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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.	1
		lentification Information				
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010
Α.	his return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	his return/report is for:	first return/report	final retur	n/report		_
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)	
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program
		special extension (enter descripti	on)			_
Pa	rt II Basic Plan Inform	mation—enter all requested inform	nation			
	Name of plan		iation		1b	Three-digit
	THWEST HEALTHCARE, INC.	401K RETIREMENT PLAN				plan number 001
						(PN) ▶
					1c	Effective date of plan
20	Diamananan'a mana and addu	and the second s	\		2h	01/01/2002
	Plan sponsor's name and addre THWEST HEALTHCARE, INC.	ess (employer, if for single-employer	r pian)		20	Employer Identification Number (EIN) 91-1994005
	,				2c	Plan sponsor's telephone number
	OX 871120 COUVER, WA 98687-1120					360-574-5293
.,					2d	Business code (see instructions) 621610
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same		3b	Administrator's EIN
NOR	THWEST HEALTHCARE, INC.	PO BOX 87' VANCOUVE	1120			91-1994005
		VANCOOVE	.K, WA 900	007-1120	3с	Administrator's telephone number 360-574-5293
<u> </u>	the name and/or EIN of the pla	an sponsor has changed since the la	ot roturn/ro	apart filed for this plan, optor the	4 h	
		r from the last return/report. Sponse		sport filed for this plan, enter the	4b	EIN
		· · ·			4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	41
b	Total number of participants at	the end of the plan year			5b	32
С		ith account balances as of the end c		•	_	25
					5c	
	•	0 , ,		(See instructions.)		Yes No
D				ndent qualified public accountant (IQiions.)		X Yes ☐ No
	,			SF and must instead use Form 55		
Pa	rt III Financial Informa	ation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	193186	6	25860
b	Total plan liabilities		7b			
С	Net plan assets (subtract line 7	7b from line 7a)	7с	193186	3	25860
8	Income, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or recei		- 40	7578	3	
	• • • •			20501		
	` '			2000	-	
L	, ,)	` '	19766	_	
b	` ,	- 4-1 - 4-1		19700	,	47845
C C		8a(2), 8a(3), and 8b)	8c			47043
d		rollovers and insurance premiums	8d	215171		
е	Certain deemed and/or correct	tive distributions (see instructions)	8e			
f	Administrative service provider	rs (salaries, fees, commissions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)				215171
i		e 8h from line 8c)				-167326
i		ee instructions)				

Form 5500-SF 2010	Page 2-

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Dart IV	Dian	(`hara	cteristics
гант	ган	Ullala	ししせいろいしょ

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2F

b	If th	ne plan provides welfare benefits, enter the applicable welfare feature codes from	the List of Plan Chara	cterist	tic Co	des in t	the instru	ctions		
art	: V	Compliance Questions								
0	Du	uring the plan year:			Yes	No		Amo	ount	
а	Wa	as there a failure to transmit to the plan any participant contributions within the times 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction F		10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include a line 10a.)		10b		X				
С	W	as the plan covered by a fidelity bond?		10c	X					40000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that dishonesty?		10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an surance service or other organization that provides some or all of the benefits und structions.)	er the plan? (See	10e	X					778
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X				
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X				
h		this is an individual account plan, was there a blackout period? (See instructions a 20.101-3.)		10h		X				
i		10h was answered "Yes," check the box if you either provided the required notice ceptions to providing the notice applied under 29 CFR 2520.101-3		10i						
art	VI	Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," se 00))						Γ	Yes	No
2		this a defined contribution plan subject to the minimum funding requirements of s							Yes	X No
	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in thi anting the waiver.	Mon	th						
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г		1			
b	En	ter the minimum required contribution for this plan year				12b				
		ter the amount contributed by the employer to the plan for this plan year				12c				
	ne	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a gative amount)			<u> </u>	12d				7
е	Wi	Il the minimum funding amount reported on line 12d be met by the funding deadlin	ne?				Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets								_
3а	Ha	is a resolution to terminate the plan been adopted during the plan year or any price	r year?				1	X	Yes	No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year				13a				0
	of :	ere all the plan assets distributed to participants or beneficiaries, transferred to an the PBGC?							Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plan to and nich assets or liabilities were transferred. (See instructions.)	other plan(s), identify th	ne plai	n(s) to)				
1	3c(1) Name of plan(s):			13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be asses	sed unless reasonab	le cau	se is	establ	ished.			
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I hedule MB completed and signed by an enrolled actuary, as well as the electronics true, correct, and complete.	ave examined this retu	urn/rep	ort, ir	ncludin	g, if applic			
01 -		Filed with authorized/valid electronic signature. 10/05/2011	GAIL HASKETT							
Sigi	N									

