-	m 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be file		4065 of the Employee Re					
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the			orm is Open to lic Inspection		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 55	00-SF.		•		
	ar plan year 2015 or fisc	dentification Information al plan year beginning 01/01/2	015	and ending 12	2/31/2015				
		X a single-employer plan	— 1	plan (not multiemployer)		cking this b	ox must attach a		
A This ret	urn/report is for:	a one-participant plan		mployer information in ac	•	-			
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC prog	ram		
	[special extension (enter descr	iption)						
Part II	Basic Plan Infor	mation—enter all requested inf	ormation						
1a Name SHOEMAKE	•	COMPANY 401(K) PLAN			1b Thre plan (PN	number	002		
					1c Effe	ctive date o	f plan 1/2008		
		er, if for a single-employer plan) , apt., suite no. and street, or P.C	. Box)		2b Emp (EIN	loyer Identi	fication Number 614362		
	town, state or province, R MANUFACTURING C	country, and ZIP or foreign post	al code (if foreign, see ins	tructions)	`	, nsor's telep	hone number		
					2d Busi		74-4414 see instructions)		
	OMERY AVE WA 98922-1223					3329	900		
3a Plan a	dministrator's name and	l address XSame as Plan Spons	or.		3b Adm	inistrator's	EIN		
					3c Adm	inistrator's t	elephone number		
name		plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN 4c PN				
· · · ·		t the beginning of the plan year					102		
		t the end of the plan year			5b		99		
C Numb	er of participants with ac	ccount balances as of the end of	the plan year (defined ber	nefit plans do not	5c		92		
	,	cincente et the beginning of the pl			5d(1)		90		
• •		cipants at the beginning of the plan	•		5d(2)		84		
e Numb	per of participants that te	icipants at the end of the plan yea erminated employment during the	plan year with accrued b	enefits that were less	5e		5		
		r incomplete filing of this return			ise is esta	blished.			
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a ete.							
SIGN HERE	Filed with authorized/va	alid electronic signature.	04/22/2016	JOHN HEIN, PRESID	ENT				
	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan adr	ninistrator		
SIGN HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing	as emplove	r or plan sponsor		
Preparer's		me, if applicable) and address (in				s telephone			
For Paperw	Ork Reduction Act Notice	and OMB Control Numbers, see the	e instructions for Form 550	U-SF.			Form 5500-SF (2015)		

	10111 3300-31 2013		i aye 🗖								
b	Were all of the plan's assets during the plan year invested in eligib 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and conditi ot use Fo	ndent qualified public a ions.) rm 5500-SF and mus	t instea	ant (IQ ad use	PA) Form	5500.	X Yes N			
<u>с</u>	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)? .		Yes	No Not determined			
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year			
а	Total plan assets	7a		5418	3745			5614757			
b	Total plan liabilities	7b			0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c		5418	3745		5614757				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	28739								
-	(2) Participants	8a(2)		284	042						
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		-42	360						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						529077			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		332165							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f			900						
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h						333065				
	Net income (loss) (subtract line 8h from line 8c)						196012				
	j Transfers to (from) the plan (see instructions)										
Par											
9a											
	2E 2F 2G 2J 2K 2T 3D										
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:			
Part	V Compliance Questions										
10					Yes	No	N/A	A			
<u>10</u>	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	a the time period		162	NO	INA	Amount			
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х			50000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
e	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.).	ne or all of	the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х					
h	2520.101-3.)			10h		Х					
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 requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No 5500) and line 11a below)..... 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40... 11a 12 Yes No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

Form 5500-SF 2015

Page **3 -** 1

	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling		
lf	you c	ompleted 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					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	13c(3) PN(s)		
Part	VIII	Trust Information	-						
14a	Name	e of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				b h	esign- ased safe arbor nethod		ADP/ACP test		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					es				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					atio ercentage est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Hast	the plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	ın's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Yes			No		
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Ye	es	No	N/A		

