| -   | rm 5500-SF  | Short Form Annua  | руее  | OMB Nos. 1210-0110<br>1210-0089   |             |   |   |  |  |  |
|---|---|---|---|---|-------------|---|---|--|--|--|
| Department of the Treasury<br>Internal Revenue Service  |   | Benefit Plan<br>This form is required to be filed under sections 104 and 4065 of the Employee F   |   |   |             | 2014  |   |  |  |  |
|   | epartment of Labor<br>enefits Security Administration | Income Security Act of 1974 (I  | ERISA), and sections 605<br>Revenue Code (the Code                    |   | Internal    | This Form is Open to                                  |   |  |  |  |
| Pension Be  | enefit Guaranty Corporation                           | ructions to the Form 55   | 500-SF.   | Public Inspection   |             |   |   |  |  |  |
| Part I         Annual Report Identification Information           For calendar plan year 2014 or fiscal plan year beginning         01/01/2014         and ending         1 |   |   |   |   |             |   |   |  |  |  |
| For calenda   | ar plan year 2014 or fisc                             |   | -   | <b></b>   | (13/2014    | - trice on the boo                                    |   |  |  |  |
|   | urn/report is for:<br>urn/report is                   | <ul> <li>a single-employer plan</li> <li>a one-participant plan</li> <li>the first return/report</li> <li>an amended return/report</li> </ul> | of participating employ<br>a foreign plan<br>the final return/report  | lan (not multiemployer) (<br>yer information in accord<br>n/report (less than 12 mo | dance with  | -   |   |  |  |  |
| C Check b   | box if filing under:                                  | Form 5558   | Form 5558 automatic extension [ special extension (enter description) |   |             |   |   |  |  |  |
| Part II   | Basic Plan Infor                                      | mation—enter all requested infor  | rmation   |   |             |   |   |  |  |  |
| 1a Name   | of plan   | ONTRACTOR, INC. PROFIT SHAF   |   |   | (PN         | ree-digit<br>n number<br>N) ▶<br>ective date o        | 001                                     |  |  |  |
|   |   |   |   |   | IC End      | 04/01/1966  |   |  |  |  |
|   | ponsor's name and addr<br>GOEBEL GENERAL CC           | ress; include room or suite number<br>DNTRACTOR   | (employer, if for a single-   | employer plan)  | (EIN        | 2b Employer Identification Number<br>(EIN) 91-0757610 |   |  |  |  |
| PO BOX 308  |   |   |   |   |             | hone number<br>5-8877                                 |   |  |  |  |
| SPOKANE, WA 99202   |   |   |   |   |             | 2d Business code (see instructions)<br>236200         |   |  |  |  |
| 3a Plan ad  | dministrator's name and                               | address Same as Plan Sponso   | ır.   |   | 3b Adn      | ninistrator's l                                       | EIN<br>757610                           |  |  |  |
| name,   | , EIN, and the plan num                               | plan sponsor has changed since th<br>ber from the last return/report.   | e last return/report filed fo   | or this plan, enter the   | 4b EIN      |   | 5-8877                                  |  |  |  |
| · · ·   | or's name   | · · · · · · ·   |   |   | 4C PN       |   |   |  |  |  |
|   |   | at the beginning of the plan year   |   |   | 5a          |   | 9                                       |  |  |  |
|   | • •   | at the end of the plan year<br>ccount balances as of the end of th  |   |   | 5b          | -   | 0                                       |  |  |  |
|   |   | ccount balances as of the end of th   |   | •   | 5c          |   | 0                                       |  |  |  |
| <b>d(1)</b> Tota  | al number of active parti                             | icipants at the beginning of the plar   | ו year  |   | 5d(1)       |   | 5                                       |  |  |  |
| <b>d(2)</b> Tota  | al number of active parti                             | icipants at the end of the plan year.   |   |   | 5d(2)       |   | 0                                       |  |  |  |
|   |   | minated employment during the pla   |   |   | 5e          |   | 0                                       |  |  |  |
| Caution: A  | penalty for the late or                               | r incomplete filing of this return/   | report will be assessed   | unless reasonable cau   |             |   |   |  |  |  |
| SB or Sche  |   | er penalties set forth in the instruction<br>of signed by an enrolled actuary, as<br>ete.   |   |   |             |   |   |  |  |  |
| SIGN  |   | alid electronic signature.  | 05/01/2015  | STEVEN R. GOEBEL  | DEBEL       |   |   |  |  |  |
| HERE  | Signature of plan ad                                  | ministrator   | Date  | Enter name of individu  | ninistrator |   |   |  |  |  |
| SIGN<br>HERE  |   |   |   | <u> </u>  |             |   |   |  |  |  |
|   | Signature of employed name (including firm name       | er/plan sponsor<br>me, if applicable) and address (incl   | Date<br>lude room or suite numbe                                      | Enter name of individuer ) (optional)   |             |   | er or plan sponsor<br>number (optional) |  |  |  |

| 6a            | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  |              |                                  |             |         |           |                     |                 |       |  |  |
|---------------|--|--------------|----------------------------------|-------------|---------|-----------|---------------------|-----------------|-------|--|--|
| b             | <b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   |              |                                  |             |         |           |                     |                 |       |  |  |
