Determine to the many intermediate leaves Benefit Pian Introduce Determine to the many intermediate leaves This form is required to be filled under sections 104 and 4065 of the Employee Retirement income Sections 104 and 4065 of the Retirement Retement income Sections 104 and 4065 of the Retirement Retermine R										
International procession 2014 Description of Later Control Result (Activity) 2014 This Corn is required to be filled under sections 10 to H 2016 (Bick) and the Instructions to the Form 5050e.SFr. Part Lonual Report Identification Information On colspan="2">2014 of Hiscaling Instruction Information To colendar plan year beginning 0.1018/0014 and ending 123/20214 To colendar plan year beginning 0.1018/0014 and ending 123/20214 To colendar plan year beginning 0.1018/0014 and ending 123/20214 To colendar plan year beginning 0.1018/0014 and ending 123/20214 To colendar plan year beginning 0.1018/0014 and ending 123/20214 To colendar plan year colspan plan plan year colspan plan year colspan plan year colspan plan plan year colspan plan plan year col	Internal Revenue Service		• •			oyee		1210-0089		
Encreption Prevent land The Part II Section The Part II Section Part II Annual Report Identification Information 0 Complete all entries in accordance with the instructions to the Form 5500.SF. The Part II Section The Part II Section The Part II Section Information 0 dended 12/31/2014 and ended 12/31/2014 For calendar plan year beginning 0.010/2014 and ended 12/31/2014 and ended 12/31/2014 and ended 12/31/2014 A This return/report is a one-participant plan a foreign plan a foreign plan a foreign plan B This return/report is a one-participant generation a foreign plan be ford return/report be ford return/report B A This return/report is g one-participant generation DFVC program 01 DFVC program B This return/report is g one-participant generation information 10 11 Three-digit plan B A This return/report is g one of plan plant information 10 10 11 Cencediat plan information B A man option of plan plant address; include room or suite number (employer, if for a single employer plan) 21 Employer identification information B A State is a single				This form is required to be filed under sections 104 and 4065 of the Employee R			t	2014		
Part I Annual Report Identification Information For adendar plan year 2014 or fiscal plan year beginning (10.11/2014 and ending 10.21/2014 For adendar plan year 2014 or fiscal plan year beginning (10.11/2014 and ending 10.21/2014 A This return/report is for: A This return/report is for: A This return/report is for: A one-participant plan (and information in accordance with the form instructions). B This return/report is for: A one-participant plan (and information in accordance with the form instructions). C Check box if tiling under: B Form 5558 B automatic extension For adendar technology (Files checking this box must attach a list. C Check box if tiling under: B Form 5558 B automatic extension For adendar technology (Files checking this box must attach a list. C Check box if tiling under: B Form 5558 B automatic extension For adendar technology (Files checking this box must attach a list. C Check box if tiling under: B Form 5558 B automatic extension For adendar technology (Files checking this box must attach a list. C Check box if tiling under: B Form 5558 C Check box if tiling under: B Form 5568 B automatic extension For addition (Files technology) For addit	Employee B	Employee Benefits Security Administration Revenue Code (the Code).				interna				
For calendar plan year 2014 or liscal plan year beginning 01012014 and ending 12212014 A This return/report is for: a single-employer plan (m) university plan (m) (m) university plan (m) (m) university plan (m)	Pension Be	enefit Guaranty Corporation	Complete all entries in according to the second	ordance with the instru	uctions to the Form 55	500-SF.	1 0.5	no moposition		
A This return/teport is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) b treis return/teport is a one-participant plan b treign plan c return/teport a manemade return/teport b the first return/teport a manemade return/teport a formade return/teport a formade return/teport b forma number c formade return/teport a forma number a										
A This return/report is for:	For calenda	ar plan year 2014 or fis			and ending 12/	/31/2014				
B This return/report the finst return/report the finst return/report B This return/report is the finst return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) DFVC program 001 01 PAR III Basic Plan Information—enter all requested information 1b Trure-digit (PN) 001 1c Effective data of plan 10/01/2004 2b Engloyer Identification Number (PN) 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single employer plan) 20/27/200 20/27/200 PHARMER ENGINEERING, LLC 20/27/200 20/27/200 20/27/200 1998 W JUDTH LANE 20/87/200 2d Business code (see instructions) 61303 3a Plan administrator's name and address [Same as Plan Sponsor. 3b Administrator's telephone number 2d If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report. 4c PN 3a Plan administrator's name Ad add the plan year 5b	A This ret	urn/report is for:		of participating employ						
