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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information								
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/20	14	and ending 12	/31/2014					
a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: a multiple-employer plan (not multiemployer) of participating employer information in according to the context of the										
	·	a one-participant plan	a foreign plan	•		,				
B This ret	turn/report is	the first return/report	the final return/report	nal return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	months)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter descri	otion)							
Part II	Basic Plan Inf	ormation—enter all requested info	ormation							
1a Name EYEDENTI	e of plan TY 401(K) PLAN				1b Three-digit plan number (PN) ▶	001				
					1c Effective date					
	sponsor's name and a	ddress; include room or suite numbe	r (employer, if for a single	e-employer plan)	2b Employer Identification Number (EIN) 26-4287585					
0671 NORT	H NEVEDA SUITE 21	0			2c Sponsor's telephone number 509-468-2020					
SPOKANE,					2d Business code (see instructions)					
3a Plan a	administrator's name	and address XSame as Plan Sponso	or .		621320 3b Administrator's EIN					
ou mane	adminionator o namo (7 Administrator o Env					
		he plan sponsor has changed since the plan sponsor has changed since the plant from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN					
	sor's name				4c PN					
		s at the beginning of the plan year			<u> </u>	12				
		s at the end of the plan year			5b	12				
comp	lete this item)	n account balances as of the end of the			5c	12				
d(1) Total number of active participants at the beginning of the plan year				5d(1)	7					
` '	·	participants at the end of the plan yea			5d(2)	7				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	(
Caution:	A penalty for the late	or incomplete filing of this return	report will be assessed	d unless reasonable car	use is established.					
SB or Sch		other penalties set forth in the instruct and signed by an enrolled actuary, as								
<u>Dellel, It is</u>	true, correct, and cor	nplete.								
SIGN	true, correct, and cor	nplete. d/valid electronic signature.	10/06/2015	GENE O. TEIGEN						
	true, correct, and cor	d/valid electronic signature.	10/06/2015 Date	GENE O. TEIGEN Enter name of individ	lual signing as plan a	administrator				
SIGN HERE SIGN	Filed with authorized	d/valid electronic signature.			lual signing as plan a	administrator				
SIGN HERE SIGN HERE	Filed with authorized Signature of plan Signature of empl	d/valid electronic signature. administrator loyer/plan sponsor	Date Date	Enter name of individ	lual signing as emplo	oyer or plan sponsor				
SIGN HERE SIGN HERE	Filed with authorized Signature of plan Signature of emples name (including firm	d/valid electronic signature. administrator	Date Date	Enter name of individ	lual signing as emplo					
SIGN HERE SIGN HERE Preparer's JODI CALH RANDALL	Filed with authorized Signature of plan Signature of emples name (including firm	administrator loyer/plan sponsor name, if applicable) and address (inc	Date Date	Enter name of individ	lual signing as emplo	oyer or plan sponsor				

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 rander 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot with the state of the state	an indepe and condi ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information	I					
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	6024				683055
1	Total plan liabilities	7b		114	_		200055
	Net plan assets (subtract line 7b from line 7a)	7c	6000	105	-		683055
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	558	324			
	2) Participants	8a(2)	62	270			
	3) Others (including rollovers)	8a(3)	86	94			
	Other income (loss)	8b	170	32			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					87820
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d	1	84			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	45	586			
<u>g</u>	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4770
	Net income (loss) (subtract line 8h from line 8c)	8i					83050
J	ransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2A 3D 2F 2T If the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable pension to the plan provides welfare benefits, enter the applicable welfare fewer than the plan provides welfare benefits.						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c		X	
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 oth insurance service, or other organization that provides some or all instructions.)	of the ber	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	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from					11a	
12	Is this a defined contribution plan subject to the minimum funding					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 being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

	Form 5500-SF 2014	Page 3 - 1			
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**

