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 section 6058(a) of the Internal Revenue Code (the Code).

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

2000

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information									
For	calendar plan year 2009 or fiscal plan year beginning 01/01/200	9	and ending	12/31/	2009					
Α .	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan				
В	This return/report is for: first return/report	final retur	n/report							
	an amended return/report	short plar	year return/report (less than 12 m	onths)						
С	Check box if filing under:		DFVC progra	ım						
	special extension (enter description	_								
Pa	Part II Basic Plan Information—enter all requested information									
	Name of plan	ation		1b	Three-digit					
	TERPOINT MANAGEMENT, INC. 401(K) PLAN				plan number	001				
					(PN) •					
				1C	Effective date of 01/01/2					
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identif					
	TERPOINT MANAGEMENT, INC.	F,			(EIN) 20-1450					
				2c		elephone number				
	9 - 72ND AVE. S., SUITE 125 F, WA 98032			24	253-395-2026 2d Business code (see instructions)					
				Zu	531310					
	Plan administrator's name and address (if same as Plan sponsor, e			3b	Administrator's I					
CEN.	TERPOINT MANAGEMENT, INC. 20819 - 72NI KENT, WA 9		SUITE 125	20	20-1450395 3c Administrator's telephone nur					
				30	253-395					
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN					
I	name, EIN, and the plan number from the last return/report. Sponso	r's name		40	DN					
52	Total number of participants at the beginning of the plan year		4C PN -							
b	Total number of participants at the end of the plan year									
C	Total number of participants with account balances as of the end of			. <u>5b</u>		4				
C	complete this item)	. 5c		4						
6a	Were all of the plan's assets during the plan year invested in eligib					X Yes No				
b	Are you claiming a waiver of the annual examination and report of					— — — Na				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fr		,			X Yes No				
Pa	rt III Financial Information	JIII 3300-	or and must mistead use Form 5	300.						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year				
	Total plan assets	. 7a	1006	51	(2) =	74791				
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1006	51		74791				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal				
а	Contributions received or receivable from:				•					
	(1) Employers	8a(1)		_						
	(2) Participants	8a(2)	181	00						
L	(3) Others (including rollovers)	8a(3)	04							
b	Other income (loss)	8b	61:	25		24225				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				24225				
u	to provide benefits)	8d	467	14						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	33	71						
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				50085				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-25860				
i	Transfers to (from) the plan (see instructions)	Qί								

Part IV	Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3E

If the plan provides welfare benefits, enter

D	if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Coc	ies in t	ne instruc	ctions:			
art	V Compliance Questions								
0	During the plan year:		Yes	No		Amou	ınt		
а	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)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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?	10d		Χ					
е	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		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ					
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	10i							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No	
2									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							-	
	Enter the minimum required contribution for this plan year			12b					
	Enter the amount contributed by the employer to the plan for this plan year			12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left conegative amount)	of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	,	N/A	
art	VII Plan Terminations and Transfers of Assets								
 3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to						
1	3c(1) Name of plan(s):	13c(2) EIN(s)			13	13c(3) PN(s)			
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.				
Во	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/r schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r it is true, correct, and complete.		,	,	, , ,				
	Filed with outborized/valid electronic cignature 00/27/2010 CHRISTOPHER E	DIO	HVDL	16					

SIGN	Filed with authorized/valid electronic signature.	09/27/2010	CHRISTOPHER E. RICHARDS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

