Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

Short Form Annual Return/Report of Small Employee

Benefit Plan

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1
		entification Information				
For	calendar plan year 2010 or fiscal	plan year beginning 09/01/201	10	and ending 0	8/31/2	2011
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		_
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program
		special extension (enter description	on)			_
Pa	rt II Basic Plan Inform	ation—enter all requested inform	nation			
	Name of plan	citici dii requested illioni	lation		1b	Three-digit
	HEADSTART ECEAP 401K PLA	AN				plan number 001
						(PN) •
					1c	Effective date of plan
	D				26	09/01/2008
		ss (employer, if for single-employer N OF HEADSTART AND ECEA P			20	Employer Identification Number (EIN) 23-7444862
					2c	Plan sponsor's telephone number
	18TH SE. STE. 220 EVUE, WA 98005					425-453-1227
					2d	Business code (see instructions) 624100
3a	Plan administrator's name and a	iddress (if same as Plan sponsor, e	enter "Same	a")	3b	Administrator's EIN
WAS	HINGTON STATE ASSOCIATIO ECEA PROGRAMS	N OF HEADSTART 345 118TH S BELLEVUE,	SE. STE. 2	20		23-7444862
AND	LOLA FROGRAMS	BLLLE VOL,	WA 90003		3с	Administrator's telephone number
1 1	the name and/or FIN of the plan	n sponsor has changed since the la	ot roturn/ro	port filed for this plan, optor the	4 h	425-453-1227
		from the last return/report. Sponso		port filed for this plant, enter the	40	EIN
					4c	PN
5a	Total number of participants at t	he beginning of the plan year			5a	2
b	Total number of participants at t	he end of the plan year			5b	2
С		h account balances as of the end o		•	5 0	2
	•			(0	5c	□ □ □
	•			(See instructions.)ndent qualified public accountant (IQI		Yes No
D				ions.)		Yes No
			orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III Financial Informa	tion				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	66849)	97530
b	Total plan liabilities		. 7b			
С	Net plan assets (subtract line 7b	from line 7a)	. 7с	66849)	97530
8	Income, Expenses, and Transfe	rs for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receiv		90(4)	6406	5	
				18396	-	
	` '		` '		-	
b	, , , ,		- ` '	5879)	
	,					30681
c d		a(2), 8a(3), and 8b) ollovers and insurance premiums	. 80			
u			8d			
е	Certain deemed and/or corrective	ve distributions (see instructions)	8e			
f	Administrative service providers	(salaries, fees, commissions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)	. 8h			0
i	Net income (loss) (subtract line	8h from line 8c)	. 8i			30681
j	Transfers to (from) the plan (see	e instructions)	. 8i			

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 2F 2G 2J 2K 3D	Characte	ristic C	odes in	the instruc	tions	:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	Character	istic Co	odes in t	the instruct	tions:		
art	V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Amo	unt	
а		there a failure to transmit to the plan any participant contributions within the time period describe CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		a	X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to the second		0	X				
С	Was	s the plan covered by a fidelity bond?	. 10	С	X				
d	Did t	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra shonesty?	aud	d	X				
е	Were insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)		9	X				
f	Has	the plan failed to provide any benefit when due under the plan?	. 10	f	X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)			X				
_	If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	13,		X				
i	If 10h	h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3			Х				
art	VI	Pension Funding Compliance	•		•				
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and	•			•		Yes	X No
2	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or	section	302 of	ERISA?		Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see in this plan year, see in this plan year, see in the waiver.	. Month _						
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Ī	401-	<u> </u>			
		r the minimum required contribution for this plan year		Ť	12b				
_		r the amount contributed by the employer to the plan for this plan year			12c				
a		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)]	12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	lo	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	<u></u>	<u></u>	13a				
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro e PBGC?	ught unde	er the c				Yes	X No

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

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, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/27/2011	CONNIE MUELLER
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).

