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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1							
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/	2015	and ending 09	9/24/201	15				
A This ret	turn/report 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) a one-participant 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 This retu	This return/report is the first return/report a noteign plan the first return/report an amended return/report a short plan year return/report (less than 12 months)									
C Check b	box if filing under:	Form 5558	automatic extension	. ,	,	DFVC progr	ram			
Part II	Basic Plan Info	rmation—enter all requested ir	formation							
1a Name JOHN R. KII	of plan DD, D.D.S., P.S. SAV	INGS PLAN			p	Three-digit plan number PN)	001			
					1c E	Effective date of 01/0	f plan 1/1995			
Mailing	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.6 ee, country, and ZIP or foreign pos		ructions)			fication Number 653358			
	DD, D.D.S., P.S.	e, country, and ZIF or loreign pos	tai code (ii foreign, see inst	iuctions)	2c S	Sponsor's telep 509-6	hone number 84-5800			
510 N. MAIN COLVILLE, WA 99114						2d Business code (see instructions) 621210				
3a Plan administrator's name and address ☐Same as Plan Sponsor. JOHN R. KIDD, D.D.S., P.S. 510 N. MAIN					3b Administrator's EIN 91-1653358					
COLVILLE, WA 99114						3c Administrator's telephone number 509-684-5800				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b E	ΞIN				
a Sponse	or's name				4c F	1				
5a Total r	number of participants	at the beginning of the plan year.			5a		10			
b Total r	number of participants	at the end of the plan year			5b		0			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						5c				
d(1) Total number of active participants at the beginning of the plan year						5d(1)				
d(2) Tota	al number of active pa	rticipants at the end of the plan ye	ar		5d(2	2)	0			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						. 5e 0				
		or incomplete filing of this retur								
SB or Sche	, , ,	her penalties set forth in the instru nd signed by an enrolled actuary, plete.	•			0, 11	*			
SIGN	Filed with authorized/	/valid electronic signature.	04/28/2016	JOHN R. KIDD, DDS						
HERE	Signature of plan a		Date	Enter name of individ	ual sign	ing as plan adn	ninistrator			
SIGN										
HERE	Signature of emplo		Date	Enter name of individ						
Preparer's	name (including firm n	name, if applicable) and address (i	nclude room or suite numb	er)	Prepa	rer's telephone	number			

Form 5500-SF 2015		Page 2								
 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead of the plan cannot use form 5500-SF									Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No] Not d	etermine	d
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	ır	
a Total plan assets	7a		1526						0	
b Total plan liabilities	7b			269					0	
C Net plan assets (subtract line 7b from line 7a)	7c		1525	5750					0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b)	Total		
Contributions received or receivable from: (1) Employers	8a(1)			0						
(2) Participants	8a(2)			0						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b		48	3437						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								48437	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1570	0033						
e Certain deemed and/or corrective distributions (see instructions)	8e			113						
f Administrative service providers (salaries, fees, commissions)	8f		4	1041						
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							15	574187	
i Net income (loss) (subtract line 8h from line 8c)	8i							-15	525750	
j Transfers to (from) the plan (see instructions)	8j			0						
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instru	ctions:		
B If the plan provides welfare benefits, enter the applicable welfare fe	natura code	os from the List of Pla	n Char	actoriet	ic Coc	loc in the	o inetrue	tions:		
in the plan provides wellare benefits, enter the applicable wellare is	eature coue	es nom the List of Fia	ii Cilai	acterist	ic Coc	162 111 1111	z IIISII UC	tions.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ					
C Was the plan covered by a fidelity bond?			10c	Х					500	000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan			10f		Χ					
			10g		X					
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					^					
2520.101-3.)	•		10h		X					
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance				•	-					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								\prod	Yes	No
11a Enter the unpaid minimum required contribution for all years from						11a			<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?		Yes X	No

	F	orm 5500-SF 2015 Page 3 - 1								
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling			
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι				
b	Enter ti	he minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d						
		ve amount)			Yes	No	N/A			
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A			
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo				
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part		Trust Information								
14a	Name o	f trust		14b 1	rust's Ell	N				
14c	Name	of trustee or custodian				s or custodi	an's			
							telephone number			
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No				
	10 110			_ D	esign-					
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	sed safe arbor ethod	ADF test	P/ACP			
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?								
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?	Ye		No					
17a	17a Has the plan been timely amended for all required tax law changes?					No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//	Enter the ap	plicable	code	(See ins	tructions			
17c	for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number									
17d	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter									
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	," enter amount	·····	19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A			

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Liberty Lake

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).

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information 01/01/2015 and ending 09/24/2015 For calendar plan year 2015 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan list of participating employer information in accordance with the form instructions) A This return/report is for: a one-participant plan a foreign plan X the final return/report the first return/report B This return/report is x a short plan year return/report (less than 12 months) an amended return/report C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number 001 John R. Kidd, D.D.S., P.S. Savings Plan (PN) 1c Effective date of plan 01/01/1995 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1653358 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number John R. Kidd, D.D.S., P.S. 509-684-5800 2d Business code (see instructions) 510 N. Main 621210 Colville WΑ 99114 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 91-1653358 John R. Kidd, D.D.S., P.S. 3c Administrator's telephone number 509-684-5800 510 N. Main Colville WA 99114 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year..... 10 5h 0 b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 7 5d(2) 0 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 than 100% vested..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, John R. Kidd, DDS SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator John R. Kidd, DDS SIGN **HERE** 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) Preparer's telephone number Jodi Calhoun 509-838-5500 Randall & Hurley, Inc. 1328 N. Whitman Ln.

