Form 5500-SF Short Form Annual Return/Repo				of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			е	2013			
	Department of Labor nployee Benefits Security Administration Entrement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).					This Form is Open to Public Inspection			
Pension Be	Benefit Guaranty Corporation	Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.				
Part I	Annual Report Id	lentification Information							
For calend	lar plan year 2013 or fisca	al plan year beginning 01/01/201	3	and ending 1	2/31/:	2013			
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-participant plan			
B This ref	turn/report is:	the first return/report	the final return/report			_			
	· [	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths	)			
C Check	box if filing under:	Form 5558	automatic extension	• •		DFVC program			
		special extension (enter description	1						
Part II	Basic Plan Inforr	<b>nation</b> —enter all requested inform	,						
1a Name		nation—enter an requested month	1811011		1b	Three-digit			
	IT GOLF & COUNTRY CI	LUB 401(K) PLAN				plan number			
						(PN) ▶ 001			
					1c	Effective date of plan			
						01/01/1997			
	sponsor's name and addre	ess; include room or suite number (e	employer, if for a single	-employer plan)	2b				
					0.	(EIN) 91-0729154			
					2C	Sponsor's telephone number 206-842-2688			
811 CHERR BAINBRIDG	RY AVENUE GE ISLAND, WA 98110				2d				
Br (11 (B) (12 )					Zu	Business code (see instructions) 713900			
3a Plan a	administrator's name and	address XSame as Plan Sponsor N	Name Same as Plar	n Sponsor Address	3b				
•••									
<ul> <li>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the</li> <li>4b EIN</li> </ul>									
name	e, EIN, and the plan numb	per from the last return/report.		•					
<u> </u>	sor's name				<b>4c</b> PN				
_		t the beginning of the plan year			5a	33			
		t the end of the plan year			5b				
		count balances as of the end of the			5c	14			
-		la sina de la classica da la classica de la Carl				14 V Xaa 🗌 Na			
_	•	during the plan year invested in eligit	,	,		X Yes No			
	5	he annual examination and report of See instructions on waiver eligibility	• •	•		X Yes 🗌 No			
		her line 6a or line 6b, the plan canr							
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 populity for the late or	incomplete filing of this return/re	nort will be assessed	unloss rossonable cau	-	actablished			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	Ilid electronic signature.	07/31/2014	ROBERT S HOLLISTE	/ER				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ndividual signing as plan administrator				
	Filed with authorized/va	alid electronic signature.	07/31/2014	ROBERT S HOLLISTE	HOLLISTER				
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor				
Preparer's		me, if applicable) and address; includ			_	parer's telephone number (optional)			

a Total plan assets       7a       178223       290365         b Total plan itabilities       7b       7b       7c       178223       250366         c Net plan assets (subtract into 7b from line 7a)       7c       178223       250366         8 Income. Expenses, and Transfers for the Plan Year       (a) Amount       (b) Total       (b) Total         (2) Participants       8a(2)       24927       (2)       (3) Others (notuding onlowers)       8a(3)       24927       (3) Others (notuding onlowers)       8a(3)       24927       (3) Others (notuding onlowers)       8a(3)       24927       (2) Others (notuding onlowers)       8a(3)       24927       (3) Others (notuding onlowers)       8a(3)       71794       6       71794       6       71794       6       71794       6       71794       6       71794       6       71794       6       71794       6       71794 <th>7 Plan Assets and Liabilities</th> <th></th> <th colspan="3">(a) Beginning of Year</th> <th colspan="4">(b) End of Year</th>	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
b Total plan labilities       7b       7c       17823       220305         C Net plan assets (subtract line 7b from line 7a)       7c       17823       220305         B Income, Expenses, and Transfers for this Plan Year       (a) Anount       (b) Total         a Contributions received or receivable from:       8a(t)       6232         (a) Ditres (including rollovers)       8a(d)       7         (b) Total income (tess)       8b       40635         C Total income (tess)       8b       40635         C Total income (tess)       8c       71794         B Dendity paid (including ordiovers and insurance preniums)       8c       71794         C Carlai deema adordor corrective distributions (see instructions)       8c       302         g Other reperses       8g       302       52         I Net income (tos) (subtract line 8h from line 8c)       8i       302       52         I Net income (tos) (subtract line 8h from line 8c)       8i       71442       52         J Transfers to (from) the plan (see instructions)       8j       9j       52       52         Part IV       Plan Characteristics       8g       10       71442       52       23       23       24       26       24       24       24       20	a Total plan assets	7a								
B         Income. Expanses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from:         8a(1)         6232           (2)         Participants         8a(2)         24627           (3)         Others (including nolevers).         8a(3)         44627           (3)         Others (including nolevers).         8a(3)         44627           C         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).         8c         71784           G         Chardin demote and/or concluse distributions (see instructions).         8e         71784           G         Chardin demote and/or concluse (sistributions (see instructions).         8e         71744           G         Other expanses (add lines 8d. 8e, 6f, and 8g).         8e         352           J         Transfers for (from) the pain (see instructions).         8g         71442           J         Transfers for (from) the pain (se instructions).         8g         71442           J         Transfers for (from) the pain (se instructions).         8g         No         Amount           2         2         2         3         3         71442         3           J         Transfers for (from) the pain (se instructions)         8g	•	7b								