SIGN	Filed with authorized/valid electronic signature.	10/05/2011	GAIL HASKETT
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



Authorization to Electronically Sign and File 5500

I hereby authorize any employee of <u>Professional Benefit Services</u>, <u>Inc.</u> to electronically sign and file the 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to <u>Professional</u> Benefit Services, Inc.

Plan Name: Carjsbrook Technologies, LLC 401(k) Profit Sh	aring Plan
Plan Name: Carisbrook Technologies, LLC 401(k) Profit Sh Signature: Will Wak It	Dated: 10/6/11
Plan Trustee	

NOTE TO USER:

A copy of this authorization must be kept in your records (but is not included in the filine).
You must agree to communicate any inquiries and information received from EFAST2, L. Dt., IRS or PBGC regarding the return/report upon electronically signing the filing.

To sign on behalf of the plan administrator, you must register as a "signer" at the DOL | FAST2 website and a signed copy of the 5500 form should be attached to the electronic filing as an "other attachment".

Professional Benefit Services, Inc. * 1193 Royvonne SE, Suite 22 * Salem, OR 97302 1-800-982-2012 * 503-371-7622 * FAX 503-364-6901 * www.profben.com

10/02/2011 10:41 3605747824 NWHEALTHCAR PAGE 01/03

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Ponsion 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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pai		- / / -			
For c		1/01/2			2/31/2010
A T	<u> </u>		nployer plan (not multiemployer)	L	one-participant plan
Вт	nis return/report is for: first return/report fi	inal return	/report		
	an amended return/report s	hort plan	year return/report (less than 12 mont	hs)	
C C	heck box if filling under: 💢 Form 5558 📋 a	utomatic	extension		DFVC program
	special extension center description)			
Par	t II Basic Plan Information—enter all requested informat	ion		"	
	lame of plan			1b 1	Three-digit
	NORTHWEST HEALTHCARE, INC. 4011 RETIREMEN	T PLAI	4		olan number
			-		PN) • 001 Ellective date of plan
					0 L/01/2002
2a F	Plan sponsor's name and address (employer, if for a ingle-employer pl	lan)			inployer Identification Number
1	NORTHWEST HEALTHCARE, INC.	,	_	(E(N) 91-1994005
	DO DAY 971120				Plan sponsor's telephone number
	PO BOX 871120		 	•	3 60 - 574 - 5293 Business code (see instructions)
7	VANCOUVER WA 98687-1120				621610
3a F	Plan administrator's name and address (if same as Plan sponsor, ent	ter "Same	")		Administrator's EIN
1	NORTHWEST HEALTHCARE, INC.		ļ-		91-1994005
	PO BOX 871120 VANCOUVER WA 98687-1120				Administrator's telephone number 360-574-5293
A 16	VANCOUVER WA 98687-1120 the name and/or EIN of the plan sponsor has changed since the last		port filed for this plan, enter the	4b	
ח די	ame, EIN, and the plan number from the last return report. Sponsor	s name	, , , , , , , , , , , , , , , , , , ,		
	The state of the s			4c	T
	Total number of participants at the beginning of the plan year		Г	<u>5a</u>	41
	Total number of participants at the end of the plan rear			5b	32
C	Total number of participants with account balances as of the end of t	the plan y	ear (defined benefit plans do not	5c	25
	complete this Item)				X Yes No
6a	Were all of the plan's assets during the plan year invested in eighbe Are you claiming a waiver of the annual examination and report of all	r indepen	dent qualified public accountant (IQF	'A)	
n	under 29 CFR 2520.104-46? (See instructions on valver eligibility at	nd conditi	ons.)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must Instead use Form 550	0.	
Pai	t III Financial Information				//-> P1 -5 V
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year 25860
	Total plan assets	<u>7a</u>	19318	-	23860
	Total plan liabilities	7b	10219		25860
C	Net plan assets (subtract line 7b from line 7a)	7c	19318	'	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	+-	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	757	8	
	(1) Employers	8a(2)	2050	1	
	(3) Others (including rollovers)	8a(3)			
h	Other income (loss)	8b	1976	6	
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8t)	8c			47845
d	Repetits haid (including direct rollovers and insurance premiums			_	
•	to provide benefits)	8d	21517	- -	
e	Certain deemed and/or corrective distributions (see instructions)	8e		\dashv	
f	Administrative service providers (salaries, fees, or mmissions)	8f	<u> </u>		
g	Other expenses				215171
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			_	-167326
i	Net income (loss) (subtract line 8h from line 8c)			_	-10/320
j	Transfers to (from) the plan (see instructions)	8)	F500 05		Form 8800-SF (2010)
	Secured Distriction Act Notice and OMB Control Numbers, see the instruction	ons for Fore	m 0600-5F.		A UBARUS