For	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emp	loyee		OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be file	Retirement	****	2015					
	epartment of Labor enefits Security Administration	Income Security Act of 1974		7(b) and 6058(a) of the			orm is Open to			
Pension Be	enefit Guaranty Corporation		accordance with the instru	actions to the Form 5	500-SF.	Pub	lic Inspection			
Part I		dentification Information		9999799199-95-95-95-95-95-95-95-95-95-95-95-95-9		/				
FOI Calentia		cal plan year beginning X a single-employer plan	01/01/2015	and ending		<u>31/201</u>				
A This ret	urn/report is for:	a one-participant plan	list of participating em							
B This retu	ım/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	/report (less than 12 n	ionths)					
C Check i	box if filing under:	Sorm 5558	automatic extension		a []	FVC prog	ram			
······		special extension (enter desc								
Part II		rmation-enter all requested in	formation	**********	niyini)))ikkakwimisineleisisiseetiisise					
1a Name SHOEMAK		ING COMPANY 401(K) E	PLAN		1b Three plan r (PN)	number	002			
					1c Effect	ive date o				
2a Plan si	nonsor's name (amploy	er, if for a single-employer plan)	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩			01/2008	******			
Mailing	address (include room	n, apt., suite no. and street, or P.C country, and ZIP or foreign post		(ctions)		2b Employer Identification Number (EIN) 91-0614362				
	KER MANUFACTU		ar code (ir ibreigh, see instru	icuons)	2c Sponsor's telephone number					
104 MONTGOMERY AVE					509-674-4414 2d Business code (see instructions) 332900					
CLE EL	лл	WA 98922-12	7 3							
3a Plan administrator's name and address XSame as Plan Sponsor.					3b Administrator's EIN					
4 If the n	amo onder Eint of the	plan sponsor has changed since				histrator's t	elephone number			
	EIN, and the plan num	ber from the last return/report.	the last return report lied to	r this plan, enter the	4b EIN 4c PN	******	55mm#5mbm5x65666666400massessessas2araaaaaaaaaaaaaaaaaaaaaaaa			
5a Total r	number of participants a	at the beginning of the plan year	***************************************		5a	********	102			
b Total r	number of participants a	at the end of the plan year	*** *** ** } = = = * * * * * * * * * * *		5b		99			
C Numbe	er of participants with a	ccount balances as of the end of	the plan year (defined benei	fit plans do not	5c		92			
		icipants at the beginning of the p			5d(1)		90			
		licipants at the end of the plan ye			5d(2)	****	84			
		erminated employment during the			5e		5			
Caution: A Under pena SB or Sche	penalty for the late o alties of perjury and oth	r incomplete filing of this retur er penalties set forth in the instru d signed by an enrolled actuary, a	n/report will be assessed u ctions, I declare that I have e	inless reasonable ca examined this return/re	port, includin	g, if applic	able, a Schedule			
SIGN	John Bu	2		JOHN HEIN, PR	ESIDENT		·········			
HERE	Signature of plan ac	Iministrator	Date 4/22/16	Enter name of individ	lual signing a	s plan adn	ninistrator			
SIGN HERE			·····							
and and a second se	Signature of employ name (including firm na	/er/plan sponsor ame, if applicable) and address (in	Date nclude room or suite number	Enter name of individ	lual signing a Preparer's		· · · · · · · · · · · · · · · · · · ·			
For Banan	ark Daduction Ant Mathematics	and OMB Control Numbers, see th	a laatsustaa a taa Farma Provi							
r ur maperwo	JIN NEULICION ACL NOUCE	and OME CONTOL NUMBERS, See th	e instructions for horm 5500-S	рг.			Form 5500-SF (2015) v. 150123			