a Contributions received or receivable from:           a Contributions received or receivable from:         8a(1)         0232           (2) Participants.         8a(2)         24927           (2) Others (including rollowers).         8a(3)         0           Differ income (loss)         8b         40635           C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).         8c         71794           D Benefits paid (including direct rollowers and insurance premiums to provide benefits).         8d         71794           G Certain deemed and/or corrective distributions (see instructions).         8e         352           g Other expenses         8g         352           g Other spenses         8g         71744           I readies bed (loss) (subtract lines 8d, 8e, 8f, and 8g).         8g         352           g Other spenses         8g         71442           Part IV         Plan Envides benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:           B If the plan provides welfare the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:           D Wing the plan specifies paid (not using any participant contributions within the time period described in 10a         X           0 During the plan specifies         0016         X         2000000000000000000000000000000000000	C Net plan assets (subtract line 7b from line 7a)	7c	17892	178923			250365			
(1)       Employers       8a(1)       6232         (2)       Participants       8a(2)       24927         (3)       Others (including onlowers)       8a(3)       40635         5       Other income (dodd lines 8a(1), 8a(2), 8a(3), and 8b)       48c       71784         6       Benefits paid (including direct rollowers and insurance premiums)       8d       71784         7       Contain demaid and/or corrective distributions (see instructions).       8e       71784         7       Other expenses       8g       71784         9       Other expenses       8g       71442         1       Transfers to (from) the plan expraises       8g       71442         1       Transfers to (from) the plan (see instructions).       8i       71442         2       Transfers to (from) the plan estructions).       8j       71442         3a       If the plan provides welfare benefits, enter the applicable persion feature codes from the List of Plan Characteristic Codes in the instructions:       25 2 2 2 2 2 1 2 2 7 3 2         3a       Was there a failure to transmit to the plan any participant contributors welfan the estimation of the plan estimation the plan any participant contributors welfan the esti	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
(1)       Dimploid       2407         (2)       Participants       84(2)         (3)       Others (including rollovers)       84(3)         (4)       Others (including rollovers)       84(3)         (5)       Others (including rollovers)       84(3)         (6)       Others (including rollovers)       84(3)         (7)       Other (including rollovers)       84(3)         (7)       Other (including rollovers)       84(3)         (7)       Other (including rollovers)       84(3)         (1)       Other (including rollovers)       84(3)         (2)       Other (including rollovers)       84(3)         (2)       Other (including rollovers)       84(3)         (2)       Other (including rollovers)       84(3)         (3)       Other (including rollovers)       84(3)         (4)       Part IV       Part Nothers (including rollovers)       84(3)										
(a) Other (including rollovers)       Ba(3)         (b) Other income (loss)       Bb       40635         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       Bc       71794         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       Bc       71794         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       Bc       71794         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       Bd       502         (c) Other expenses       Bg       C       C         (c) Other expenses       C       C       C       C         (c) Other expenses       Bg       C       C       C       C       C       C       C       C       C       C       C       C										
b       Other income (loss)       8b       40635         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       71794         d       Denoting half (including direct followers and insurance premiums and to provide benefits)       8d       71794         d       Cartain deemed and/or corrective distributions (see instructions)       8d       52       52         g       Other expenses       8g       52       52         g       Other expenses (add lines 8d, 8e, 6f, and 8g)       8h       352         j       Transfers to (from) the plan (see instructions)       8i       71142         j       Transfers to (from) the plan (see instructions)       8j       71142         j       Transfers to (from) the plan (see instructions)       8j       71142         j       Transfers to (from) the plan (see instructions)       8j       10a       X         l       If the plan provides pension benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions:       2c 2r 2 0 2 2 x 2r 1 30       10a       X         2at X bere a failure to transmit to the plan any participant contributions within the time period described in 10a       X       20000         0       During the pan year:       Yes       No       Amount       10a			24927							