|               | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No<br>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. |              |                                  |             |         |           |                     |                 |       |  |  |
| c             | If the plan is a defined benefit plan, is it covered under the PBGC in   |              |                                  |             |         |           |                     | ot determi      | nod   |  |  |
|               |  |              |                                  | 21):        |         | 103       |                     | determin        | neu   |  |  |
| 7 Fa          |  |              |                                  |             |         |           |                     |                 |       |  |  |
| <u> </u>      | Plan Assets and Liabilities  | _            | (a) Beginning of Yea<br>46181    |             |         |           | (b) End of          | (b) End of Year |       |  |  |
|               | Total plan assets  | 7a           | 40101                            | 40          | _       |           |                     |                 |       |  |  |
|               | Total plan liabilities   | 7b           | 46181                            | 40          |         |           |                     | 0               |       |  |  |
|               | Net plan assets (subtract line 7b from line 7a)  | 7c           |                                  | -10         |         |           | (h.) <b>T</b> - ( - | -               |       |  |  |
| <u>8</u><br>a | Income, Expenses, and Transfers for this Plan Year<br>Contributions received or receivable from:   |              | (a) Amount                       |             | _       |           | (b) Tota            | <u>i</u>        |       |  |  |
| a             | (1) Employers  | 8a(1)        |                                  |             |         |           |                     |                 |       |  |  |
|               | (2) Participants   | 8a(2)        |                                  |             |         |           |                     |                 |       |  |  |
|               | (3) Others (including rollovers)   | 8a(3)        |                                  |             |         |           |                     |                 |       |  |  |
| b             | Other income (loss)  | 8b           | -147                             | <b>'</b> 56 |         |           |                     |                 |       |  |  |
| С             | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c           |                                  |             |         |           |                     | -14756          | 5     |  |  |
| d             | Benefits paid (including direct rollovers and insurance premiums   |              | 46022                            | 004         |         |           |                     |                 |       |  |  |
|               | to provide benefits)   | 8d           | 46033                            | 884         |         |           |                     |                 |       |  |  |
|               | Certain deemed and/or corrective distributions (see instructions)  | 8e           |                                  |             |         |           |                     |                 |       |  |  |
| f             | Administrative service providers (salaries, fees, commissions)   | 8f           |                                  |             |         |           |                     |                 |       |  |  |
|               | Other expenses   | 8g           |                                  |             | _       |           |                     |                 |       |  |  |
| h             | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h           |                                  |             |         |           |                     | 4603384         |       |  |  |
| <u> </u>      | Net income (loss) (subtract line 8h from line 8c)  | 8i           |                                  |             | _       |           |                     | -4618140        |       |  |  |
| J             | Transfers to (from) the plan (see instructions)  | 8j           |                                  |             |         |           |                     |                 |       |  |  |
|               | Part IV Plan Characteristics   |              |                                  |             |         |           |                     |                 |       |  |  |
| 9a            | If the plan provides pension benefits, enter the applicable pension $2E$ 2R 3D 2F  | feature co   | des from the List of Plan Chara  | acteri      | stic Co | odes in   | the instruction     | S:              |       |  |  |
| b             |  | octuro ocd   | as from the List of Dian Chara   | otoriot     |         | loo in t  | ha instructions     |                 |       |  |  |
| D             | If the plan provides welfare benefits, enter the applicable welfare fe   | eature cou   | es from the List of Plan Charac  | ciensi      |         | ies in ti | ne instructions     |                 |       |  |  |
| Par           | V Compliance Questions   |              |                                  |             |         |           |                     |                 |       |  |  |
| 10            | During the plan year:  |              |                                  |             | Yes     | No        | Am                  | nount           |       |  |  |
|               | Was there a failure to transmit to the plan any participant contribut  | tions withir | n the time period described in   |             |         |           |                     |                 |       |  |  |