P	art Annual Report	dentification Information						
	For calendar plan year 2009 or fiscal plan year beginning and ending							
	This return/report is for:	x single-employer plan	Multiple	employer plan (not multiemployer)		□ ana nasticiaan	t nlan	
	This return/report is for:	first return/report	남 .	ırn/report		one-participan	ı pian	
_	tino returnicipost io ior.	an amended return/report	=	an year return/report (less than 12 mo				
_	Observation of the contract of	H :	Ħ		mins)	П		
C	Check box if filing under:		_	ic extension		DFVC program	n	
		special extension (enter descrip						
-		mation—enter all requested infor	mation		1 41	· · · · · · · · · · · · · · · · · · ·		
	Name of plan	NO 404/IO DE ANI			16	Three-digit plan number		
CENTERPOINT MANAGEMENT, INC. 401(K) PLAN						(PN)	001	
					1c	Effective date of	olan	
2-					-	01/01/20		
	PIAN SPONSOR'S NAME AND ADD TERPOINT MANAGEMENT, II	ress (employer, if for single-employe	er plan)		2b	Employer Identification (EIN) 20-14503		
					2c	Plan sponsor's tel		
	9 - 72ND AVE, S., SUITE 125 T WA 98032				24	253-395-		
IVE EN	1 VVA 90032				Zu	Business code (se 531310	e instructions)	
3a SAM		l address (if same as Plan sponsor,	enter "Sam	e")	3b	3b Administrator's EIN		
Φ / 111	_				3с	20-14503 Administrator's tel	ephone number	
4	f the name and/or EIN of the pl	an sponsor has changed since the I	ast return/r	eport filed for this plan, enter the	4h	<u>253-395-</u> EIN	2026	
		er from the last return/report. Spons		plan, onto all	70	LIN		
Fo	T-4-1				4c	PN		
					5a		20	
					5b		4	
	Total number of participants w complete this item)	5c		4				
6a	Were all of the plan's assets	during the plan year invested in eligi	ible assets?	(See instructions.)	·····	***************************************	X Yes No	
b	Are you claiming a waiver of to under 29 CFR 2520.104-467	he annual examination and report of (See instructions on waiver eligibility	f an indepe	ndent qualified public accountant (IQI	PA)		X Yes ∏ No	
	If you answered "No" to eith	ner 6a or 6b, the plan cannot use	Form 5500	SF and must instead use Form 55	00.		M 100 110	
Pa	rt III Financial Inform							
7	Plan Assets and Liabilities		Tá :	(a) Beginning of Year		(b) End of	Year	
	•		···	100651			74791	
		••••••						
	Net plan assets (subtract line	7b from line 7a)		100651	ļ		74791	
8	Income, Expenses, and Trans			(a) Amount	<u> </u>	(b) Tot	al	
а	Contributions received or rece (1) Employers	ivable from:	8a(1)		2.00	The second of th	7 - 100 - 10	
	• • • •	•••••	***************************************	18100		Value		
)		18100	Maria Panina	According to the second	1	
b		······································		6125		The state of the s	### 1990	
		8a(2), 8a(3), and 8b)		0120	-	A STATE OF THE STA	24225	
	Benefits paid (including direct	rollovers and insurance premiums		The state of the s	V. In A	A CONTROL OF THE CONT	E4EZJ	
	to provide benefits)	***************************************		46714	1 3	A service of the serv	The second secon	
_		tive distributions (see instructions)		3371		1	The content of the	
f		rs (salaries, fees, commissions)					Table 1 September	
g				a a a a a a a a a a a a a a a a a a a		Advantage Vision		
h		8e, 8f, and 8g)		Value	ii.		50085	
!	, , ,	e 8h from line 8c)		Table Tabl		AAAAAAAAA	-25860	
J	ransters to (from) the plan (se	ee instructions)	·· 8j		200 - 200 -	A CONTRACTOR OF THE CONTRACTOR		



