_	rm 5500-SF	Short Form Annual R	Return/Report o Benefit Plan	f Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service	This form is required to be file	ed under sections 104 ar				2013
	Department of Labor Benefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058		This Form is	s Open to Public
Pension B	Benefit Guaranty Corporation	Complete all entries in accor	rdance with the instruc	tions to the Form 550	0-SF.	Ins	pection
Part I		lentification Information					
For calend	dar plan year 2013 or fisca		13	and ending 0	08/31/2	2014	
A This ret	eturn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
B This ref	eturn/report is:	the first return/report	the final return/report				
	2	x an amended return/report	a short plan year return	n/report (less than 12 m	onths))	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m
	[special extension (enter description	on)		_		
Part II	Basic Plan Inforn	nation—enter all requested inform	nation				
1a Name					1b	0	
COLUMBIA	MARKETING INTERNAT	TIONAL CORPORATION RETIREM	IENT PLAN			plan number (PN) ▶	001
					1c	()	
					10	01/01/	•
	sponsor's name and addre	ess; include room or suite number (e TIONAL LLC	employer, if for a single-e	employer plan)	2b		fication Number
2525 EUCL	.ID AVENUE				2c	Sponsor's telepl 509-663	
	EE, WA 98801-5909				2d	Business code (42450	,
3a Plan a	administrator's name and	address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's E	
	•	olan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN 91-14	52007
	, , ,	per from the last return/report.			40	ואם	
		ARKETING INTERNATIONAL COR			-	PN (001
-		8 8 1 9			5a		45
		the end of the plan year			5b		46
		count balances as of the end of the			5c		46
		luring the plan year invested in eligit					X Yes No
b Are you under	ou claiming a waiver of th r 29 CFR 2520.104-46? (\$	he annual examination and report of See instructions on waiver eligibility or line 6a or line 6b, the plan canr	f an independent qualified and conditions.)	d public accountant (IQ	PA)		X Yes No
-		plan, is it covered under the PBGC in			_		Not determined
				,			Not determined
		incomplete filing of this return/re r penalties set forth in the instruction					able, a Schedule
SB or Sche		signed by an enrolled actuary, as w					
SIGN	Filed with authorized/val	lid electronic signature.	02/10/2015	DAVID J. DEFINA			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator
SIGN						<u> </u>	
HERE	Signature of employe	ar/nlan sponsor	Date	Enter name of individ	ual eir		r or plan sponsor
Preparer's		ne, if applicable) and address; includ			_		number (optional)
JODI CALH RANDALL &						509-838	· · · /

601	W.	RIV	'ERS	IDE,	SU	ITE	16
CDO	1/ 1	NIE	10/0	000	14		

SPOKANE, V	VA 99201	
------------	----------	--

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	576808	9			6666997
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	576808	9			6666997
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		04404	0			
(1) Employers	8a(1)	24184		_		
(2) Participants	8a(2)	28459	4	_		
(3) Others (including rollovers)	8a(3)	00000	_	_		
b Other income (loss)	8b	80383	0	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		1330272
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	42109	8			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	1026	6			
g Other expenses	8g					
b Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					431364
i Net income (loss) (subtract line 8h from line 8c)	8i					898908
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics	IJ					
2E 2G 2J 2T 3D 2F b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions	eature code	s from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
10 During the plan year:				Yes	No	Amount
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 			10a	100	X	Amount
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	? (Do not in	nclude transactions reported	10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		500000
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 	fidelity bond	d, that was caused by fraud	100		Х	300000
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the bene	by an insurance carrier, fits under the plan? (See	10e		Х	
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear en	nd.)	10g	Х		109639
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instruc	ctions and 29 CFR	10g		Х	100000
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	notice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a Enter the unpaid minimum required contribution for current year fr	om Schedu	Ile SB (Form 5500) line 39			11a	
				ection	302 of	FRISA? Yes X No
12 Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of the Code	e or se		002 01	
	•		e or se		002 01	
 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver. 	, as applical	ble.) d in this plan year, see instruc	ctions			
(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 beir	, as applical ng amortize	ble.) d in this plan year, see instruc Mon	ctions		enter th	ne date of the letter ruling