|               | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu  |              |                                  | 10a         |         | Х         |                     |                 |       |  |  |
| b             | Were there any nonexempt transactions with any party-in-interest on line 10a.)   |              | -                                | 10b         |         | х         |                     |                 |       |  |  |
| С             | Was the plan covered by a fidelity bond?   |              |                                  | 10c         | Х       |           |                     | 46              | 61814 |  |  |
| d             |  |              |                                  | 100         |         |           |                     |                 |       |  |  |
|               | or dishonesty?   |              |                                  | 10d         |         | Х         |                     |                 |       |  |  |
| е             | Were any fees or commissions paid to any brokers, agents, or oth   |              |                                  |             |         |           |                     |                 |       |  |  |
|               | insurance service, or other organization that provides some or all instructions.)  |              |                                  | 10e         |         | х         |                     |                 |       |  |  |
| f             | Has the plan failed to provide any benefit when due under the plan   |              |                                  |             |         | Х         |                     |                 |       |  |  |
|               |  |              |                                  | 10f         |         |           |                     |                 |       |  |  |
|               | <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   |              |                                  | 10g         |         | Х         |                     |                 |       |  |  |
|               | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  |              |                                  | 10h         |         | Х         |                     |                 |       |  |  |
| 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          | Part VI Pension Funding Compliance   |              |                                  |             |         |           |                     |                 |       |  |  |
| 11            | Is this a defined benefit plan subject to minimum funding requirem   | ents? (If "  | Yes," see instructions and com   | plete       | Scheo   | dule SE   | B (Form             | г               | ٦     |  |  |
|               | 5500) and line 11a below)  |              |                                  |             |         |           |                     | Yes             | No    |  |  |
| 11a           | Enter the unpaid minimum required contribution for current year fr   | om Sched     | ule SB (Form 5500) line 39       |             |         | 11a       |                     | <del></del>     | _     |  |  |
| 12            | 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Ves 🛛 No   |              |                                  |             |         |           |                     | < No            |       |  |  |
|               | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,  |              |                                  |             |         |           |                     |                 |       |  |  |
| 2             | If a waiver of the minimum funding standard for a prior year is bein   | na amortiza  | ad in this plan year see instrug | rtione      | and     | antar th  | I adt ha atch a     | attar rulin     | a     |  |  |

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| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   |            |        |          |    |                     |     |  |
|---|------------|--------|----------|----|---------------------|-----|--|
| <b>b</b> Enter the minimum required contribution for this plan year   |            | 12b    |          |    |                     |     |  |
|   |            |        |          |    |                     |     |  |
| C Enter the amount contributed by the employer to the plan for this plan year   |            | 12c    |          |    |                     |     |  |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)  | a<br>      | 12d    |          |    |                     |     |  |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline?  |            |        | Ye       | s  | 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?   |            | XY     | res 🗌    | No |                     |     |  |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year   |            | 13a    |          |    |                     | 0   |  |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno of the PBGC?  | der the co | ontrol |          |    | X Yes               | No  |  |
| <b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | plan(s) to | D      |          |    |                     |     |  |
| 13c(1) Name of plan(s):   |            |        |          |    | <b>13c(3)</b> PN(s) |     |  |
|   |            |        |          |    |                     |     |  |
|   |            |        |          |    |                     |     |  |
| Part VIII Trust Information (optional)  |            |        |          | I  |                     |     |  |
| 14a Name of trust   |            |        | rust's E | IN |                     |     |  |

| Form 5500-SF   | Short Form Annual  | Short Form Annual Return/Report of Small Emp<br>Benefit Plan |                         |   |                       |                                      |  |  |  |  |
