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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit FREEDOM TRUCK CENTERS, INC. 401(K) PLAN plan number (PN) ▶ 002 Effective date of plan 01/01/1985 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number FREEDOM TRUCK CENTERS, INC. (EIN) 91-1169216 Sponsor's telephone number 509-744-0390 10310 WESTBOW SPOKANE, WA 99224 Business code (see instructions) 484120 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 91-1169216 FREEDOM TRUCK CENTERS, INC. 10310 WESTBOW SPOKANE. WA 99224 **3c** Administrator's telephone number 509-744-0390 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 78 Total number of participants at the end of the plan year..... 5b 76 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 49 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 66 d(2) Total number of active participants at the end of the plan year..... 5d(2) 69 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	04/14/2015	LARRY PEARSON				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			
JODI CALHOUN			500 000 5500				
RANDALL 8	R HURLEY, INC.			509-838-5500			
601 W. RIVE	ERSIDE						
SUITE 1600							
SPOKANE,	WA 99201						

	Form 5500-SF 2014		Page 2						
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of th	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Yes	□ No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not deter	mined
Par	t III Financial Information		1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		
	Total plan assets	7a	23879	903	-			24462	244
	Total plan liabilities	7b	23868					24459	
	Net plan assets (subtract line 7b from line 7a)	7c		550			(L) T-		.00
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	tai	
	(1) Employers	8a(1)	346	550					
	(2) Participants	8a(2)	1727	777					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	1286	578					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3361	05
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2762	248					
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	7	781					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2770	29
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						590	76
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	les from the List of Plan Charad	cterist			ı		
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	4:			Yes	No	/	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X			
	on line 10a.)	·····		10b		X			
C	Was the plan covered by a fidelity bond?			10c	X				60000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		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			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a			
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,		·						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter ru Year	lling

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

For celerating plan year 2013 of lisest plan year beginning 01/01/2014 and ending 12/31/2014		Identification Information						
A This return/report is for: a cone-participant plan of proticipantian employer information in accordance with the form instructions) B This return/report of a foreign plan of proticipants and an amended return/report of a short plan year return/report (less than 12 months)	For calendar plan year 2014 or fi		01/01/2014					
B This return/report is	A This return/report is for:		of participating employer information in accordance with the form instructions)					
a short plan year return/report a short plan year return/report (less than 12 months)		H	H					
C Check box if filling under:	B This return/report is	님 '	H					
Special extension (enter description)		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)			
Part II Basic Plan Information—enter all requested information	C Check box if filing under:		لسا		DFVC prog	ıram		
18 Name of plan		special extension (enter desc	приоп)					
Preedom Truck Centers, Inc. 401(k) Plan Plan number (PR)	Part II Basic Plan Info	ormation—enter all requested in	formation					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Freedom Truck Centers, Inc. 2b Employer identification Number (EIN) 91-1169216 2c Sponsor's telephone number 509-744-0390 2d Business code (see instructions) 484120 3a Plan administrator's name and address Same as Plan Sponsor. Freedom Truck Centers, Inc. 3b Administrator's EIN 91-1169216 3c Administrator's EIN 91-1169216 3c Administrator's telephone number 509-744-0390 Spokane WA 99224 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 5a Total number of participants at the beginning of the plan year. 5b Total number of participants at the end of the plan year. 5c Number of participants at the end of the plan year. 6d(1) Total number of active participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year. 6d(2) Total number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 6d(2) Total number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6d(2) Total number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 6d(3) Total number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 6d(2) Total number of participants at the end of the plan year with accrued the neft the return/report in the last or incomplete filing of this return/report will be assessed unless reasonable cause is established. 9d Larry Pearson 10d Larry Pearson 10d Larry Pearson 10d Larry Pearson 10d Calhoun 10d Calhoun 10d Calhoun 10d Calho	•	rs, Inc. 401(k) Plan			plan number	002		
Freedom Truck Centers, Inc. 10310 Westbow Spokane WA 99224 3a Plan administrator's name and address Freedom Truck Centers, Inc. 10310 Westbow Spokane WA 99224 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name A 99224 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Total number of participants at the end of the plan year. 5 Total number of participants at the beginning of the plan year. 5 Total number of active participants at the beginning of the plan year. 5 Total number of active participants at the beginning of the plan year. 5 Total number of active participants at the beginning of the plan year (defined benefit plans do not complete this item). 6 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 C Number of participants at the end of the plan year. 5 C dot(2) 66 6 (2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona								
Spokane WA 99224 3a Plan administrator's name and address Same as Plan Sponsor. Freedom Truck Centers, Inc. 10310 Westbow Spokane WA 99224 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 2 Spokane WA 99224 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 5 Total number of participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this flem). 4 Unity of the last return/report filed for this plans that the tend of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this flem). 6 Unity of the last criminated employment during the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested the plan year. 6 Larry Pearson 7 Number of participants of pening of the plan year. 8 Number of participants that terminated employment during t			er (employer, if for a single-	-employer plan)	, ,			
Spokane WA 99224 3484120	10310 Westbow				'	•		
Same as Plan Sponsors Same as Plan Sponsor. Same as Plan Sponsor Same	Spokane	WA 99224			1	e (see instructions)		
Freedom Truck Centers, Inc. 10310 Westbow Spokane WA 99224 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 C PN 5 Total number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the beginning of the plan year. 6 Number of participants at the beginning of the plan year. 6 Number of participants with account balances as of the end of the plan year. 6 Number of participants at the beginning of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year. 6 Number of participants that terminated employment during the plan year. 6 Number of participants that terminated employment during the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants			sor.		3b Administrator	s EIN		
Spokane WA 99224 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year								
Spokane WA 99224 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 5a Total number of participants at the beginning of the plan year	Treedom Truem Centee	15, 110.			3c Administrator	s telephone number		
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	10310 Westbow				509-744-0)390		
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	_		the last return/report filed f	or this plan, antar tha	4h EIN			
Total number of participants at the beginning of the plan year	name, EIN, and the plan number from the last return/report.							
b Total number of participants at the end of the plan year		s at the beginning of the plan year.			5a			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	•					76		
d(1) Total number of active participants at the beginning of the plan year	C Number of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not				
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	,					66		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Larry Pearson Larry Pearson Freparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Jodi Calhoun Randall & Hurley, Inc. 601 W. Riverside	d(2) Total number of active pa	articipants at the end of the plan ye	ar		5d(2)	69		
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 HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Larry Pearson Larry Pearson Freparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Jodi Calhoun Randall & Hurley, Inc. 601 W. Riverside				efits that were	5e	0		
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 HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Larry Pearson Larry Pearson Freparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Jodi Calhoun Randall & Hurley, Inc. 601 W. Riverside	Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable car	use is established.			
SIGN HERE Signature of plan administrator SIGN Larry Pearson	SB or Schedule MB completed a	and signed by an enrolled actuary,	actions, I declare that I have as well as the electronic ver	examined this return/re rsion of this return/repor	port, including, if app t, and to the best of i	licable, a Schedule ny knowledge and		
SIGN Larry Pearson Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional) Signature of employer/plan sponsor Preparer's telephone number (optional) Solution Signature of employer/plan sponsor Preparer's telephone number (optional) Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution	SIGN Page	N Agh Larry Pearson						
HERE Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Jodi Calhoun Randall & Hurley, Inc. 601 W. Riverside Enter name of individual signing as employer or plan sponsor (optional) 509-838-5500	Signature of plan	administrator	Date					
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Jodi Calhoun Randall & Hurley, Inc. 601 W. Riverside		on						
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Jodi Calhoun Randall & Hurley, Inc. 601 W. Riverside	Signature of employer/plan sponsor Date Effect hame of individual					yer or plan sponsor		
Randall & Hurley, Inc. 601 W. Riverside	Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)				Preparer's telephone number (optional)			
601 W. Riverside	1 .	maine, ii applicable) and address (, , ,	1	l.		
	Jodi Calhoun			, , ,	509-8	38-5500		
SUITE 1600	Jodi Calhoun Randall & Hurley, I			, , ,	509-8	38-5500		
Spokane WA 99201	Jodi Calhoun Randall & Hurley, I 601 W. Riverside				509-8	38-5500		