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**********	Form 5500-SF 2015		Page 2								
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public a ions.)	ccount	ant (IQ	PA)			X		No No
С	If the plan is a defined benefit plan, is it covered under the PBGC it	nsurance p	rogram (see ERISA se	ction 4	021)?		Yes []No [] Not	determ	ned
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	∣of Ye	ear	
а	Total plan assets	7a		54	1874	5				561	4757
b	Total plan liabilities	7b				0					0
C	Net plan assets (subtract line 7b from line 7a)	7c		54	1874	8745				561	4757
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) ⁻	Total		
а	Contributions received or receivable from:		2		8739						
	(1) Employers	8a(1)	· · · · · · · · · · · · · · · · · · ·								seinessa Haraassa
	(2) Participants	8a(2)	2		8404	2 665 666					den Beger Bei gesetzen
	(3) Others (including rollovers)	8a(3)				्यः द्वाराष्ट्र					
	Other income (loss)	8b		- - 	4236	0					<u>999999</u>
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						529077			9077
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3	3216	5					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u></u>	Administrative service providers (salaries, fees, commissions)	8f				0					
<u>g</u>	Other expenses	<u>8g</u>									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>							333065		3065
<u> i </u>	Net income (loss) (subtract line 8h from line 8c) 8i					196012					
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	ides from the List of Pla	an Cha	racteri	stic Co	odes in f	lhe instru	ctions	:	
В	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plar	n Chara	cterist	ic Cod	les in th	e instruc	tions:		
Contraction											
Par	t V Compliance Questions										
10	During the plan year:										
а	 Was there a failure to transmit to the plan any participant contribution 	· · ·			Yes	No	N/A		Am	ount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a	Yes	No X	N/A		Am	ount	
b	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest	/oluntary F	iduciary Correction		Yes		N/A		Am	ount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	/oluntary F ? (Do not	iduciary Correction	10b		x	N/A		Am		
C	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	/oluntary F !? (Do not	include transactions		Yes	x	N/A		Am		00000
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	/oluntary F (Do not fidelity bo	include transactions	10b		x	N/A		Am		00000
c d	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son	/oluntary F ? (Do not fidelity bo ner person ne or all of	include transactions include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d		x x	N/A		Am		00000
d d	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F (Do not fidelity bo her person he or all of	include transactions include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d 10e		x x x x x	N/A		Am		00000
d d e	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F (Do not fidelity bo ner person ne or all of	include transactions include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d 10e 10f		x x x x x x	N/A		Am		00000
d e f g	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F (Do not fidelity bo ner person ne or all of n? s of year o	include transactions include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d 10e		x x x x x x x	N/A		A m		00000
c d e f g h	 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) 	/oluntary F (Do not fidelity bo ner person ne or all of n? (See instru-	include transactions include transactions nd, that was caused s by an insurance the benefits under and.)	10b 10c 10d 10e 10f		x x x x x x			A m		00000
d e f g	 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 	/oluntary F (Do not fidelity bo ner person ne or all of n? (See instru- (See instru-	include transactions include transactions nd, that was caused s by an insurance the benefits under and.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g		x x x x x x x	N/A		Am		00000
c d e f g h	 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) 	/oluntary F (Do not fidelity bo ner person ne or all of n? (See instru- he require- 1-3	iduciary Correction include transactions nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h		x x x x x x x			Am.		00000
c d d f f g h i j	 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 	/oluntary F (Do not fidelity bo ner person ne or all of n? (See instru- he require- 1-3	iduciary Correction include transactions nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h 10h		x x x x x x x			Am		
c d d f f g h i j	 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income? 	/oluntary F // (Do not fidelity bo her person he or all of n? s of year of (See instru- he require 1-3 herts? (If "	include transactions include transactions nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the Yes," see instructions a	10b 10c 10d 10e 10f 10g 10h 10i 10j	X	X X X X X X X X X Schee		(Form			000000
c d d f f j p art 11	 described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income? Is this a defined benefit plan subject to minimum funding requirem 	/oluntary F (Do not fidelity bo ner person ne or all of n? (See instru- he require 1-3	include transactions include transactions nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the Yes," see instructions a	10b 10c 10d 10e 10f 10g 10h 10i 10i 10j	X	X X X X X X X X Scher	Jule SB	(Form	Am	<u><u></u></u>	