Page 2-

Form	5500	C IS	201

Part IV	Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 3D 2F

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art \	/ Compliance Questions						
			Yes	No		Amount	
0	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in			x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a				/	
ь	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	106	<u> </u>	×			
	on line 10a.)	10b		— -		4.0	000
C	Was the plan covered by a fidelity bond?	10c	_x_			71. (2	000
	Did the plan have a loss, whether or not reimburse I by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
6	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	х				778
f	Has the plan failed to provide any benefit when due under the plan?	10f		_>_			
	Did the plan have any participant loans? (If "Yes," anter amount as of year end.)	10g		Σ.			
g	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR		 	λ.		7.	
h	If this is an individual account plan, was there a birckout period? (See Indiadoris 11.1.2.2.2.2.101-3.)	10h					
	Is to be used appropriate "Ves." check the box if you either provided the required notice or one of the						
•	exceptions to providing the notice applied under 2:) CFR 2520.101-3	10i		<u> </u>	<u> </u>		
art	D Funding Compliance						
11	5 star subject to minimum to adjug requirements? (If "Yes," see instructions and co	mplete	Sche	dule S	B (Form	∏ Yes 「	No
• •	==00\\					· · · · · · · · · · · · · · · · · · ·	N
 12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Con	te ar s	ection	302 QI	ERISA		
							1
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12a below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	uction: onth	s, and	enua u Dav	ne date (/	_ Year	== · ·
	-11					_	
	Y Y San and to accept a the state of the sta	3.					
ir :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 9500), and skip to me.	••	1	12b	<u> </u>	4/1	
b	you completed fine 12a, complete lines 3, 9, and 10 of Schedule line (Form 9500), and salp to line 1. Finter the minimum required contribution for this plan year					4/7	
b	Enter the minimum required contribution for this plan year	 		12b 12c			
b	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	oft of a		12b			
b c d	Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the leading amount).	oft of a		12b 12c 12d	Yes		
b c d	You completed fine 12a, complete lines 3, 9, and 10 of schedule hilb (Form 9300), and skip to intermed the minimum required contribution for this plan year	oft of a		12b 12c 12d			
b c d e Part	Enter the minimum required contribution for this pran year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leading amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	ft of a		12b 12c 12d		No 🗍	N/A
b c d e Part	Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the lengative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfer's of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year?	it of a		12b	Yes		N/A
b c d <u>e</u> Part	Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the leaguite amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfer's of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year?	it of a		12b 12c 12d	Yes	No 🗍	N//
b c d <u>e</u> Part 13a	Enter the minimum required contribution for this pran year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the leaded in the amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfer: 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 Were all the plan assets distributed to participant; or beneficiaries, transferred to another plan, or broughted.	ift of a	er the	12b 12c 12d 12d	Yes	No X	N/A
b c d <u>e</u> Part 13a	Enter the minimum required contribution for this pran year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the leanegative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfer: 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. Were all the plan assets distributed to participant; or beneficiaries, transferred to another plan, or broug of the PBGC?.	ift of a	er the	12b 12c 12d 12d	Yes	No X	N/#