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 of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annual Re	turn/Report c enefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		nd 4065 of the Employe	90	2	2013
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1		ctions 6057(b) and 6058			s Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.		
Part I Annual Report Ic For calendar plan year 2013 or fisc	dentification Information	01/2013	and ending	<u>ر</u>	8/31/2014	1
			an (not multiemployer)	s] a one-particij	
B This return/report is:	Ξ Η	ne final return/report		· L.		ount pluit
	H andari H an		n/report (less than 12 m	onths)		
C Check box if filing under:	Ξ	utomatic extension		ſ	DFVC progra	am
					4	
Part II Basic Plan Inform	nation—enter all requested informati	on	an a	andre Stare Stare Stare		
1a Name of plan		· · ·		1 1 1	Three-digit	
Columbia Marketing In	nternational Corporatio	n Retirement	Plan		olan number PN) ▶	001
					Effective date o	f plan
and a second				0	1/01/1992	2
2a Plan sponsor's name and addr COLUMBIA MARKETING II	ess; include room or suite number (em NTERNATIONAL LLC	ployer, if for a single-	employer plan)		Employer Identi EIN) 61-169	fication Number
2525 Euclid Avenue					Sponsor's telep	
2525 Euclid Avenue				and the second se	509-663-19	955 (see instructions)
WENATCHEE	WA 98801-5909				124500	
3a Plan administrator's name and	address XSame as Plan Sponsor Na	me XSame as Plar	Sponsor Address	3b A	Administrator's	EIN
				3c A	Administrator's	telephone number
4 If the name and/or EIN of the pane. EIN, and the plan num	plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b (EIN 91-1452	2007
	LUMBIA MARKETING INTERN	JATIONAL CORP	ORATION	4c	PN 001	
5a Total number of participants a	t the beginning of the plan year			5a		45
b Total number of participants a	t the end of the plan year			5b		46
C Number of participants with ac	count balances as of the end of the pla	in year (defined bene	fit plans do not	50		46
	during the plan year invested in eligible					X Yes No
b Are you claiming a waiver of the under 29 CFR 2520.104-46?	he annual examination and report of an (See instructions on waiver eligibility an her line 6a or line 6b, the plan cannot	independent qualifie d conditions.)	d public accountant (IQ	QPA)		X Yes No
	plan, is it covered under the PBGC insu					Not determined
والمحافظ والمراجع والمحاجب والمتحافظ متعادي والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ	incomplete filing of this return/repo		an a			
Under penalties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/re	port, inc	luding, if applic	
and that		2-915	DAVID J. DEFI	NΔ	n <u>é diperti p</u> erti synt	1
SIGN HERE	\searrow	¥=1=15			•	• • •
Signature of pran adi	ministrator	Date	Enter name of individ	lual sign	ing as plan adr	ninistrator
SIGN HERE	a na ha na bana ana ana ana ana ana ana ana an					
Signature of employe	er/plan sponsor me, if applicable) and address; include	Date	Enter name of individ r (optional)			er or plan sponsor number (optional)
Jodi Calhoun			· · · · · · · · · · · · · · · · · · ·		509-838	
Randall & Hurley, Inc						
601 W. Riverside, Su	ite 1600					
Spokane	WA 99201					
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the instru	ictions for Form 5500-	эг.			Form 5500-SF (2013)