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

1210-0089

2010

OMB Nos 1210-0110

This Form is Open to Public Inspection

	Part I Annual Report Identification Information				~	
Fo	or calendar plan year 2010 or fiscal plan year beginning	09/01/	2010 and ending		08/31/20	11
Α	This return/report is for: Single-employer plan	multiple	-employer plan (not multiemployer)		one-participa	int plan
В	This return/report is for: first return/report] final ret	um/report			
	an amended return/report	short pla	an year return/report (less than 12 mo	nths)		
С	Check box if filing under: Form 5558	automa	tic extension		DFVC progra	ım
	special extension (enter descript	tion)				
Р	art II Basic Plan Information—enter all requested inform	mation				
1a	Name of plan			1b	Three-digit	
	WSA Headstart ECEAP 401K Plan				plan number	_
					(PN) •	001
			1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 -		Effective date of 09/01/2008	3
2a	I Plan sponsor's name and address (employer, if for single-employer Washington State Association of Headstart and ECEA Programs	er plan)		2b	Employer Identii (EIN) 23-744	
	345 118th SE. Ste. 220			2c	Plan sponsor's t (425) 453-3	elephone number 227
			LIA COOCE	2d	Business code (see instructions)
3a	Bellevue Plan administrator's name and address (if same as Plan sponsor	enter "San	WA 98005 ne")	3b	Administrator's E	EIN
	Same			3c	Administrator's t	elephone number
1	If the name and/or EIN of the plan sponsor has changed since the la	act roturo/c	opart filed for this plan, optor the			
•	name, EIN, and the plan number from the last return/report. Spons-		eport med for this plant, effici the	40	EIN	
				4c	PN	
5a	Total number of participants at the beginning of the plan year		i	5a		2
b	• • • • • • • • • • • • • • • • • • • •			5b		2
	Total number of participants with account balances as of the end c complete this item)	of the plan	year (defined benefit plans do not	5c		2
	Were all of the plan's assets during the plan year invested in eligit				C. C. D. C. R. The T. C. D.	X Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520 104-46? (See instructions on waiver eligibility	and condi	endent qualified public accountant (IQ fions)	PA)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F					
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	66,84	9		97,530
b	Total plan liabilities	7b				——————————————————————————————————————
	Net plan assets (subtract line 7b from line 7a)	. 7c	66,84	9	·	97,530
8	Income, Expenses, and Transfers for this Plan Year	<u> </u>	(a) Amount	 	(b) To	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	6,40	6		
	(2) Participants	8a(2)	18,39	⊣		
	(3) Others (including rollovers)			1		
b	Other income (loss)		5,87	9		
C	Total income (add lines 8a(1), 8a(2), 8a(3) and 8b)	8c		1		30,681
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e		1		
f	Administrative service providers (salaries, fees, commissions)	8f		1		
g	Other expenses	8g		1		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i	Net income (loss) (subtract line 8h from line 8c)	8i	, , , , , , , , , , , , , , , , , , ,			30,681
i	Transfers to (from) the plan (see instructions)			1		