an amended returv/report a short plan year returv/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Part III Basic Plan Information—enter all requested information 1 1 Three-digit plan pumber PHARMER ENGINEERING 401(K) PLAN (PN) > 001 (City) > 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PHARMER ENGINEERING, LLC 2b Employer Identification Number 2b Employer Identification Number (EN) 20.0273285 2d Business code (see instructions) 988 W.JUDTH LANE 2d Business code (see instructions) 9058: D 33705 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name andror EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asses as of the plan year 5a 16 53 Total number of participants at the beginning of the plan year 5a 16 5b 16 64(1) Total number of active participants at the ed of the plan year 5d(2) 11 5c 16	D This mat				_					
C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information Ib Three-digit plan number (PN) 001 1a Name of plan Ib Three-digit plan number (PN) 001 1c Effective date of plan (PN) 001 Ic Effective date of plan (PN) 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EN) (PLAN 20 Sponsor's telephone number (20,433-100) 2d Business code (see instructions) 541300 2d Business code (see instructions) (41,33-100) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number (20,43-31-100) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number (20,43-31-00) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number (20,413,30) 3a Plan administrator's name and address of the plan year 5a 16 16 5a Totat number of partipants at the end of th	B This retu	Jrn/report is		onths)						
Stream of plan special extension (enter description) PHAR LI Basic Plan Information—enter all requested information 1a Name of plan 001 PHARMER ENGINEERING 401(K) PLAN 1b Three-digit plan number (PN) in 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 1c Effective date of plan 1001/2004 2b PHARMER ENGINEERING, LLC 2b Employer identification Number (EN) 2c Sponsor's telephone number 208-433-1900 1998 W JUDITH LANE 2c Sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2c Sponsor's telephone number 208-433-1900 3a Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan) 3c Administrator's EIN 3a Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan) 3c Administrator's EIN 3a Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan) 3c Administrator's EIN 3c Administrator's name and address; include room or suite number (employer, if for a single-employer plan) 3c Administrator's EIN 3c Administrator's name and address; include no plan year 3b Administrator's EIN 3c Administrator's EIN 3d Plan administrator's name and address; include no plan year 5b (1) 10 <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="5"></td>										
Part III Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (mither end) PHARMER ENGINEERING 401(K) PLAN 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 1c Effective date of plan 100/12004 2b Employer identification Number (EIN) of the plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EIN) 20-0273285 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 208-433-1900 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name 3c Administrator's telephone number 5a Total number of participants at the beginning of the plan year. 5a 61(1) 5c 6c 61(2) Total number of astricipants at the end of the plan year. 5d(2) 61(2) Total number of astricipants at the end of the plan year. 5d(2) 61(1) 5c 6d(1) 62(2) 11 5e 6d(1) 61(2) 10 anumber of astricipants at the end of the plan year. 5d(2) 11 62(2) 11 5c <td>C Check</td> <td>box if filing under:</td> <td></td> <td></td> <td></td> <td></td> <td>im</td>	C Check	box if filing under:					im			
1a Name of plan PHARMER ENGINEERING 401(K) PLAN 1b Truee-digit plan number (PN) > 001 2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 20-0273285 PHARMER ENGINEERING, LLC 2b Employer Identification Number (EIN) 20-0273285 2c Sponsor's talephone number 200-0273285 13a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 200-0273285 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 for mithe last return/report. 3b Administrator's telephone number 55a 100 5a Total number of participants at the beginning of the plan year. 5a 100 5c 100 5b 100 10 5c 100 5c 100 61(1) Total number of participants at the beginning of the plan year. 5a 100 5c 100 62(2) Total number of participants at the edging of the plan year. 5c 100 5c 100 63(1) Total number of participants at the end of the plan year. 5c 100 5c 100 64(1) Total number of participants at the end of the plan year. 5c 100 5c 100 7 100% vested. 100% vested. 5c 100 5c 100 7 <t< td=""><td></td><td></td><td></td><td>,</td><td></td><td></td><td></td><td></td></t<>				,						
PHARMER ENGINEERING 401(K) PLAN plan number 2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) 1c Effective date of plan 2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number 1998 W JUDITH LANE 2c Sponsor's telephone number 2c Sponsor's telephone number 2d Business code (see instructions) 5d+1330 2d Susiness code (see instructions) 3d Administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 2d Susiness code (see instructions) 5d+1330 3c Administrator's telephone number 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. 3b Administrator's telephone number 5a Total number of participants at the beginning of the plan year 5a 1c c Number of participants with account balances as of the end of the plan year. 5c 1c d(1) Total number of active participants at the beginning of the plan year. 5c 1c d(2) Total number of active participants at the beginning of the plan year. 5c 1c d(2) Total number of active participants at the beginning of the plan year. 5c <t< td=""><td>Part II</td><td>Basic Plan Infor</td><td>mation—enter all requested information</td><td>ation</td><td></td><td></td><td></td><td>•</td></t<>	Part II	Basic Plan Infor	mation—enter all requested information	ation				•		
