Foi	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan									
	rtment of the Treasury nal Revenue Service	nd 4065 of the Employe	е	2012						
Employee B	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).					This Form is Open to Public				
	Prefit Guaranty Corporation Inspection Inspection Inspection									
Part I		lentification Information		and and an 4	0/04/	2010				
	ar plan year 2012 or fisca				2/31/2					
	turn/report is for:			an (not multiemployer)		a one-participant plan				
B This ret	turn/report is:		ne final return/report							
an amended return/report a short plan year return/report (less than 12 n						, 				
C Check box if filing under:						DFVC program				
		special extension (enter description)								
Part II		nation—enter all requested information	on			I.				
1a Name	•				1b	Three-digit plan number				
SNUFFIN S	CATERING 401(K) PLAN	•				(PN) ▶ 001				
					1c	Effective date of plan				
						01/01/2006				
	ponsor's name and addre	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1504946				
6745 KIMBA	ALL DR, STE A				2c	Sponsor's telephone number 253-851-2900				
)R, WA 98335				2d	Business code (see instructions) 722300				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN				
					50	Administrator's telephone number				
4 If the	name and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN				
name	, EIN, and the plan numb	er from the last return/report.			40.00					
<u> </u>	or's name	the basis is a filler at a second			4c					
_		the beginning of the plan year			5a	4				
		the end of the plan year			5b	0				
		count balances as of the end of the pla			5c	0				
		uring the plan year invested in eligible				X Yes No				
		he annual examination and report of an								
		See instructions on waiver eligibility and								
		er line 6a or line 6b, the plan cannot								
		incomplete filing of this return/report								
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.								
SIGN	Filed with authorized/va	lid electronic signature.	03/06/2013	SHARON S. SNUFFIN						
HERE	Signature of plan adn	Enter name of individu	ual sig	ning as plan administrator						
SIGN	Filed with authorized/va	lid electronic signature.	03/06/2013	SHARON S. SNUFFIN						
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; include i	room or suite number	r (optional)	Prep	parer's telephone number (optional)				

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	6626	57			0
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	6626	57			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	mount			(b) Total
а	Contributions received or receivable from:	0-(4)		0			
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0	_		
	(3) Others (including rollovers) Other income (loss)	8a(3)	729	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	129	0			7000
	Benefits paid (including direct rollovers and insurance premiums	<u> </u>					7290
	to provide benefits)	8d	7257	5			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	98	2			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					73557
i	Net income (loss) (subtract line 8h from line 8c)	8i					-66267
j	Transfers to (from) the plan (see instructions)	8j					
Pa	t IV Plan Characteristics						
Par					Vee	No	• •
10	During the plan year: Was there a failure to transmit to the plan any participant contribution	tiono within	the time period described in		Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Х		10000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefi	ts under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear en	d.)	10q		Х	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	tions and 29 CFR	10g		х	
i	If 10h was answered "Yes," check the box if you either provided th			10i			
	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	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	1-3 ents? (If "Ye	es," see instructions and com	plete			
Part 11	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 5500) and line 11a below)	1-3	es," see instructions and com	plete			