|--|--|--|-------------------------|---|-----------------------|--------------------------------------|--|--|--|--|
| Department of the Treasury<br>Internal Revenue Service           | This form is required to be filed ur   | etirement  |                         | 2014  |                       |                                      |  |  |  |  |
| Department of Labor<br>Employee Benefits Security Administration | Income Security Act of 1974 (EF  | Internal   |                         | orm is Open to<br>lic Inspection              |                       |                                      |  |  |  |  |
| Pension Benefit Guaranty Corporation                             | 00-SF.   |  |                         |   |                       |                                      |  |  |  |  |
| Part I Annual Report Ic  | 11/  | 13/201   | 4                       |   |                       |                                      |  |  |  |  |
|  | a single-employer plan   | 1/01/2014  | and ending              |   |                       |                                      |  |  |  |  |
| A This return/report is for:                                     | a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attace of participating employer information in accordance with the form instructions)         a one-participant plan       a foreign plan         he first return/report       X the final return/report         an amended return/report       X a short plan year return/report (less than 12 months)  |  |                         |   |                       |                                      |  |  |  |  |
| •  | Form 5558  | Form 5558 automatic extension DFVC program                   |                         |   |                       |                                      |  |  |  |  |
| C Check box if filing under:                                     |  | ł  |                         |   | vo progra             | ar a r                               |  |  |  |  |
| ļ.   | special extension (enter description)  | on)  |                         |   |                       |                                      |  |  |  |  |
| Part II Basic Plan Inform  | mation—enter all requested inform  | ation  |                         |   |                       |                                      |  |  |  |  |
| <b>1a</b> Name of plan<br>Robert B. Goebel Gene                  | eral Contractor, Inc.  | Profit Sharing   | Plan                    | (PN)  | number                | 001                                  |  |  |  |  |
|  |  |  |                         |   | tive date o<br>01/196 |                                      |  |  |  |  |
| <b>2a</b> Plan sponsor's name and addr<br>ROBERT B. GOEBEL GENE  | ess; include room or suite number (6<br>GRAL CONTRACTOR  | employer, if for a single-                                   | employer plan)          |   | oyer Identi<br>91-07  | fication Number                      |  |  |  |  |
| PO BOX 3086  |  |  |                         | 2c Sponsor's telephone number 509-585-8877    |                       |                                      |  |  |  |  |
| SPOKANE  | WA 99202   |  |                         | 2d Business code (see instructions)<br>236200 |                       |                                      |  |  |  |  |
| <b>3a</b> Plan administrator's name and                          |  |  |                         | 3b Administrator's EIN                        |                       |                                      |  |  |  |  |
| ROBERT B. GOEBEL GENE  | L .  |  |                         | 91-0757610                                    |                       |                                      |  |  |  |  |
| PO BOX 3086  |  | -585-88  | telephone number<br>377 |   |                       |                                      |  |  |  |  |
| SPOKANE  | WA 99202   |  |                         |   |                       |                                      |  |  |  |  |
| name, EIN, and the plan num                                      | blan sponsor has changed since the<br>per from the last return/report.   | last return/report filed for                                 | or this plan, enter the | 4b EIN  |                       |                                      |  |  |  |  |
| a Sponsor's name   |  | · · · · · · · · · · · · · · · · · · ·                        |                         | 4C PN   |                       |                                      |  |  |  |  |
|  | t the beginning of the plan year   |  |                         | }   |                       |                                      |  |  |  |  |
|  | t the end of the plan year   |  |                         | 5b  |                       |                                      |  |  |  |  |
|  | count balances as of the end of the  |  |                         | 5c  | iс                    |                                      |  |  |  |  |
| <b>d(1)</b> Total number of active parti                         | cipants at the beginning of the plan   | year   |                         | 5d(1)   |                       | 5                                    |  |  |  |  |
| • •  | cipants at the end of the plan year  |  |                         | 5d(2)   | )                     |                                      |  |  |  |  |
|  | ninated employment during the plan   |  |                         | 5e  | 5e                    |                                      |  |  |  |  |
|  | r incomplete filing of this return/re  |  |                         | ise is estal                                  | lished.               |                                      |  |  |  |  |