99019

WA

Section Were all of the plan's assets during the plan year invested in oligibis assets? (See instructions)	Form 5500-SF 2015		Page 2						
7 Plan Assets and Labilities	b 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 cann	an indeper and conditi ot use Fo	ndent qualified public ions.) rm 5500-SF and mus	account	tant (IC	PA) Form	n 5500.	[X Yes No
7 Plan Assets and Liabilities	ye								
a Total plan assets. 7a 1526019 (c) Total plan liabilities 7b 269 (c) Net plan assets (aubitact line 7b from line 7a) 7c 1525750 (d) Income, Expenses, and Transfers for this Plan Year (e) National (b) Total Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iii) Employer			(a) Beginnin	a of Ve		T	9	(b) End of V	'oar
D Total plan liabilities		7a	(a) Degililli	~		9		(b) End of 1	
C. Net plan assets (subtract line 7 to from line 7a)					26	9			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Other (including rollovers) (3) Other (including rollovers) (4) Sa(2) (5) Other income (loss) (6) Other income	·	7c		15	2575	0			
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including reliovers) (8a(2) (3) Others (including reliovers) (8a(3) (6) (7) (8a(3) (8a(3) (8) (8a(3) (8) (8a(4) (8a(4) (8a(4) (8a(4) (8a(4) (8a(4) (8a(4) (8a(4) (8a(4) (8a(4)) (8a(4) (8a(4) (8a(4)) (8a(4) (8a(4)) (8a(4) (8a(4)) (8a(4) (8a(4)) (8a(4) (8a(4)) (8a(4) (8a(4)) (8a(4)) (8a(4)) (8a(4) (8a(4)) (8a((a) Amo	unt				(b) Total	
(2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8a(3) 0 C Total income (losd) 8a(1), 8a(2), 8a(3), and 8b) 8 C Total income (losd lines 8a(1), 8a(2), 8a(3), and 8b) 8 C Total income (losd lines 8a(1), 8a(2), 8a(3), and 8b) 8 C Total income (losd lines 8a(1), 8a(2), 8a(3), and 8b) 8 C Total income (losd lines 8a(1), 8a(2), 8a(3), and 8b) 8 C Total income (losd lines 8a(1), 8a(2), 8a(3), and 8b) 8 C Total income (losd lines 8a(1), 8a(2), 8a(3), and 8b) 8 C Total income (losd lines 8a(1), 8a(2), 8a(3), and 8b) 8 C Total income (losd lines 8a(1), 8a(2), 8a(3), and 8b) 8 C Total income (losd lines 8a(1), 8a(2), 8a(3), and 8b) 8 C Total lines (losd lines 8a(1), 8a(2), 8a(3), and 8b) 8 C Total lines (losd lines 8a(2), 8a(3), and 8b) 8 C Total lines (losd lines 8a(2), 8a(3), and 8b) 8 C Total lines (losd lines 8a(2), 8a(3), and 8b) 8 C Total lines (losd lines 8a(2), 8a(3), and 8b) 8 C Total lines (losd lines 8a(3), 8a(3), and 8b) 8 C Total lines (losd lines 8a(3), 8a(3), and 8b) 8 C Total lines (losd lines 8a(3), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines 8a(4), 8a(3), and 8b) 8 C Total lines (losd lines (losd lines), and and any lines (losd lines), and lines (losd lines), and lines (losd lines), and lines (losd lin	No. 1981 7 45		3.4					127	
(3) Others (including rollovers) (3) Other income (loss) (4) Bonafits paid (including direct rollovers and insurance premiums to provide benefits) (5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) (6) Benefits paid (including direct rollovers and insurance premiums to provide benefits) (6) Denote the paid of the	(1) Employers					-			
b Other income (toss)	 								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 48437 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 1570033 e Certain deemed and/or corrective distributions (see instructions) 8d 1570033 e Certain deemed and/or corrective distributions (see instructions) 8e 113 g Other expenses 9 9 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						<u> </u>			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) Be 1113 f Administrative service providers (salaries, fees, commissions) 8f 4041 g Other expenses	COLUMN CONTROL OF THE				4843	7			
to provide benefits)		8c				-			4843
e Certain deemed and/or corrective distributions (see instructions)		8d		15	7003	3			
g Other expenses	Principality of the second of	8e			11	3			
h Total expenses (add lines &d, &e, &fl, and &g)	f Administrative service providers (salaries, fees, commissions)	8f			404	1			
Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g				0			
Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 28	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1574187
Part IV Plan Characteristics Plan Characteristics Plan Characteristic Plan Cha	i Net income (loss) (subtract line 8h from line 8c)	8i							-1525750
9a	j Transfers to (from) the plan (see instructions)	8 <u>i</u>				0			
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									
During the plan year: 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) 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) Was the plan nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) 10e	2E 2J 2K 2A 3D								
a 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)	Part V Compliance Questions							Э	
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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?	10 During the plan year:				Yes	No	N/A	Am	ount
reported on line 10a.)	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction	10a		х			
Teported on line Total						х			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				10b					
by fraud or dishonesty?	C Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?			X				50000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	by fraud or dishonesty?			10d		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. j Did the plan trust incur unrelated business taxable income? 10j 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	carrier, insurance service, or other organization that provides some	e or all of t	he benefits under	10e		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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	f Has the plan failed to provide any benefit when due under the plan	1?		10f		х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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	g Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)			х			
exceptions to providing the notice applied under 29 CFR 2520.101-3	h If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR			_			
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)				10ì					
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)	j Did the plan trust incur unrelated business taxable income?			10i					
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)	Part VI Pension Funding Compliance								
	11 Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Y	es," see instructions a	and con	nplete	Sched	ule SB (F	orm	Yes ∏ No