C Total income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bc       71794         G Benefits paid (including direct rollovers and insurance preniums to provide benefits)       Bc       71794         G Catal income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bc       71794         G Catal income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bd       352         G Other expenses       Bg       352         G Other expenses       Bg       352         I Net income (loss) (subtract line Bh from line &c)       Bi       71744         J Transfers to (from) the plan (see instructions)       Bf       352         J Transfers to (from) the plan (see instructions)       Bi       71442         J Transfers to (from) the plan (see instructions)       Bi       71442         J Transfers to (from) the plan (see instructions)       Bi       71442         J Transfers to (from) the plan (see instructions)       Bi       7160         Z S Z S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			40635							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			40635					71704		
Bd       Bd         e       Certain deemed and/or corrective distributions (see instructions)		80			_			71794		
f       Administrative service providers (salaries, fees, commissions)		8d								
A mainstance provide provide velocity (see communication)       or         g Other expenses       sg         h Total expenses (add lines 8d, 8e, 8f, and 8g)       sh         j Transfers to (from) the plan (see instructions)       gi         Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2J       2K       2T       3D         b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2F       2G       2J       2K       2T       3D         0       During the plan participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's voluntary Fiduciary Correction Program)       10a       X       20001         0       During the plan avea closs, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       20001         c Was the plan covered by a fidelity bond?       10c       X       20001       20001         0       Did the plan have alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       200001         10	e Certain deemed and/or corrective distributions (see instructions)	8e								
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       95       352         i       Net income (loss) (subtract line 8h from line 8c)       8i       71442         j       Transfers to (from) the plan (see instructions)       8j       71442         g       Part IV       Plan Characteristics       8j       71442         State 2F       2G       2J       2K       2T       3D         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       100       Virging the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 25103-102? (See instructions and DOL's Volurtary Fiduciary Correction Program)       10a       ×       20000         d       Was there any nonexempt transactions with any parti-in-Interest? (Do not include transactions reported to a nine 10a)       ×       20000       10c       ×       20000         d       Didde plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by find of 4       ×       20000         d       Didde plan have a loss, whether or not reimbursed or persons by an insurance carrier, insurance service, or other organization that provides some or all of the ben	f Administrative service providers (salaries, fees, commissions)	8f	352	2						
i       Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g								
j       Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						352	2	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2a       2F       2G       2J       XK       2T       3D         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	i Net income (loss) (subtract line 8h from line 8c)	8i						71442	2	
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2F       2F       2G       2J       2K       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102' (See instructions and DOL's Voluntary Flduciary Correction Program)	j Transfers to (from) the plan (see instructions)	8j								
ZE       ZF       ZG       2J       2K       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part IV Plan Characteristics									
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       20000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       20000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       20000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       20000         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       20001         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       20001         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.       10h       X       2520.101-3.       10h       X </th <th></th> <th></th> <th></th> <th>clensi</th> <th></th> <th></th> <th></th> <th></th> <th></th>				clensi						
b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       20000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       20000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.).       10g       X       X         if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X         if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X         if 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39.       11a       11a         12       Is this a defined contribution plan subject to the minimum funding requirements	Part V Compliance Questions			Liensi						
c       Was the plan towered by a indenty bolid r       10c       20000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Part V       Compliance Questions         I0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution	tions within tl	he time period described in			No				
