Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

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SIGN HERE

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

P	art I	Annual Report	t Identification Information			
For	calenda	ar plan year 2015 or f	fiscal plan year beginning 11/01/2	015 and ending 04	4/20/2016	
Α	This retu	urn/report is for:	X a single-employer plan □ a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	, -	
В٦	Γhis retu	rn/report is	the first return/report an amended return/report	x the final return/report a short plan year return/report (less than 12 m	onths)	
С	Check b	oox if filing under:	Form 5558 special extension (enter descri	automatic extension	DFVC	program
Pa	art II	Basic Plan Info	ormation—enter all requested inf	ormation		
	Name of FARMS				1b Three-diginal plan number (PN) ▶	
					1c Effective of	date of plan 11/01/2013
	Mailing	address (include rootown, state or province	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta		(EIN)	Identification Number 46-4951615 stelephone number
X I IX I	FAKIVIS,	LLC				509-854-1365
	05 S SR SSER, V	221 VA 99350			2d Business	code (see instructions) 111900
3a	Plan ac	dministrator's name a	and address ⊠Same as Plan Spons	oor.	3b Administra 3c Administra	ator's EIN ator's telephone number
4			he plan sponsor has changed since tumber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
a	Sponso	or's name			4c PN	
5a	Total n	umber of participants	s at the beginning of the plan year		5a	10
b	Total n	umber of participants	ts at the end of the plan year		5b	0
С				the plan year (defined benefit plans do not	5c	0
d	(1) Tota	al number of active pa	articipants at the beginning of the pla	an year	5d(1)	0
d	(2) Tota	al number of active pa	articipants at the end of the plan yea	ar	5d(2)	0
	Numb	er of participants tha	at terminated employment during the	plan year with accrued benefits that were less	5e	0
				/report will be assessed unless reasonable cau		
SB	or Sche		and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/re is well as the electronic version of this return/report		

07/18/2016

Date

Date

ROBERT TROY HARTLEY

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

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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 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 indepe and condit not use Fo	ndent qualified public a tions.) orm 5500-SF and must	ccount	ant (IQ	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)? .	📙	Yes	No	N	ot dete	rmined
Par	t III Financial Information	1	1								
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) Eı	nd of	Year	
	Total plan assets	. 7a		11	872						0
	Total plan liabilities	7b		4.4	070						
	Net plan assets (subtract line 7b from line 7a)	7c			872					_	0
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				(b) Tota	<u>al</u>	
	(1) Employers	. 8a(1)									
(2) Participants	8a(2)									
((3) Others (including rollovers)	8a(3)									
b_	Other income (loss)	8b			-14						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									-14
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	. 8d		10	608						
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
	Administrative service providers (salaries, fees, commissions)	8f		1	250						
g	Other expenses	. 8g									
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								11	858
<u>i</u> :	Net income (loss) (subtract line 8h from line 8c)	8i								-11	872
j	Transfers to (from) the plan (see instructions)	8j									
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in	the inst	ructio	ns:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instri	uction	s:	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Α	mount	t
а	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 F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)			10b		X					
C	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 by fraud or dishonesty?			10d		X					
е	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			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			X					
i	2520.101-3.)	he require	d notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?			10i 10i							
Part	· ·			IUJ	<u> </u>			<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									☐ Ye	s 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		· · · · · · · · · · · · · · · · · · ·					RISA?		Ye	s 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				
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
					telepnon	e 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)?		based safe ADP/ACP harbor test method			
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		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from t		the plai	 n's last fa	vorable	
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	S	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

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Department of the Treasury Internal Revenue Service