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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information		delions to the Form 5	300 011				
		scal plan year beginning	01/01/2014	and ending	12/31/	2014			
A This re	eturn/report is for:	ver) (Filers checking this box must attach a list							
		a one-participant plan	a foreign plan						
B This ret	curn/report is	the first return/report	the final return/report						
		nonths)							
C Check	box if filing under:	X Form 5558	automatic extension		☐ DFVC p	rogram			
T6 845503440000	3	special extension (enter descrip	_			3			
Part II	Basic Plan Info	rmation—enter all requested infor	mation						
1a Name		THREE SINGS OF TOPESONS IN SI	matton		1b Three-digit				
	tity 401(k) Pl	an			plan numb				
					(PN) ▶				
					1c Effective d 01/01/2				
2a Plans Gene To	sponsor's name and add eigen, O.D., I	dress; include room or suite number	(employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 26–4287585				
9671 N	ORTH NEVEDA SU	JITE 210			2c Sponsor's telephone number 509-468-2020				
CROMAN						ode (see instructions)			
SPOKANI		WA 99218			621320				
3a Plan a	administrator's name an	d address XSame as Plan Sponsor			3b Administrat	tor's EIN			
name	e, EIN, and the plan nun	plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b EIN				
name a Spons	e, EIN, and the plan nun or's name	nber from the last return/report.			4c PN				
a Spons 5a Total	e, EIN, and the plan nun sor's name number of participants a	nber from the last return/report. at the beginning of the plan year			4c PN 5a	12			
a Spons 5a Total b Total	e, EIN, and the plan nuncor's name number of participants a	at the beginning of the plan year at the end of the plan year			4c PN 5a				
a Spons 5a Total b Total c Numb	e, EIN, and the plan nuncor's name number of participants and number of participants are of participants with a sete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	e plan year (defined bene	fit plans do not	4c PN 5a	12 12 12			
a Spons 5a Total b Total c Numb	e, EIN, and the plan nuncor's name number of participants and number of participants are of participants with a sete this item)	at the beginning of the plan year at the end of the plan year	e plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	12 12			
a Spons 5a Total b Total c Numb comple d(1) Total	e, EIN, and the plan nuncor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	e plan year (defined bene	fit plans do not	4c PN 5a 5b 5c 5d(1)	12 12 7			
b Total c Numb comple d(1) Tot e Numbe	e, EIN, and the plan nuncor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year trininated employment during the plan	plan year (defined bene year	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	12 12 7 7			
a Spons 5a Total b Total c Numb comple d(1) Tot d(2) Tot e Numbe less th	e, EIN, and the plan number of participants and the plan number of participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year	e plan year (defined bene year	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	12 12 7 7 0			
a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A	e, EIN, and the plan number of participants and the plan number of participants and per of participants with a sete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year rminated employment during the plan or incomplete filing of this return/re	year with accrued bene	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	12 12 7 7			
a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pena	e, EIN, and the plan num cor's name number of participants a number of participants a per of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year trininated employment during the plan year princomplete filing of this return/recomplete set forth in the instruction of signed by an enrolled actuary, as year.	year with accrued beneened by the second sec	fit plans do not fits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	12 12 7 7 0 3.			
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is f	e, EIN, and the plan number of participants and the plan number of participants and per of participants with a sete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year trininated employment during the plan year princomplete filing of this return/recomplete set forth in the instruction of signed by an enrolled actuary, as year.	year with accrued beneened by the second sec	fit plans do not fits that were unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of	12 12 7 7 0 3.			
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is to	e, EIN, and the plan number of participants and the plan number of participants and participants and participants with a set of participants with a set of participants of active participants that the participants that the participants that the participants of perjury and other participants of perjury and completed and provided the participants of perjury and complete participants.	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year trininated employment during the plan year rminated employment during the plan year rminated employment during the plan year princomplete filing of this return/reter penalties set forth in the instruction of signed by an enrolled actuary, as yelete.	year with accrued bene port will be assessed ons, I declare that I have well as the electronic vers	fit plans do not fits that were unless reasonable cau examined this return/re sion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a and to the best of	12 12 7 7 0 1. pplicable, a Schedule of my knowledge and			
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is f	e, EIN, and the plan number of participants and the plan number of participants and per of participants with a sete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year trininated employment during the plan year rminated employment during the plan year rminated employment during the plan year princomplete filing of this return/reter penalties set forth in the instruction of signed by an enrolled actuary, as yelete.	year with accrued beneened by the second sec	fit plans do not fits that were unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a and to the best of	12 12 7 7 0 1. pplicable, a Schedule of my knowledge and			
a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is is	e, EIN, and the plan number of participants and the plan number of participants and the plan number of participants with a sete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year trininated employment during the plan year rminated employment during the plan year rminated employment during the plan year princomplete filing of this return/reler penalties set forth in the instruction of signed by an enrolled actuary, as yelete.	plan year (defined benefit year	fit plans do not fits that were unless reasonable care examined this return/report sion of this return/report GENE O. TEIGE	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the best	12 12 7 7 0 1. pplicable, a Schedule of my knowledge and			
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan number of participants and the plan number of participants and the plan number of participants with a sete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year trininated employment during the plan year irrinated employment during the plan year penalties set forth in the instruction of signed by an enrolled actuary, as yelete.	year (defined beneating year with accrued beneating year will be assessed in the port will be assessed in the electronic versual pate 10/4/2015	fit plans do not fits that were unless reasonable cau examined this return/re sion of this return/report GENE O. TEIGE Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the best	12 12 7 7 0 i. pplicable, a Schedule of my knowledge and administrator			
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pena SB or Sche belief, it is to SIGN HERE Preparer's Jodi Ca	p. EIN, and the plan number of participants and the plan number of participants and participants and participants with a set of participants that the participants that the participants that the participants that the participants of perjury and other participants of perjury and other participants of perjury and completed and participants with participants of perjury and completed and participants of plan and participants of plan and participants of participants with a participants of par	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year trininated employment during the plan year rminated employment during the plan year incomplete filing of this return/refer penalties set forth in the instruction of signed by an enrolled actuary, as yelete. Imprint property of the plan year Imprint penalties set forth in the instruction of signed by an enrolled actuary, as yelete. Imprint penalties year, and address (included) and address (included)	year (defined beneating year with accrued beneating year will be assessed in the port will be assessed in the electronic versual pate 10/4/2015	fit plans do not fits that were unless reasonable cau examined this return/re sion of this return/report GENE O. TEIGE Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the best	12 12 7 7 0 8. pplicable, a Schedule of my knowledge and administrator			
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is to SIGN HERE Preparer's Jodi Ca Randall	s, EIN, and the plan number of participants and participants and participants with a sete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year rminated employment during the plan year are incomplete filing of this return/re penalties set forth in the instruction of signed by an enrolled actuary, as yelete. Implication of the plan year Aministrator ver/plan sponsor ame, if applicable) and address (include)	year (defined beneating year with accrued beneating year will be assessed in the port will be assessed in the electronic versual pate 10/4/2015	fit plans do not fits that were unless reasonable cau examined this return/re sion of this return/report GENE O. TEIGE Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the best	12 12 7 7 0 i. pplicable, a Schedule of my knowledge and administrator			
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is to SIGN HERE Preparer's Jodi Ca Randall	p. EIN, and the plan number of participants and the plan number of participants and participants and participants with a set of participants that the participants that the participants that the participants that the participants of perjury and other participants of perjury and other participants of perjury and completed and participants with participants of perjury and completed and participants of plan and participants of plan and participants of participants with a participants of par	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year rminated employment during the plan year are incomplete filing of this return/re penalties set forth in the instruction of signed by an enrolled actuary, as yelete. Implication of the plan year Aministrator ver/plan sponsor ame, if applicable) and address (include)	year (defined beneating year with accrued beneating year will be assessed in the port will be assessed in the electronic versual pate 10/4/2015	fit plans do not fits that were unless reasonable cau examined this return/re sion of this return/report GENE O. TEIGE Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the best	12 12 12 7 7 0 3. pplicable, a Schedule of my knowledge and administrator			