b d <u>e</u> Part 13a	Enter the minimum required contribution for this pran year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the leanegative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfer: 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. Were all the plan assets distributed to participant; or beneficiaries, transferred to another plan, or broug of the PBGC?.	ift of a	er the	12b 12c 12d 13a 13a control	Yes	No X Yes X	N// X
b d <u>e</u> Part 13a	Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the lengative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfer; 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. Were all the plan assets distributed to participant; or beneficiaries, transferred to another plan, or broug of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See astructions.)	ift of a	er the	12b 12c 12d 13a 13a control	Yes	No X	N// X
b d <u>e</u> Part 13a	Enter the minimum required contribution for this pran year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the leanegative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfer: 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. Were all the plan assets distributed to participant; or beneficiaries, transferred to another plan, or broug of the PBGC?.	ift of a	er the	12b 12c 12d 13a 13a control	Yes	No X Yes X	N// X
b d e Part 13a b	Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the lengative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfer; 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. Were all the plan assets distributed to participant; or beneficiaries, transferred to another plan, or broug of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See astructions.)	ift of a	er the	12b 12c 12d 13a 13a control	Yes	No X Yes X	N//
b c d <u>e</u> Part 13a b	Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the lengative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfer; 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. Were all the plan assets distributed to participant; or beneficiaries, transferred to another plan, or broug of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See astructions.)	ift of a	er the	12b 12c 12d 13a 13a control	Yes	No X Yes X	N//
b c d e Part 13a b	Enter the minimum required contribution for this pran year	ht und	er the	12b 12c 12d 13a control	Yeş	X Yes Yes 13c(3) f	N//
b c d e Part 13a b c	Enter 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 in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the leading amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfer 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. Were all the plan assets distributed to participant; or beneficiaries, transferred to another plan, or broug of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See a natructions.) 13c(1) Name of plan(s):	ht und	er the	12b 12c 12d 13a control (3c(2)	Yes EIN(s)	X Yes Yes 13c(3) f	N// N// X PN(s
b c d e Part 13a b c	Enter 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 in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the leading amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfer 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. Were all the plan assets distributed to participant; or beneficiaries, transferred to another plan, or broug of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See a natructions.) 13c(1) Name of plan(s):	ht und	er the	12b 12c 12d 13a control (3c(2)	EIN(s)	X Yes Yes 13c(3) f	N// N// X PN(s
b c d e Part 13a b c C Car	Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount In line 12b. Enter the result (enter a minus sign to the lengative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfer; 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. Were all the plan assets distributed to participant; or beneficiaries, transferred to another plan, or broug of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): It has return/report will be assessed unless reasonable or Schedule MB completed and signed by an enrol ed actuary, as well as the electronic version of this return of the plan of this return of the plan of this return of the plan of this return of the return of this return of this r	ht und	er the	12b 12c 12d 13a control (3c(2)	EIN(s)	X Yes Yes 13c(3) f	N// N// X PN(s
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