Department of Lebor 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

2015

This Form is Open to **Public Inspection**

Part I		Identification Information								
For calenda	ar plan year 2015 or fi	scal plan year beginning	11/01/2015	and ending	04/20/20					
A This ret	urn/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 foreign plan							
B This retu	ırn/report is	the first return/report	X the final return/report							
		an amended return/report	x a short plan year return/report (less than 12 months)							
C Check t	box if filing under:	DFVC pro	ogram							
		special extension (enter descr								
Part II		rmation—enter all requested in	formation		1b Three-digit					
1a Name RTK Far	orpian ms 401(k) Pla	n			plan number (PN)	001				
					1c Effective date 11/01/20	•				
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C), Box)		2b Employer Idea (EIN) 46-41					
	town, state or provinc arms,LLC	e, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)	2c Sponsor's tele 509-854-	•				
118305	S SR 221				2d Business code 111900	e (see instructions)				
Prosse		WA 99350	- M. Januare	Mark Salaman						
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spons	sor.		3b Administrator	s EIN				
					- Transmourator	s telephone number				
						0.000				
name,	EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	- C (C) (C) (C) (C) (C) (C) (C) (C) (C) (
name, a Sponso	EIN, and the plan nur or's name	mber from the last return/report.			4b EIN 4c PN					
name, a Sponso 5a Total r	EIN, and the plan nur or's name number of participants	at the beginning of the plan year			4b EIN 4c PN 5a	10				
name,	EIN, and the plan nur or's name number of participants number of participants	at the beginning of the plan year at the end of the plan year			4b EIN 4c PN 5a 5b					
name, a Sponso 5a Total r b Total r c Numbe	EIN, and the plan nur or's name number of participants number of participants er of participants with	at the beginning of the plan year	the plan year (defined bene	efit plans do not	4b EIN 4c PN 5a 5b 5c	10				
name, a Sponso 5a Total r b Total r c Number complete	EIN, and the plan numbers of participants number of participants er of participants with 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 (defined bene	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	10				
name, a Sponso 5a Total r b Total r c Number completed (1) Total d(2) Total	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan yearat the end of the plan yearatcount balances as of the end of	the plan year (defined bene an year	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	10 0				
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe	EIN, and the plan number of participants number of participants er of participants with 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 accounts at the beginning of the plan year terminated employment during the	the plan year (defined bendance) an yearar arar	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	10 0 0				
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name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the or Incomplete filling of this return the penalties set forth in the instruct and signed by an enrolled actuary, a polete.	the plan year (defined beneat an year	nefits that were less unless reasonable car examined this return/re sion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if apprt, and to the best of lartley	10 0 0 0 0 0				
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the or Incomplete filling of this return the penalties set forth in the instruct and signed by an enrolled actuary, a polete.	the plan year (defined beneated by the plan year with accrued be not plan year with accrued be not plan year will be assessed ctions, I declare that I have as well as the electronic ver	efit plans do not nefits that were less unless reasonable car examined this return/re sion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if apprt, and to the best of lartley	10 0 0 0 0 0				
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the pl rticipants at the end of the plan yea terminated employment during the or Incomplete filling of this return her penalties set forth in the instruct ad signed by an enrolled actuary, a plete.	the plan year (defined beneat an year	nefits that were less unless reasonable car examined this return/re sion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of a [artley] lual signing as plan a	10 0 0 0 0 0 0 licable, a Schedule my knowledge and				
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name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the pl rticipants at the end of the plan yea terminated employment during the or Incomplete filling of this return her penalties set forth in the instruct ad signed by an enrolled actuary, a plete.	the plan year (defined benear year	nefits that were less unless reasonable car examined this return/re sion of this return/repor Robert Troy H Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of a [artley] lual signing as plan a	10 0 0 0 0 0 0 licable, a Schedule my knowledge and				
name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the or Incomplete filling of this return her penalties set forth in the instruct and signed by an enrolled actuary, a plete.	the plan year (defined benear year	nefits that were less unless reasonable car examined this return/re sion of this return/repor Robert Troy H Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of a (artley lual signing as plan a	10 0 0 0 0 0 0 licable, a Schedule my knowledge and				
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the or Incomplete filling of this return her penalties set forth in the instruct and signed by an enrolled actuary, a plete.	the plan year (defined benear year	nefits that were less unless reasonable car examined this return/re sion of this return/repor Robert Troy H Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app t, and to the best of a (artley lual signing as plan a	10 0 0 0 0 0 0 licable, a Schedule my knowledge and				

Form 5500-SF 2015		Page 2					
6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report o under 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan care	of an indepen y and conditi nnot use For	dent qualified public a ons.) m 5500-SF and mus	account t inste	ant (IC	PA) Form	5500.	X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA s	ection 4	021)?		Yes	No Not determined
Part III Financial Information					_		
7 Plan Assets and Liabilities		(a) Beginnin					(b) End of Year
a Total plan assets	1 1		1	1,87	2		0
b Total plan liabilities			1	1 07	2		0
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(-) 4		1,87	4		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amo	unt				(b) Total
(1) Employers	8a(1)						-
(2) Participants	8a(2)						
(3) Others (including rollovers)					_		
b Other income (loss)				-1	4		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				+		-14
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1	0,60	8		
e Certain deemed and/or corrective distributions (see instructions)							
f Administrative service providers (salaries, fees, commissions)	8f			1,25	0		
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						11,858
Net income (loss) (subtract line 8h from line 8c)	8i						-11,872
Transfers to (from) the plan (see instructions)	··· 8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature cod	les from the List of Pl	an Cha	racteris	stic Co	des in	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	cterist	ic Cod	les in th	e instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c		Х		
d Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bon	d, that was caused			Х		
by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or or			10d				
carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of ti	he benefits under	10e		Х		
f Has the plan failed to provide any benefit when due under the pl			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year er	ıd.)	10g		Х		, "
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.19	the required	notice or one of the	101				
j Did the plan trust incur unrelated business taxable income?			10]				
Part VI Pension Funding Compliance		•					
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding	g requiremer	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA? Yes X No