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 lf you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	ent qualified s.) 5500-SF ar	public accounta	nt (IQ d use	PA) Form	5500.		<u> </u>	_	_ I	No No
	t III Financial Information	1 0	, , , , , ,					Ц Г				
	Plan Assets and Liabilities		(a) Be	ginning of Yea		0		(b) End	of Y		5000	
226	Total plan assets	7a		61)241						6830	55
	Total plan liabilities	7b			241	_						
	Net plan assets (subtract line 7b from line 7a)	7c		60	0000	5				(6830	55
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b)	Total			
	Contributions received or receivable from: (1) Employers	8a(1)			5582	4						
	(2) Participants	8a(2)			627							
	(3) Others (including rollovers)				869	_						
h	Other income (loss)	8a(3)			1703	_						
		8b			1703	2			_		070	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				-	1				878	20
	to provide benefits)	8d			18	4						
	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f			458	6						
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									47	70
	Net income (loss) (subtract line 8h from line 8c)	8i									830	
	Transfers to (from) the plan (see instructions)	8j				1						
Par	t IV Plan Characteristics	0)										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List	t of Plan Charac	cteristi	c Cod	es in tl	ne instruc	tions			
10	During the plan year:					Yes	No					
	Was there a failure to transmit to the plan any participant contribu-				40	162	No X		Am	ount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	lude transac	tions reported	10a 10b		Х					
С							Х		-	-		_
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond,	that was ca	used by fraud	10c		X					-
е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth				10d		Λ	15				
	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	n?			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a		New York Control of the Control of t		10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)				10h		Χ					
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												
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Yes	s," see instru	ctions and com	plete	Sched	ule SB	(Form	I	Yes		No
11a	Enter the unpaid minimum required contribution for current year fr						11a				10212001111	
12	Is this a defined contribution plan subject to the minimum funding	requirements	s of section	412 of the Code	or se	ction (302 of	ERISA?		Yes	1 🛚	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	ng amortized	in this plan	ear, see instruc Mon		and e	nter th		the le		ling	

Month

Dav

Year