| Under penalties of periury and other                             | er penalties set forth in the instruction<br>I signed by an enrolled actuary, as w   | ns, I declare that I have                                    | examined this return/re | port, includi                                 | ng, if appli          | cable, a Schedule<br>y knowledge and |  |  |  |  |
|  | The second secon |  |                         |   |                       |                                      |  |  |  |  |
| HERE Signature of plan administrator Date Enter name of indiv    |  |  |                         |   | as plan ad            | ministrator                          |  |  |  |  |
| SIGN   |  |  |                         |   |                       |                                      |  |  |  |  |
| HERE Signature of employe  | er/plan sponsor  | Date   | Enter name of individ   | ual signing                                   | as employ             | er or plan sponsor                   |  |  |  |  |
|  | eparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)  |  |                         |   |                       |                                      |  |  |  |  |
|  |  |  |                         |   |                       |                                      |  |  |  |  |
|  |  |  |                         |   |                       |                                      |  |  |  |  |
|  |  |  |                         |   |                       |                                      |  |  |  |  |
|  |  |  |                         |   |                       |                                      |  |  |  |  |

|                 | Form 5500-SF 2014   |              | Page <b>2</b>                    |        |               |         |            |                    |       |              |          |
|-----------------|---|--------------|----------------------------------|--------|---------------|---------|------------|--------------------|-------|--------------|----------|
| b A<br>ui<br>lf | <ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)</li> </ul>  |              |                                  |        | PA)<br>Form ( | 5500.   |            | X Yes N<br>X Yes N |       |              |          |
|                 |   | sui ance pi  |                                  |        | ···· [_]      | 100 L   | ] [        |                    |       |              | <u> </u> |
| Part            | III Financial Information   | T            |                                  |        |               |         | (1) =      |                    | · · · |              |          |
|                 | an Assets and Liabilities   |              | (a) Beginning of Year            |        |               | ·····   | (b) End    | <u>1 OT Y</u>      | ear   |              | 0        |
|                 | otal plan assets  | 7a           | 461                              | 814(   | J             |         |            |                    |       |              |          |
|                 | otal plan liabilities   | 7b           | 1 (* 1                           | 0140   | _ <del></del> |         |            |                    |       |              | 0        |
|                 | et plan assets (subtract line 7b from line 7a)  | 7c           | 461                              | 0141   | <u> </u>      |         |            |                    |       |              |          |
|                 | come, Expenses, and Transfers for this Plan Year  |              | (a) Amount                       |        |               |         | (d)        | Total              |       |              |          |
|                 | ontributions received or receivable from: ) Employers   | 8a(1)        |                                  |        |               |         |            |                    |       |              |          |
|                 | <ul> <li>Participants</li> </ul>  | 8a(2)        |                                  |        |               |         |            |                    |       |              |          |
|                 | A Difference of the second secon | 8a(3)        |                                  |        |               |         |            |                    |       |              |          |
|                 | ther income (loss)  | 8b           | 1                                | 475    | 6             |         |            |                    |       |              |          |
|                 | otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c           |                                  |        |               |         |            |                    | -     | -147         | 156      |
|                 | enefits paid (including direct rollovers and insurance premiums   |              | 1.00                             | 220    | 4             |         |            |                    |       |              |          |
| to              | provide benefits)   | 8d           | 460                              | 338    | 4             |         |            |                    |       |              |          |
| <b>e</b> C      | ertain deemed and/or corrective distributions (see instructions)  | 8e           |                                  |        | _             |         |            |                    |       |              |          |
| <b>f</b> A      | dministrative service providers (salaries, fees, commissions)   | 8f           |                                  |        |               |         |            |                    |       |              |          |
| g               | other expenses  | 8g           |                                  |        | _             |         |            |                    |       | <u> </u>     | 204      |
| h ⊺             | h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h  |              |                                  |        |               |         |            |                    |       | 6033<br>6181 |          |