7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Enc	l of Yea	r
a Total plan assets	. 7a	57	6808	19				666699
b Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)	7c	576	6808	9				666699
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
a Contributions received or receivable from:	0-(4)	24	4184	8				
(1) Employers	. 8a(1)	an a	8459					
(2) Participants		21		/-				
(3) Others (including rollovers) b Other income (loss)		81	0383	0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								133027:
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 		4:	2109	8				133027
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f		1026	6				
q Other expenses	++							
h Total expenses (add lines 8d, 8e, 8f, and 8g)			Les ser					43136
i Net income (loss) (subtract line 8h from line 8c)	1						<u></u>	89890
Transfers to (from) the plan (see instructions)	ea.							
Part IV Plan Characteristics		an ann air an Caning an Annaichte						
 9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3D 2F b If the plan provides welfare benefits, enter the applicable welfare f 					مىرىمى مەربىيى مەربىي مەربىيى مەربىيى مەربىي			
		s from the List of Plan Chara	ciensi					
Part V Compliance Questions		s from the List of Plan Charac						
Part V Compliance Questions 10 During the plan year:				Yes	No		Amou	nt
Part V Compliance Questions	utions within	the time period described in	10a					nt
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu	utions within luciary Corre st? (Do not in	the time period described in ction Program) clude transactions reported			No			nt
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes	utions within luciary Corre st? (Do not in	the time period described in ction Program) clude transactions reported	10a		No X			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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	utions within luciary Corre st? (Do not in s fidelity bond	the time period described in ction Program) clude transactions reported d, that was caused by fraud	10a 10b	Yes	No X			nt 50000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot insurance service, or other organization that provides some or all	utions within luciary Corre at? (Do not in s fidelity bond ther persons I of the bene	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c	Yes	No X X			ga da Brenna, Barton Marana, ana da Brena, ga da Angela Marana Brena, ga da Gana ang Panaka Marana Santa ang Panaka ang Panaka ang Panaka
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 Fid b Were there any nonexempt transactions with any party-in-interess 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 ot insurance service, or other organization that provides some or all instructions.)	utions within luciary Corre tt? (Do not in s fidelity bond ther persons l of the bene	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes	No X X X			ga da Brenna, Barton Marana, ana da Brena, ga da Angela Marana Brena, ga da Gana ang Panaka Marana Santa ang Panaka ang Panaka ang Panaka
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot 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	utions within luciary Corre st? (Do not in s fidelity bond ther persons l of the bene an?	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X			50000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot 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 g Did the plan have any participant loans? (If "Yes," enter amount a second	utions within luciary Corre at? (Do not in ther persons I of the bene an?	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes	No X X X X X X			50000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot 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	utions within luciary Corre it? (Do not in s fidelity bond ther persons l of the bene an? (See instruc	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X			50000
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	utions within luciary Corre it? (Do not in s fidelity bond ther persons l of the bene an? (See instruc (See instruc	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X			50000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot 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 g Did the plan have any participant loans? (If "Yes," enter amount a h h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the source of the provided to the source of the provided to the source of the provide to the source of the provide to the source of the source of the provided to the source of the provide to the provide to the source of the provide to the provide	utions within luciary Corre it? (Do not in s fidelity bond ther persons l of the bene an? (See instruc (See instruc	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X			50000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot 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 g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance	utions within luciary Corre st? (Do not in s fidelity bond ther persons l of the bene an? (See instruc the required D1-3 ments? (If "Ye	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X X Jule SE		Amoui	50000
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate g g Did the plan have any participant loans? (If "Yes," enter amount a instructions.) i If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 cart VI Pension Funding Compliance I1 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	utions within luciary Corre st? (Do not in s fidelity bond ther persons I of the bene an? (See instruc the required 01-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10f 10g 10h 10i	Yes	No X X X X X X Jule SE		Amoui	50000
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 	utions within luciary Corre it? (Do not in s fidelity bond ther persons l of the bene an? (See instruc the required)1-3 nents? (If "Ye from Schedu	the time period described in ction Program) iclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) itions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X Schecc	No X X X X X Aule SE	3 (Form		50000 10963 /es [] No
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot 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 g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requiren	utions within luciary Corre t? (Do not in s fidelity bond ther persons l of the bene an? (See instruc the required D1-3 ments? (If "Yo from Schedu g requiremer	the time period described in ction Program) include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See ind.) itions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 ints of section 412 of the Code	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X Schecc	No X X X X X Aule SE	3 (Form		50000 10963 /es [] No
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 ot insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plag Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	utions within luciary Corre t? (Do not in s fidelity bond ther persons l of the bene an? as of year en (See instruc the required D1-3 nents? (If "Yu from Schedu g requiremer v, as applical ing amortized	the time period described in ction Program) include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) itions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 ints of section 412 of the Code ble.) d in this plan year, see instructions	10a 10b 10c 10d 10f 10g 10h 10i 10i e or se	Yes X X Schec	No X X X X X X Aule SE 11a 302 of	3 (Form ERISA? .		50000 10963 (es 🗌 No (es 🕅 No