Part 11 11a	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	1-3 ents? (If "Ye	es," see instructions and com	plete		11a	Yes X No
Part 11 11 <i>a</i>	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 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding	1-3 ents? (If "Ye requiremen	es," see instructions and com	plete		11a	
Part 11 <u>11a</u> 12	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 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	ents? (If "Ye requiremen as applicat	es," see instructions and com ts of section 412 of the Code ole.) d in this plan year, see instruc	plete or se	ection (11a 302 of E	RISA? Yes X No
Part 11 <u>11a</u> 12 a	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 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	1-3 ents? (If "Ye requiremen as applicating amortized	es," see instructions and com ts of section 412 of the Code ole.) d in this plan year, see instruction	plete or se	ection (11a 302 of E	ERISA? 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?	. <mark>ک</mark> ۱	Yes N	0	
	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 Yes	No
С	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		_	
1	3c(1) Name of plan(s): 1	3c(2) El	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			-	
1/2	lamo of truct	1/h T	ruct's EIN		

14a Name of trust SHARON S. SNUFFIN & CO, INC. 401(K) 14b Trust's EIN 208427522

	n 5500-SF	Sho	rt Form Annua	al Re Bo	turn/Report enefit Plan	of Small E	Employ	ee		OMB Nos. 1210-0110 1210-0089
Internal Revenue Service This form is required to be filed under sections 104 and 4065				and 4065 of the	e Employee		2012			
Employee Ben	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 60: the Internal Revenue Code (the Code).) and 6058(a	a) of		is Open to Public	
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5							SF.	spection	
Part I	plan year 2012 or fisc	dentific	ation Information	1	01/01/0010					
-					01/01/2012	and end			/31/2012	
			le-employer plan	_	a multiple-employer p		mployer)	L	a one-particip	oant plan
B This retu	in/report is:		st return/report		he final return/report					
•			ended return/report	∐ a	a short plan year retu	urn/report (less	than 12 mo	nths)		
C Check bo	ox if filing under:	Form !			utomatic extension				DFVC progra	m
			l extension (enter desc							
Part II	Basic Plan Infor	mation	enter all requested	inform	ation					
1a Name o	of plan								Three-digit	
SNUFF	IN'S CATERING	101 (K)	PLAN					•	olan number ′PN) ►	001
							F		Effective date of	
20 Dian an								(01/01/2006	•
SHARO	onsor's name and add N.S. SNUFFIN &	CO., I	ide room or suite numb	er (em	ployer, if for a single	e-employer plar	ו)		Employer Identi EIN) 91-150	fication Number 04946
6745	KIMBALL DR, STE	EA							Sponsor's telepl (253) 851-2	
110 OTO 11	1000							2d E	Business code (see instructions)
US GIG H 3a Plan ad			98335 X Same as Plan Sp	oneerb					722300	
		1001033		onsori	vame 🔄 Same as	Plan Sponsor A	Address	3D A	Administrator's I	EIN
4 If the na	me and/or EIN of the	plan spon	sor has changed since	the las	t return/report filed fi	or this plan, en	ter the	4b E	-IN	
name, E	IN, and the plan numb	er from th	e last return/report.			. ,	-			
a Sponsor 5a Total pu		the beei						<u>4c</u> F	N	
b Total nu	mber of participants at	the end (nning of the plan year of the plan year	•••••	***********	*******		<u>5a</u>		4
			ances as of the end of t		n vear (defined bene			5b		0
complet	e this item)	************				**********		5c		0
ba Were al	l of the plan's assets d	uring the p	olan year invested in eli	igible a	ssets? (See instruct	tions.)			******	XYes No
b Are you	claiming a waiver of th	e annual	examination and report	t of an	independent qualifie	d public accou	ntant (IQPA)		
			ctions on waiver eligibi				••••••	•••••	*********	XYes No
			or line 6b, the plan ca							·····
Under nenal	ties of periury and oth	ncomp	ete filing of this return	n/repo	rt will be assessed	unless reason	nable caus	e is es	stablished.	