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6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the sum of	an indepen and conditi	dent qualified public accountar ons.)	t (IQF	PA) 				Yes Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						No [No	t detern	nined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En	d of Y	'ear	
а	Total plan assets	7a	238	790	3				24	46210
b	Total plan liabilities	7b	- Antoniana -	101	3					244
С	Net plan assets (subtract line 7b from line 7a)	7c	238	689	0			<u> </u>	24	45966
8	Income, Expenses, and Transfers for this Plan Year	and the	(a) Amount				(b)	Tota	<u> </u>	
а	Contributions received or receivable from:	90/4)	3	465	o					
	(1) Employers	8a(1) 8a(2)	1.7	277	7					
	(2) Participants	8a(3)			1					
h	(3) Others (including rollovers)	8b	12	867	8					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1				3	36109
d						***************************************				
	to provide benefits)	. 8d	27	624	8	<u> </u>			· .	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				<u> </u>				
f	Administrative service providers (salaries, fees, commissions)	8f		78	1	<u> </u>				
<u>g</u>	Other expenses	8g					<u> </u>			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)									7702
<u> </u>	Net income (loss) (subtract line 8h from line 8c)				_					5907
	Transfers to (from) the plan (see instructions)	- 8j				<u> </u>				
	rt IV Plan Characteristics					, ,	11	4!		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2F 2G 2T	feature co	des from the List of Plan Chara	cteris	tic Co	des in	ine instri	action	.5.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	teristi	c Cod	es in th	ne instru	ctions	ş:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Ar	nount	
- 6		utions withi uciary Cor	n the time period described in rection Program)	10a		х				
ŀ	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х					6000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	l of the ber	nefits under the plan? (See	10e		х				
				10f		х				
						х	<u> </u>		•	
•	Did the plan have any participant loans? (If "Yes," enter amount a			10g		^`				
	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
[exceptions to providing the notice applied under 29 CFR 2520.10	01-3	a notice of one of the	10i						
	t VI Pension Funding Compliance	nonta? (If I	"Vac " eag instructions and san	nleto	Scho	عاييا	3 (Form	Т		
11	5500) and line 11a below)				· · · · · · · · · · · · · · · · · · ·		- (1 0/111 T	<u> </u>	Yes	No.
	a Enter the unpaid minimum required contribution for current year					11a	EDICA:	\top	Yes	X N
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	<u></u>	<u> res</u>	V 140

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

......Month

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.