Image: Construction of the plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 0.007/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 0.007/2004 998 W JUDITH LANE 20-0273285 2c Sponsor's telephone number 208-433-1900 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3a Plan administrator's name and address inscription of the plan sponsor has changed since the last return/report filed for this plan, enter the as ponsor's telephone number form the last return/report. 3c Administrator's telephone number form inscription of the plan year. 5a Total number of participants at the beginning of the plan year. 5a 1e 5b 1e Sc 6d(1) 6(2) 1f Sc Sc 6(2) 1f Sc Sc 6(1) 1c Sc 1f 6(2) 1f Sc Sc 6(1) 1c 1f Sc 6(1) 1c 1f Sc 6(2) 1f Sc Sc 6(1)		•					-			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (E(N) 20.0273285 1998 W JUDITH LANE BOISE, ID 83705 2c Sponsor's telephone number 206-433-1900 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 206-433-1900 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 206-433-1900 3c Administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 206-433-1900 3c Administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 206-433-1900 3c Administrator's telephone number Sa Sa Administrator's telephone number 3c Administrator's telephone number Sa Sa Sa 5a Sa 16 5a Sa 16 5a 16 16 5a<	PHARMER	ENGINEERING 401(K)	PLAN					001		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EIN) PHARMER ENGINEERING, LLC 20-0273285 2c Sponsor's telephone number 20-433-1900 1998 W JUDITH LANE BOISE, ID 83705 2d Business code (see instructions) 541330 2d 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 20-433-1900 2d 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. 3b Administrator's telephone number 5a Total number of participants at the beginning of the plan year. 5b 16 c Number of participants at the end of the plan year. 5b 16 d(1) Total number of active participants at the end of the plan year. 5d(1) 12 d(2) Total number of participants at the end of the plan year. 5d(2) 11 e Number of participants that terminated employment during the plan year. 5d(2) 11 d(2) Total number of active participants at the end of the plan year. 5d(2) 11 e Number of participants that terminated employment during the plan year. 5d(2) 11 </td <td colspan="5"></td> <td>1c E</td> <td></td> <td>•</td>						1c E		•		
1998 W JUDITH LANE 2c Sponsor's telephone number 2015E, ID 83705 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 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. 3b Administrator's telephone number 5a Total number of participants at the beginning of the plan year 5a 1c Sponsor's name 5a Total number of participants at the end of the plan year 5a 1c 1c 5d(1) Total number of active participants at the end of the plan year 5c 1c 1c 6d(1) Total number of active participants at the end of the plan year 5d(1) 1c 1c 6d(2) Total number of active participants at the end of the plan year 5d(2) 1c 1c 6d(2) Total number of active participants at the end of the plan year 5d(2) 1c 1c 6d(2) Total number of active participants at the end of the plan year 5d(2) 1c 1c 6d(2) Total number of participants that terminated employment dur	PHARMER ENGINEERING, LLC						mployer Identi	fication Number		
BOISE, ID 83705 2d Business code (see instructions) 541330 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 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 a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5a b Total number of participants at the end of the plan year. 5b c Number of participants with account balances as of the end of the plan year. 5d(1) d(2) Total number of active participants at the end of the plan year. 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 0 Under penalties of perigury and other penalties set forth in the instructions, I declare that 1 have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. 0 00 Stop Filed with authorized/valid electronic signature. 09/02/2015 ROBERT PHARMER <td></td> <td>ponsor's telep</td> <td colspan="3">nsor's telephone number</td>							ponsor's telep	nsor's telephone number		
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 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 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year						2d Bu	usiness code			
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 a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year						2h A				
name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year										
5a Total number of participants at the beginning of the plan year 5a 16 b Total number of participants at the end of the plan year 5b 16 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 16 d(1) Total number of active participants at the beginning of the plan year. 5d(1) 12 d(2) Total number of active participants at the end of the plan year. 5d(2) 11 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 5e 06 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 09/02/2015 ROBERT PHARMER Sign ature of plan administrator Date Enter name of individual signing as employer or plan sponsor Date				ast return/report filed fo	or this plan, enter the					
