Sponsor N	lame Same as Pla	Sponsor Address	3b Administrato				
BIG BROTHERS BIG SISTERS OF THE INLAND NOR	THWEST		91~6061	or's telephone number			
222 W MISSION AVE.			509-328	•			
222 W MISSION AVE.							
SPOKANE WA 99201-2344							
4 If the name and/or EIN of the plan sponsor has changed since the I	ast return/report filed f	or this plan, enter the	4b EIN				
name, EIN, and the plan number from the last return/report. a Sponsor's name			4c PN				
5a Total number of participants at the beginning of the plan year	******	***************************************	5a	9			
b Total number of participants at the end of the plan year			5b	10			
Number of participants with account balances as of the end of the p complete this item)	olan year (defined ben	efit plans do not	5c	7			
6a Were all of the plan's assets during the plan year invested in eligib		"		X Yes No			
b Are you claiming a waiver of the annual examination and report of	an independent qualifi	ed public accountant (IC	IPA)	X Yes ∏ No			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No			
If you answered "No" to either line 6a or line 6b, the plan cann							
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)?	Yes No	Not determined			
Caution: A penalty for the late or incomplete filing of this return/rej	port will be assessed	unless reasonable car	use is established].			
Under penalties of perjury and other penalties set forth in the instruction	s, I declare that I have	examined this return/re	port, including, if a	pplicable, a Schedule			
SB or Schedule MB completed and signed by an enrolled actuary, as w belief, it is true, correct, and complete.	ell as the electronic ve	rsion of this return/repor	t, and to the best o	f my knowledge and			
SIGN	7-14-14	DARIN CHRISTE	nsen				
HERE Signature of plan administrator	Date	Enter name of individ	lual signing as plar	administrator			
SIGN							
HERE Signature of employer/plan sponsor	Date	Enter name of individ	fual signing as emo	oloyer or plan sponsor			
Preparer's name (Including firm name, if applicable) and address; including		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		none number (optional)			
		•		•			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			Market 1				

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a	Fotal plan assets	7a	14	970	3		190174		
b	Total plan liabilities	7b		35	8				
C I	Net plan assets (subtract line 7b from line 7a)	7c	14934		5	19			
8 1	ncome, Expenses, and Transfers for this Plan Year	THE STATE	(a) Amount			(b) Total			
	Contributions received or receivable from: [1] Employers	8a(1)		629	6				
	2) Participants	8a(2)		775	5				
	(3) Others (including rollovers)	8a(3)		155	7				
	Other income (loss)	8b	2	2863	2				
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					44240		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		131	4				
е	Certain deemed and/or corrective distributions (see instructions)	8e			1923				
f	Administrative service providers (salaries, fees, commissions)	8f			10				
g	Other expenses	8g		209	7				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		VINIM			3411		
	Net Income (loss) (subtract line 8h from line 8c)	81					40829		
j	Transfers to (from) the plan (see instructions)	8]							
Par	t IV Plan Characteristics		<u> </u>						
	If the plan provides pension benefits, enter the applicable pension 2F 2G 2M 2T 2E 3D If the plan provides welfare benefits, enter the applicable welfare f								
Part	V Compliance Questions				····				
10	During the plan year:				Yes	No	Amount		
а	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		. Х			
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10c	Х		150000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or al instructions.)	l of the ber	nefits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	an?	••••••	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	***********		10h		х			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require 01-3	d notice or one of the	101	<u> </u>				
Part	VI Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								
11a	Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum fundin	g requirem	ents of section 412 of the Code	e or s	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 be granting the waiver.	ing amorti	zed in this plan year, see Instru	nth	, and	enter ti Day			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu				,				
b	Enter the minimum required contribution for this plan year					12b			