SD OF SCHED	lule MB completed and ue, correct, and completed	i signea p	es set forth in the instruct y an enrolled actuary, a	as well	as the electronic ve	examined this ret	return/repo urn/report, a	rt, incl and to	uding, if applica the best of my l	ible, a Schedule knowledge and
SIGN	Sharon	Su	el 1.1 è	I		SL	aroh	0	an CC]
TRAFF & CONTRACTOR	nature of plan admin		dr		Date 3 1-13				<u>ru-Hih</u>	
2	Sharon	Strator	71.1.1.1		Date 3-1-13	····· /			as plan admin	istrator
SIGN HERE Sig	nature of employer/p		huff		2		aron		nuttin	
0.9			licable) and address; in		Date $3 - 1 - 13$	Enter name of			as employer o	
•	(no, n upp				er (optional)	F	repare	er's telephone r	number (optional)
For Paperwo	ork Reduction Act No	tice and	OMB Control Number	s, see	the instructions fo	or Form 5500-S	SF.		Fo	rm 5500-SF (2012) v.120126

Part III Financial Information

7 Plan Assets and Lipbilities (a) Beginning of Year (b) End of Year 1 total plan sestes 70 65.257 0 0. Not plan sestes 70 66.257 0 0. Not plan sestes 70 66.257 0 0. Contribuing received or receivable from 84(1) 0 0 20. Doms, Expenses and Transfers for the Plan Year 66.257 0 20. Contribuing received or receivable from 84(1) 0 0 20. Doms, including collection 84(2) 0 0 20. Doms, including collection 84(2) 0 7.290 20. Total accome (add lines 84(1), 842), 843(1), 842), 843(1), 842), 843(1), 843	Part III Financial Information							
D Total plan labilities 7b 0 0 0 Net plan satisfitties 0 0 0 Combinitions Studtract line 70 from line 70 0 0 Combinitions released or recovable from 8d(0) 0 (2) Participants 8d(2) 0 (3) Others (including role/vers) 8d(3) 0 2) Participants 8d(2) 0 3) Others (including role/vers) 8d(3) 7, 290 C Total more (dati lines 3d(1), Sa(2), Sa(3), and 8b) 8d 72, 575 C Total more (dati lines 3d(1), Sa(2), Sa(3), and 8b) 8d 72, 575 C Total more (dati lines 3d(1), Sa(2), Sa(3), and 8b) 8d 72, 575 C Certain Seemed andor corractive distributions (see instruction) Be 73, 557 1 Total expense (add lines 3d, 6d, 6f and 8g) 8d 173, 557 1 Net incorms (bas), subtract line 8 inform ine 8c) 8l 18l 2) Transferse (form) the plan (data structions) 8g 9d 2) Transferse (form) the plan (data structions) 8g 10 2) Transferse (form) the plan (data structions) 10g X 2) Transferse (form) the plan (dat	7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year
C Net plan assets (subtract line 7b from line 7b) 7c 66,267 0 B forme: Boyness, and Transfers for this Plan Year (a) Amount (b) Total (1) Enclosens, and Transfers for this Plan Year (a) Amount (b) Total (2) Participants 8e(2) 0 (3) Others (including tote) constants 8e(2) 0 (3) Others (including tote) constants 8e(3) 7.290 C Total income (code) 8e(3) 7.290 C Contain demote and rotar corrective distributions (see instructions) 8e(3) 7.250 C Contain begin set distributions (see instructions) 8e(3) 7.557 I Additionation distributions distributions (see instructions) 8e(3) 7.557 I Transfers to from the plan (see instructions) 8e(3) 7.257 I Transfers to from the plan (see instructions) 8e(1) 106(6.267) I Transfers	a Total plan assets	7a	66,26	67				0
B Income. Expenses. and Transfers for his Plan Year (a) Amount (b) Total Contributions received or received from: 8a(1) 0 0 (2) Participants 8a(2) 0 0 (3) Others (including rollovers) 8a(3) 0 0 (4) Others (including rollovers) 8a(3) 7,290 (5) Others (including rollovers) 8a(3) 7,290 (6) Others (including rollovers) 8a 7,290 (7) Train income (closs), (addition in the sature) 8a 7,290 (7) Administrative sortics (sciance, fees, commission) 8a 7,290 (7) Administrative sortics (sciance, fees, commission) 8d 72,575 (7) Others (including rollovers), (sciance, fees, commission) 8d 73,557 (1) Administrative sortics (sciance, fees, commission) 8d (66,267) (1) Transfers to from the plan (scient introbe) 8d (66,267) (2) Part (V) Polyance Questions 8d (administrative sortics) (2) 2 2 3 2 2 3 30 2 2 3 30 2 2 3 30 2 30 (7) Uting the plan provides pension beneffs, enter the applicable weffar	b Total plan liabilities	7b	0				0	