or dishonesty? 10d     e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)   f Has the plan failed to provide any benefit when due under the plan?   g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3   i If 10h was answered "Yes," check the box if you either provided the requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)   i If a there the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39   i Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   i If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date	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 Fidules)         b       Were there any nonexempt transactions with any party-in-interest	tions within tl iciary Correc ? (Do not inc	he time period described in tion Program)	10a		No X				
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within tl iciary Correc ? (Do not inc	he time period described in tion Program) lude transactions reported	10a 10b	Yes	No X		Amount	200000	
f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X         extreme       VI       Pension Funding Compliance       10i       Yes X         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes X         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Inter the unimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.         a       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	Part V       Compliance Questions         IO       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 Fidule)         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	tions within tl iciary Correc ? (Do not inc fidelity bond,	he time period described in tion Program) lude transactions reported	10a 10b 10c	Yes	No X X		Amount	20000	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</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 or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all</li> </ul> </li> </ul>	tions within th iciary Correc ? (Do not inc fidelity bond, her persons b of the benefi	he time period described in tion Program) lude transactions reported transactions	10a 10b 10c 10d	Yes	No           X           X           X		Amount	200000	
<ul> <li>bit the plantate any partoparticulate (in rec, other announces of year end.)</li></ul>	Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         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 or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	tions within the locary Correction of the benefition of the benefi	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No           X           X           X           X           X		Amount	20000	
i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes X         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes X         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         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 or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan	tions within the liciary Correct of the benefit of	he time period described in tion Program) Jude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X X		Amount	20000	
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<ul> <li>11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39</li> <li>11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11b Yes X</li> <li>11c (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver</li></ul>	<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</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 or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at the function of the plan have any participant loans? (If "Yes," enter amount at the plan failed to plan, was there a blackout period? (2520.101-3.)</li> </ul> </li> <li>i If 10h was answered "Yes," check the box if you either provided the plan the plan the plan failed to provide the plan the plan the plan the plan the plan have any participant box if you either provided the plan t</li></ul>	tions within the locary Correct of the locary fidelity bond, fidel	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X		Amount	20000	
<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>Yes X Marcolar (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> </ul>	<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</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 or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at 16 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 th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul> </li> </ul>	tions within the locary Correct of the locary fidelity bond, fidel	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X		Amount	200000	
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a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the locary Correct of the content of the benefit of the content of the benefit of t	he time period described in tion Program) slude transactions reported that was caused by fraud that was caused by f	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X A A A A A A A A A A A A A	3 (Form	Amount		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the liciary Correct of the content of the benefit of	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X A A A A A A A A A A A A A	3 (Form	Amount		
	<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</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 or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> </ul> </li> <li>11 Is this a defined benefit plan subject to the minimum funding requirem 5500) and line 11a below)</li> <li>a this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is beir</li> </ul>	tions within the liciary Correct of the liciary bond, fidelity bond, fi	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i e or se	Yes X	No X X X X X X X X A A A A A A A A A A A A A	3 (Form ERISA?	Amount Amount Yes Present Pres	X No	
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C	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
<b>13c(1)</b> Name of plan(s): 13				<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)		1					
14a	lame of trust	<b>14b</b> Tru	ust's EIN					