F	5500-	\sim	2010	
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Part V Compliance Questions 10		f the plan provides pension benefits enter the applicable pension feature 2E 2F 2G 2J 2K 3D								
O During the plan year:	b ii	the plan provides welfare benefits enter the applicable welfare feature	codes from th	e List of Plan Chara	cteris	IC Co	aes in	ine instruc	nons:	
a Wes here a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 25103-1027 (See instructions and DOL's Voluntary Faudainy Correction Program) Described the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? Die with a plan covered by a fidelity bond? Die with a plan covered by a fidelity bond? Die was any fees or commissions paid to any brokers, agents, or other persons by an insurance corrier, insurance sortice or other or granization that provides some or all of the benefits under the plan? (See instructions) Die the plan have a loss whether or not reimbursed by the plans fidelity bond that was caused by fraut or dishoneerly? Die the plan have a loss whether or not reimbursed by the plans fidelity bond that was caused by fraut or dishoneerly? Die the plan have a loss whether or not reimbursed by the plans fidelity bond that was caused by fraut or dishoneerly? Die the plan have a loss whether or not reimbursed by the plans fidelity bond that was caused by fraut or dishoneerly? Die the plan failed to provide any benefit when due under the plan? Die the plan have any participant lears? (If 'Yes enter amount as of year end) High is an individual account plan, was there a blackout provided; (See instructions and 29 CFR 220 101-3) If if the 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 2200 101-3. Lear VI Pension Funding Compliance It is this a defined contribution plan subject to the minimum funding requirements? (If 'Yes' 's see instructions and complete Schedule SB (Form 5500)). Lear VI Pension Funding Compliance Lear VI Pension Funding Complete file of 20 CFR 2200 101-3. Lear VI Pension Funding Complete file of 20 CFR 2200 101-3. Lear VI Pension Funding Sea CFR 2200 101	art ۱	Compliance Questions						1.0		
29 CFR 2510 3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) by Where there any nonexempt transactions with any party-in-interest? (Do not include fransactions reported on line 10a) con line 10a) Did the plan have a loss whether or not rembursed by the plan's fidelity bond! that was caused by fraud or dishonesty? d) Did the plan have a loss whether or not rembursed by the plan's fidelity bond! that was caused by fraud or dishonesty? d) Were any foes or commissions paid to any brokers, agents, or other parsons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions) f) Nats 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.) If 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. 10h	0 1	During the plan year:				Yes	No		Amou	nt
b Ware there any nonexempt transactions with any porty-in-miterest? (Do not include transactions reported in the 10a)							v			
on line 10a) X C Was the plan covered by a fidelity bond? 10c X 10c X 10c X 10c X 10c X 10c X 10c X 10c X 10c X 10c X 10c X 10c X 10c X 10c X				-	10a		Λ	1		
Dist the plan have a loss whether or not reimbursed by the plan's fidelity bond that was caused by fraud of sishonesty? 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) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3) If 16					10b		Х			
or dishonesty? Or Wire any See 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.) If Has the plan failed to provide any benefit when due under the plan? By Did the plan have any participant loans? (If "Yes" enter amount as of year end.) If If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3.) If If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3.) If If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3.) If If this is a defined contribution plan subject to minimum funding requirements? (If "Yes" es einstructions 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 (If "Yes" 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 raining granting the waiver. If you completed (Ine 12a, complete lize or the plan for this plan year.) Enter the minimum required contribution for this plan year. If you completed line 12a, complete the employer to the plan for this plan year. Enter the amount contributed by the employer to the plan for this plan year. See Enter the amount in line 12c from the amount in line 12b Enter the result (enter a minus sign to the left of a negative amount). Will Plan Terminations and Transfers of Assets 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 Yes "enter the amount of any plan assets that reverted to the employer this year. If Yes is the plan assets distributed to participants or beneficianes, transferred to another plan or brought u	С	Was the plan covered by a fidelity bond?		.,	10c		Х			
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)		•		•	10d		Х			
instructions 10e X 10f X 1	b If the Part V 10 Du a Way 20 Du C W di Dick on insiste in series of Ha 25% 11 Is the Series of Hall Is the S									
g Did the plan have any participant loans? (If "Yes" enter amount as of year end) 10g X 1 If Ith is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3) If Ith 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. 10h X 2 1 If Ith 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. 10h X 2 1 It is this a defined benefit plan subject to minimum funding requirements? (If "Yes" see instructions and complete Schedule SB (Form 5500). 10h X 2 1 It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 10h Yes (If Yes," complete 12a or 12b 12c 12d, and 12e below as applicable) If you completed 12a or 12b 12c 12d, and 12e below as applicable) If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b 12c 12c 12d		nstructions)			10e		X			
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. 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. 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. If Yes Interest Yes Inte					10f		Х			
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. art VI Pension Funding Compliance 1 is this a defined benefit plan subject to minimum funding requirements? (If "Yes" "see instructions and complete Schedule SB (Form 5500)). 2 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If 'Yes," complete 12a or 12b 12c 12d, and 12e below as applicable) a If a waiver of the minimum funding standard for a prior year is being amontized in this plan year see instructions, and enter the date of the letter rulin granting the waiver Month	g [Did the plan have any participant loans? (If "Yes ' enter amount as of yea	ır end)		10g		Х			
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 28 CFR 2520.101-3		1 ,		29 CFR			Y			
exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i X Pension Funding Compliance 1 1s this a defined benefit plan subject to minimum funding requirements? (If "Yes" see instructions and complete Schedule SB (Form 5500)). Yes		•		one of the	10(1		25			
1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes " see instructions and complete Schedule SB (Form 5500))					10i		Χ			
2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes [(If Yes, "complete 12a or 12b 12c 12d, and 12e below as applicable) a 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 letter rulin granting the waiver If you completed 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 c Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b Enter the result (enter a minus sign to the left of a negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline? Were all the plan asserts distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC? 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? If Julian 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) P aution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Indeer penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable a Sched 3 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 at lieft, it is true_grower, and complete. IGN British Applicable and administrator Date Enter name of individual sig	art V	Pension Funding Compliance								
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (if Yes, "complete 12a or 12b 12c 12d, and 12e below as applicable) If you complete 12a or 12b 12c 12d, and 12e below as applicable) If you complete Iline 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. It is not completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. It is not completed line 12a (subtract the amount in line 12c from the amount in line 12b Enter the result (enter a minus sign to the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? If Yes (and the analysis of the left of a negative amount) If Yes (and the minimum funding amount reported on line 12d be met by the funding deadline? If Yes (and the minimum funding amount of any plan assets that reverted to the employer this year. If Yes (and 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 from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan (s), identify the plan(s) to which assets or liabilities were transferred from the ins	1 18	s this a defined benefit plan subject to minimum funding requirements? (I	f "Yes " see ir	structions and com	plete S	Sched	ule SE	(Form	П	/as [√]
(If Yes," complete 12a or 12b 12c 12d, and 12e below as applicable) a 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 letter rulin granting the waiver If you completed 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 c Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b Enter the result (enter a minus sign to the left of a negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBCC? 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 PBCC? C 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.) 13c(2) EIN(s) 13c(2) EIN(s) 13c(3) P aution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Ander penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable a Sched or Schedule MB Completed and signed by an enrolled actuary as well as the electronic version of this return/report, including, if applicable a Sched or Schedule MB Completed and signed by an enrolled actuary as well as the electronic version of this return/report, including, if applicable a Sched or Schedule MB Completed and signed by										
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