Fo	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury rnal Revenue Service	_	2012			
	epartment of Labor Benefits Security Administration	and 4065 of the Employe ections 6057(b) and 6058 Code).		This Form is Open to Public		
Pension B	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	uctions to the Form 550	0-SF.	Inspection
Part I		entification Information				
_	ar plan year 2012 or fisca				2/31/2	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-participant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/report			
	Ļ	an amended return/report		urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descrip	,			
Part II		nation—enter all requested info	rmation			<u></u>
1a Name	of plan SE, INC. 401(K) PROFIT	SHARING PLAN			10	Three-digit plan number (PN) ▶ 001
					1c	Effective date of plan 01/01/2005
2a Plan s		ess; include room or suite number	employer, if for a singl	e-employer plan)	2b	Employer Identification Number (EIN) 91-1724604
PO BOX 27	8				2c	Sponsor's telephone number 253-377-7671
RANDLE, W	/A 98377				2d	Business code (see instructions) 562000
3a Plan a	dministrator's name and	address Same as Plan Sponso	r Name Same as Pl	an Sponsor Address	3b	Administrator's EIN 91-1724604
EES REUSE	, -	PO BOX 27 RANDLE, W			3с	Administrator's telephone number 253-377-7671
name	, EIN, and the plan numb	lan sponsor has changed since th er from the last return/report.	e last return/report filed	for this plan, enter the	4b	
	or's name	the beginning of the plan year			4c	
		the beginning of the plan year			5a	5
		the end of the plan year			5b	0
		count balances as of the end of th		•	5c	0
<b>b</b> Are y	ou claiming a waiver of th	uring the plan year invested in eli- e annual examination and report See instructions on waiver eligibili	of an independent quali	fied public accountant (IQ	PA)	
		er line 6a or line 6b, the plan ca				
Caution:	A penalty for the late or	incomplete filing of this return/	report will be assesse	d unless reasonable cau	ise is	established.
SB or Sch		signed by an enrolled actuary, as				cluding, if applicable, a Schedule to the best of my knowledge and
SIGN	Filed with authorized/va	lid electronic signature.	01/15/2013	JANET LEE		
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	ning as plan administrator
SIGN						
HERE	Signature of employe		Date			ning as employer or plan sponsor
Preparer's	name (including firm nan	ne, if applicable) and address; inc	lude room or suite numt	er (optional)	Prep	arer's telephone number (optional)
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the	instructions for Form 550	0-SF.		Form 5500-SF (2012)

	t III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Year		r		(	(b) End of Year			
а	Total plan assets	7a	86568	9			0			
b	Total plan liabilities	7b	334	0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	86234	9		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:	80(1)		0						
	(1) Employers	8a(1)		0 0						
	<ul> <li>(2) Participants</li></ul>	8a(2) 8a(3)		0						
	(3) Others (including rollovers) Other income (loss)	8b	-2443	-						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-2445	0			24426			
-	Benefits paid (including direct rollovers and insurance premiums	00					-24436			
	to provide benefits)		83791	3						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					837913			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-862349			
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the i	nstructions:			
10	During the plan year:				Yes	No	Amount			
a				10a	100	X	Amount			
b		? (Do not incl	lient regram) minim							
С	,		•	10b		х				
	Was the plan covered by a fidelity bond?				X	X	50000			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond,	that was caused by fraud	10b 10c 10d	Х	x x	50000			
		fidelity bond, ner persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10c	X		50000			
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d	X	X	50000			
e	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons b of the benefits n?	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d 10e 10f	×	X X	50000			
e f g	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bond, her persons b of the benefits n? s of year end (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See .)	10c 10d 10e	×	X X X	50000			
e f g	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g	×	X X X X X X X X X X X X X X X X X X X	50000			
e f g h i	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h	×	X X X X X X X X X X X X X X X X X X X	50000			
e f g h i	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, her persons b of the benefits n? s of year end (See instruction he required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X Ule SB (F	orm			
e f g h i Part	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount a         If this is an individual account plan, was there a blackout period?         2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X Ule SB (F	orm			
e f g h i Part	<ul> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	fidelity bond, her persons b of the benefits n? s of year end (See instruction he required no 1-3 hents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X ule SB (F	orm			
e f g h i Part 11	<ul> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X ule SB (F	orm			
e f g h i 11 11a 12	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount a         If this is an individual account plan, was there a blackout period?         2520.101-3.)         If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10         VI         Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         Enter the amount from Schedule SB line 39.         Is this a defined contribution plan subject to the minimum funding	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i 0 or see ctions,	Sched	X X X X X ule SB (F 11a 302 of ER	orm			
e f g h i 11 11a 12 a	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i 0 or see ctions,	Sched	X X X X X Ule SB (F 11a 302 of ER	SA? Yes No			