b Total number of participants at the end of the plan year. 5b 16 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 16 d(1) Total number of active participants at the beginning of the plan year. 5d(1) 12 d(2) Total number of active participants at the end of the plan year. 5d(2) 11 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 5e 5e 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 complete. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	·					-	N			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 16 d(1) Total number of active participants at the beginning of the plan year	5a Totalı	number of participants a	at the beginning of the plan year			5a		18		
complete this item) 3C 16 d(1) Total number of active participants at the beginning of the plan year. 5d(1) 12 d(2) Total number of active participants at the end of the plan year. 5d(2) 11 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e 00 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 BB 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. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	b Total number of participants at the end of the plan year					5b		16		
d(2) Total number of active participants at the end of the plan year	complete this item)					5c		16		
Provide Signature of plan administrator Op/O2/2015 ROBERT PHARMER Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	d(1) Total number of active participants at the beginning of the plan year					. ,		12		
less than 100% vested						5d(2))	11		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 09/02/2015 ROBERT PHARMER Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor					5e		0			
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 Filed with authorized/valid electronic signature. 09/02/2015 ROBERT PHARMER Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A	penalty for the late o	or incomplete filing of this return/rep	oort will be assessed u	unless reasonable cau	ise is es	tablished.			
SIGN HERE Filed with authorized/valid electronic signature. 09/02/2015 ROBERT PHARMER Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SB or Sche	edule MB completed an	d signed by an enrolled actuary, as we							
Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				09/02/2015	ROBERT PHARMER					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ac	Iministrator	Date	Enter name of individual signing as		ng as plan adr	ninistrator		
Signature of employer/plan sponsor 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)	HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signir	ng as employe	r or plan sponsor		
	Preparer's	name (including firm na	ame, if applicable) and address (includ	e room or suite number	r) (optional)	Prepare	er's telephone	number (optional)		

	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 									
с	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	r	
а	Total plan assets	7a	11470						33009	
b	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	11470)24				11:	33009	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
	Contributions received or receivable from:									
	(1) Employers	8a(1)	383							
	(2) Participants	8a(2)	813		_					
	(3) Others (including rollovers)	8a(3)	184	-	_					
	Other income (loss)	8b	973	350						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			23	35582	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2494	25						
	Certain deemed and/or corrective distributions (see instructions)	8e		0	_					
	Administrative service providers (salaries, fees, commissions)	8f	1	72						
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			24	49597	
<u> </u>		8i				14015				
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)			0						
Par		8j		0						
b	 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 									
10	During the plan year:				Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contribut 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.)	? (Do not	include transactions reported	10b		Х				
С					х				115205	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
a	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
.	 bit the plan have any participant loans: (in 105, order another difference of year order). h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 					~				
<u> </u>	2520.101-3.)					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									
Part VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No									
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection :	302 of	ERISA?	۱ 🗌	res X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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					
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d					
e 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?	· 🗆 ۲	Yes 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 u of the PBGC?	control		Yes 🗙 No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):	3c(2) El	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)							
14a Name of trust			14b Trust's EIN				