or dishonesty? Ware 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) Hit his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3, 3). High 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 High 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 If you are defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 1 or 1	-	Form 5500-SF 2009			Page	2-		9	9	U	
## If the plan provides personan benefits, enter the applicable pension teature codes from the List of Plan Characteristic Codes in the instructions: ### Compliance Questions ### Compliance Questions ### During the plan year: ### Was there a failure for transmit for the plan may participant contributions within the time period described in 23 CFR 2310-2472 (See instructions and DOL's Voluntary Flatuciary Correction Program) ### Was there a failure for transmit for the plan may participant contributions within the time period described in 24 CFR 2510-2472 (See instructions and DOL's Voluntary Flatuciary Correction Program) ### Was there a failure for transmit for the plan may participant contributions within the time period described in 160	ar										
b If the plan provides welfare benefits, er for the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Provided Plan Provided Provided Provided Provided Provided	а	If the plan provides pension benefits, enter	the applicable pension	n feature code	s from the Lis	t of Plan Ch	aracteri	stic Codes	in the ir	nstructic	
During the plan year: A Was there a faithur 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 faithur to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? If the plan covered by a fidelity bond? If the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by froud or disnoreeby? Were any fees or commissions plad to any brokers, agents, or other persons by an insurance carrier, instrumos service or other organization that provides some or all of the benefits under the plan? (See Instructions). If this is an individual account plan, was time a blackout period? (See Instructions and 28 CFR 10h X 10	b										
During the plan year: A was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			ne applicable wellare	reature codes	from the List	of Plan Cha	racteris	tic Codes	in the in:	struction	ıs:
During the plan year: A was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	art	V Compliance Questions						<u> </u>			
a Was there a failure to transmit to the plan any participant contributions within the fime pained described in 192 SCFR 2301-31-31-52(2) Feel instructions and ODL 5 Voluntary Foliusory Correction Programs). D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on on ine 10a.) D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on on ine 10a.) D With the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonessy. Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, resource services or other presons by an insurance carrier, resource services or other reparation that provides some or all of the benefits under the plan' (See 19a 19a) (See 19a 19a). Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, resource services or other presons by an insurance carrier, resource services or other plan's (See 19a) (See 1	þ	During the plan year:		·	<u>-</u>			Yos No			
y Vicu in the ability honorant production of the provided include transactions reported on line 10a.) C. Was the plan covered by a fidelity bond?	a	= v or rezoro.o-roz: (See instructions and	DUL'S Voluntary Fig	luciary Correct	ion Program)		40-		<u>'</u>	Ar	nount
C Was the plan covered by a fidelity bond? Of Dot the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishoneshy? Of Dot the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishoneshy? Were any Kees 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). He she has halfed to provide any benefit when due under the plan? Dot the plan have any participant loans? (If "Yes," enter amount as of year end.). If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR) If this 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. If this was answered "Yes," check the box if you either provided the requirements? (If "Yes," see instructions and complete Schedule S8 (Form S500)). Pension Funding Compliance Is this a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule S8 (Form S500). Is a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and entor the date of the letter ruling granting the waiver. If was a defined contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the mount contributed by the employer to the plan for this plan year amount in line 12c from the amount of any plan assets distributed to participants or beneficiaries,	b	were there any nonexempt transactions wit	th any party-in-interes	t2 (Do not incl	ido transportio						
d 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). 100 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). 101 West of the plan failed to provide any benefit when due under the plan? 102 Old the plan have any participant loans? (If "Yes," enter amount as of year end.)	С	Was the plan covered by a fidelity bond?				***********					
were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance sortive or other organization that provides some or all of the benefits under the plan? (See instructions.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR If this 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 2820.101-3 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 2820.101-3 If yes, a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule S8 (Form yes a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? yes if it is awaiver of the minimum funding standard for a prior year is being amontized in this plan year, see instructions, and enter the date of the eletter ruling granting the waiver. Yes or complete the minimum funding standard for a prior year is being amontized in this plan year, see instructions, and enter the date of the eletter ruling granting the waiver. Plan the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Enter the amount contributed by the employer to the plan for this plan year. If Yes in the amount in the 12c from the amount in him 12b. Enter the result (enter a minus sign to the left of a legal way and the provided the result (enter a minus sign to the left of a legal way and the provided the result (enter a minus sign t	d	Did the plan have a loss, whether or not rein	mhursed by the plants	. fidalibula a	и						
Instructions.) — Out the digital cause may be provide any benefit when due under the plan? (See Instructions.) — 10e	e	were any fees or commissions paid to any t	hrokers agents or of				10d			<u>.</u>	
Has the plain failed to provide any benefit when due under the plan? Did the plain have any participant loans? (If "Yes," enter amount as of year end.)		instructions.)	provides some or all	of the benefits	under the plai	n? (See	100	X			
10 10 10 10 10 10 10 10	f	Has the plan failed to provide any benefit wh	nen due under the pla	n?		**********	-	- x			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 11h 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. 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. It was a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If 'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) It a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	g	Did the plan have any participant loans? (If "	'Yes," enter amount a	s of year end.)					 		
time 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. 1VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If 'Yes,' see instructions and complete Schedule SB (Form 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . Yes X (If 'Yes,' complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . Yes X (If 'Yes,' complete 21a or 12b, 12c, 12d, and 12e below, as applicable.) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . Yes X (If 'Yes,' complete 21a or 12b, 12c, 12d, and 12e below, as applicable.) Is this a defined benefit plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . Yes X (If 'Yes,' complete 21a or 12b, 12c, 12d, and 12e below, as applicable.) Is this a defined benefit plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . Yes X (If 'Yes,' complete 31a or 32b, 12c, 12d, 12d, 12d, 12d, 12d, 12d, 12d, 12d	Ħ	if this is an individual account plan, was then	e a blackout neriod?	(See instruction	20 224 20 056	_				44.90	
Suppose the property of the late or incomplete the plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	•	" Toll was answered "Yes," check the box if	VOLL either provided th					<u> </u>			:
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.	t٧	/I Pension Funding Compliance		0	***************************************		101		1		<u> </u>
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .	Ī	s this a defined benefit plan subject to minim	um funding requirem	ents? (If "Yes."	see instruction	ns and com	nloto Co	hadida OF			
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the leiter ruling granting the waiver. Month Day Year Year Year Year Year Year South Month Day Year Year South Month Day Year Year Year Year Year Year Year Year			~ - , - , . ,							, ,	Yes X
He a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month		to also a genulea contribution bigu subject to t	ine minimum funding	requirements c	f section 412	of the Code	or secti	on 302 of	ERISA?	[7]	Yes X
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year		" To To To The City of Table 120, 120, 120, 120, 120	IZA DAIOW as applica	abia)						_	ليبا
Enter the minimum required contribution for this plan year	g	ranting the waiver.	or a prior year is bein	g amortized in	this plan year	, see instruc	tions, ar	nd enter th	e date o	if the let	ter ruling
Enter the minimum required contribution for this plan year			THE THE PERSON OF THE PERSON O	יככ ווווט זו טוווי	JUI. AND SKIN	TO 3100 13		⊔ау		. Year	′——
Enter the amount contributed by the employer to the plan for this plan year	, =	enter the minimum required contribution for th	nis plan year					12b			
will the minimum funding amount reported on line 12d be met by the funding deadline?	=	inter the amount contributed by the employer	to the plan for this al	35 1/00r				12c			
Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. If "Yes," enter the amount of any plan assets that reverted to the employer this year. If a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s): 13c(2) EIN(s) 13c(2) EIN(s) 13c(3) PN(s) on: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. on: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. It is true, correct, and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a 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 it to true, correct, and complete. X Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of panalysystels.	n	egative amount)	unt in line 12b. Enter t	he result (ente	r a minus sign	to the left o	fa				
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