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
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)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF Short Form Annual Return/Report of Small Employee									
Department of the Treasury Internal Revenue Service	This form is now include by i	Benefit Plan	4065 of the Employee		2	2012			
Department of Labor Employee Benefits Security Administration	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). This Form is Open to Pub Inspection								
Pension Benefit Guaranly Corporation	Complete all entries in acc	ordance with the instruct	ons to the Form 5500	D-SF.					
Part I Annual Report Id	Ientification Information	01/01/2012	and ending		12/31/2012	2			
For calendar plan year 2012 or fisc	x a single-employer plan	a multiple-employer pla		î	a one-partici				
			n (not multiemployer)	L		punt plun			
B This return/report is: ☐ the first return/report									
C Check box if filing under:									
Part II Basic Plan Infor	mation—enter all requested info								
1a Name of plan	nation - enter an requested into				Three-digit plan number				
LEE'S REUSE, INC. 401(K) PROFIT SHARING PLAN				0	001				
					Effective date o				
2a Plan sponsor's name and add LEES REUSE, INC.	ess; include room or suite number	r (employer, if for a single-e	mployer plan)		Employer Ident (EIN) 91-172		ber		
PO BOX 278					Sponsor's telep				
					Business code	(see instructio	ons)		
RANDLE 3a Plan administrator's name and	WA 98377 address Same as Plan Sponso	or Name Same as Plan	Sponsor Address		562000 Administrator's	EIN			
LEES REUSE, INC.	Taddress Upartie as Train opense			91-1724604					
PO BOX 278 RANDLE	WA 98377				253-377-7	671			
	plan sponsor has changed since the last return/report.	he last return/report filed for	this plan, enter the	4b					
a Sponsor's name	1.0 bestering of the plan second			4c	PN		5		
5a Total number of participants a	• •						0		
	at the end of the plan year ccount balances as of the end of t			5b					
complete this item)				5c		(TT)	0		
under 29 CFR 2520.104-46?	during the plan year invested in el the annual examination and report (See instructions on waiver eligibi her line 6a or line 6b, the plan c	t of an independent qualified lity and conditions.)	d public accountant (IC	}PA)		X Yes	No		
Caution: A penalty for the late o	r incomplete filing of this return	/report will be assessed u	inless reasonable ca	use is	established.				
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	er penalties set forth in the instruc d signed by an enrolled actuary, a lete	tions, I declare that I have e s well as the electronic vers	examined this return/re ion of this return/repor	port, ir t, and f	icluding, if appli to the best of m	cable, a Sche y knowledge a	dule and		
SIGN			JANET LEE						
HERE Signature of plan ac	Iministrator	Date	Entermame of individ	lual sig	ning as plan ac	Iministrator			
SIGN			/ tornets -	Lee 1/6/					
				dividual signing as employer or plan sponsor					
Preparer's name (including firm na	ame, if applicable) and address; in	clude room or suite number	(optional)	Prep	parer's telephon	e number (op	tional)		
	For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2012)								
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	a matructions for Porm 5500-3	<b>9</b> F.				120126		

Form 5500-SF 2012

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Page 2

		(a) Beginning of Year				(b) End o	of Yea	r
7 Plan Assets and Liabilities a Total plan assets	7a		568	9		1-7		
b Total plan liabilities	7b		334	0				
C Net plan assets (subtract line 7b from line 7a)	70	86	234	9				
B Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Te	otal	
a Contributions received or receivable from:					1.1.1.1 1.1.1		(	
(1) Employers	8a(1)			0				1121
(2) Participants	8a(2)			0		1		
(3) Others (including rollovers)	8a(3)		4.4.2	0		l'anna		-
b Other income (loss)	8b	- 2	443	6		4 2 4		244
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-51 te	-		V	Cercian.	-244
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d	83	791	3				
<ul> <li>Certain deemed and/or corrective distributions (see instructions)</li> </ul>	8e			0	Style.		5-16	
f Administrative service providers (salaries, fees, commissions)	8f			0		Stowics	96	
g Other expenses	8g			0			.015	Cong and the
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		100					8379
i Net income (loss) (subtract line 8h from line 8c)	81							-8623
j Transfers to (from) the plan (see instructions)	8i			0	12.3	098 I.I.I.		
Part IV Plan Characteristics	<u> </u>			_	1.1			
3D       2E       2G       2J       2R       2K         b       If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Charac	teristi	c Cod	es in th	ne instructi	ons:	
Vert V UCompliance (Jucctione								
Part V Compliance Questions				Yes	No		Amou	Inf
10 During the plan year:	itions within	the time period described in		Yes	No		Amou	int
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> </ul>	uciary Corre	ction Program)	10a	Yes	No X		Amou	int
<ul><li>10 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	uciary Correct t? (Do not in	ction Program) clude transactions reported	10a 10b	Yes			Amou	int
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	uciary Correct t? (Do not in	ction Program)		Yes	X		Amou	50C
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	uclary Corre t? (Do not in fidelity bond	ction Program) clude transactions reported d, that was caused by fraud	10b		X		Amou	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or other organization that provides some or all other service or service or other service or service or other service or service or</li></ul>	t? (Do not in fidelity bond her persons of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d		X X		Amou	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> </ul>	uclary Correct (Do not in fidelity bonc her persons of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e		X X X X		Amou	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	uclary Correct (Do not in fidelity bond her persons of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d		X X X X X		Amou	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> </ul>	uclary Correct (Do not in fidelity bond her persons of the benefi an?	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e		X X X X		Amou	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a plackout period? 2520.101-3.)</li> </ul>	uclary Correct (Do not in fidelity bond her persons of the benefi an? (See instruct	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.)	10b 10c 10d 10e 10f		X X X X X		Amou	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period?</li> </ul>	uciary Correct (Do not in fidelity bond her persons of the benefi an? (See instruct he required	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g		X X X X X X X		Amou	
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			1		
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
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).	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Y Y	es No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			X Ye	s 🗌 No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			_
		3c(2)	EIN(s)	13c(	3) PN(s)
Part	VIII Trust Information (optional)				
CLARGE STOCK	Name of trust	14b	Trust's	EIN	