|                 | Net income (loss) (subtract line 8h from line 8c)     8i  |              |                                  |        |               |         |            |                    | -4    | 010-         |          |
| jТ              | ransfers to (from) the plan (see instructions)  | 8j           | <u> </u>                         |        |               |         |            |                    |       |              |          |
| Part            | IV Plan Characteristics   |              |                                  |        |               |         | lho inotre | votion             |       |              |          |
| 9a              | f the plan provides pension benefits, enter the applicable pension  | feature co   | des from the List of Plan Chara  | cteris | tic Co        | des in  | ine instri | uction             | 15.   |              |          |
| b               | 2E 2R 3D 2F<br>If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  |              |                                  |        |               |         |            |                    |       |              |          |
|                 | The plan provides werale bencha, enter the approache werale   |              |                                  |        |               |         |            |                    |       |              |          |
| Part            | V Compliance Questions  |              |                                  |        |               |         |            |                    |       |              |          |
| 10              | During the plan year:   |              |                                  |        | Yes           | No      |            | Ar                 | nount |              |          |
| а               | Was there a failure to transmit to the plan any participant contribu  | utions withi | n the time period described in   |        |               | Х       |            |                    |       |              |          |
|                 | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid  | uciary Cor   | rection Program)                 | 10a    |               |         |            |                    |       |              |          |
| b               | 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             |         |            |                    |       | 461          | 814      |
| <u> </u>        |   |              |                                  | 100    |               |         |            |                    |       |              |          |
| d               | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  |              | siu, inal was caused by naud     | 10d    |               | Х       |            |                    |       |              |          |
| e               | Were any fees or commissions paid to any brokers, agents, or ot   | her persor   | ns by an insurance carrier,      |        |               |         |            |                    |       |              |          |
| Ŭ               | insurance service, or other organization that provides some or al   | l of the ber | netits under the plan? (See      | 10e    |               | Х       |            |                    |       |              |          |
|                 | instructions.)  |              |                                  |        |               | x       |            |                    |       |              |          |
| f               | Has the plan failed to provide any benefit when due under the plan?   |              |                                  | 10f    |               |         |            |                    |       |              |          |
| g               | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   |              |                                  | 10g    | <u> </u>      | X       |            |                    |       |              |          |
| h               | If this is an individual account plan, was there a blackout period?   | (See instr   | uctions and 29 CFR               | 10h    |               | Х       |            |                    |       |              |          |
| i               | 2520.101-3.)<br>If 10h was answered "Yes," check the box if you either provided the required notice or one of the<br>exceptions to providing the notice applied under 29 CFR 2520.101-3   |              |                                  | 10i    |               |         |            |                    |       |              |          |
| Part            |   |              |                                  |        |               |         |            |                    |       |              |          |
| 11              | Is this a defined benefit plan subject to minimum funding requirer<br>5500) and line 11a below)   | ments? (If   | "Yes," see instructions and com  | nplete | Sche          | dule SI | 3 (Form    |                    | Ye    | s 🗌          | No       |
| 11a             | Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39.   |              |                                  |        | <u></u>       | 11a     | <u> </u>   |                    |       | <del></del>  |          |
| 12              | Is this a defined contribution plan subject to the minimum fundin   | g requiren   | nents of section 412 of the Code | e or s | ection        | 302 of  | ERISA?     | ›                  | Ye    | s K          | No       |
|                 | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below  |              |                                  |        | <u></u>       |         |            |                    | 1     | n die -      |          |