a Contributions received or receivable from: 6a(1) 0 (2) Endicipants 5a(2) 0 (3) Others (including ratiovers) 5a(2) 0 b Other income (dos) 8b) 7,290 C Total income (add lines 8(1), 8a(2), 8a(3), and 8b) 8c 7,290 C Total income (dod including ratiovers) 8c 7,290 C Crain demand and/or corrective distributions (see instructions) 8c 7,290 C Antimistrative service provides (salares, fees, commissions) 8c 7,290 C Mark instructions (salares, fees, commissions) 8c 73.557 I Net norms (tos) (subtract line 8d, 8e, 8f, and 8g) 8h 73.557 I Net norms (tos) (subtract line 8d, 8e, 8f, and 8g) 8h 73.557 Part M Plan Characteristics 9a 962 Part V Plan Characteristics 9a 8i (66.257) T reserve (from) the plan desing enstructions is 8j 9a 10b (66.257) Part V Compliance Questions 9a 10b 10b 10b 10b 10 During the plan year 9a 10b 10c 10b 10b<	C Net plan assets (subtract line 7b from line 7a)	7c	66,26	66,267				0
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(2) Participants 84(2) 0 (3) Others (including clovers) 84(3) 0 (3) Others (including clovers) 84(3) 7, 290 (3) Others (including clovers) 86 7, 290 (3) Others (including clovers) 86 7, 290 (3) Others (including clovers) 86 7, 290 (4) Others (including clovers) 86 7, 290 (5) Other including clovers) 86 7, 290 (6) E-cristin demaid addic corrective distributions (sea instructions) 86 7, 290 (7) Other specifies (solutions in a final solutions) 86 982 (6) Other income (loss) (subtrad line 8h from line \$0) 81 (66, 267) (7) Transfers to (from) he pinal (sea instructions) 81 (66, 267) (7) Transfers to (from) he pinal (sea instructions) 81 (66, 267) (7) Transfers to (from) he pinal (sea instructions and DOL's Voluting) (Fduciary Correction Program) 10a X (9) Uting the pina part. V Compliance Questions 10a X (9) Uting the pina war. 10a X 10a X (9) Uting the pina have a loss, whether or not reimbursed by the pinal fidelity bond, that was caus		80(4)		0		213		And the second second
(3) Others (including rolevers) 843 7, 290 (b) Other income (loss) 8b 7, 290 (c) Total income (add lines 34, 1), 84(2), 84(3), and 8b) 8c 7, 290 (c) Total income (add lines 34, 1), 84(2), 84(3), and 8b) 8c 7, 290 (c) Total income (add lines 34, 1), 84(2), 84(3), and 8b) 8c 7, 290 (c) Total income (add lines 34, 1), 84(2), 84(3), and 8b) 8d 72, 575 (c) Total income (add lines 34, 1), 84(2), 84(3), and 8b) 8d 73, 557 (c) Total income (add lines 36, 8c, 8f, and 9b) 8h 73, 557 (c) Total income (add lines 36, 8c, 8f, and 9b) 8h 73, 557 (c) Total income (add lines 36, 8c, 8f, and 9b) 8h (c) 7, 250 (c) Total income (add lines 36, 8c, 8f, and 9b) 8h (c) 7, 250 (c) Total income (add lines 36, 8c, 8f, and 9b) 8h (c) 7, 250 (c) Total income (add lines 36, 8c, 8f, and 9b) 8h (c) 7, 250 (c) Total income (add lines 36, 8c, 8f, and 9b) 8h (c) 7, 250 (c) Total income (add lines 36, 8c, 8f, and 9b) 8h (c) 7, 250 (c) Total income (add lines 36, 8c, 8f, and 9b) 8h (c) 7, 250 (c) Total income (ad				1.11.11.1.1	-		-	deserved and the second second
b Other income (icos) Bb 7,290 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc 7,290 d Dendity paid (including direct rolevers and insurance permums) Bd 72,575 G Cartian demand and/cir concretive distributions (see instructions) Bd 72,575 G Other expenses Bg 982 G Other expenses Bg 982 T Transfers to (from) the pain (see instructions) Bi (66,257) I Intel expenses Bj (66,257) Part IV Plan Characteristics Bj (66,257) 2D 2J<2J				0	-			
C Total income (add lines Sa(1), Sa(2), Sa(3), and Bb) Sc 7, 290 Beeneffs and (including direct tollowers and insurance premiums Sd 72, 575 B Carlian deemed and/or corrective distributions (see instructions) Sd Administrative service provides (salaries, fee, commissions) Sd Sd J Total expenses Sg 982 D There appenses (add lines 8d, 8e, 8f, and 8g) Sd 73, 557 I Nat income (loss) (subtract line 8h from line 8c) St (66, 267) Transfers to (from) the plan (see instructions) St (66, 267) Transfers to (from) the plan (see instructions) St (66, 267) J Transfers to (from) the plan (see instructions) St (66, 267) J Transfers to (from) the plan (see instructions) St St (66, 267) J Transfers to (from) the plan (see instructions) St St St J Description (Store) St St St St J Description (Store) St St St St St J Description (Store) St St				20	-		ALSING LS	
d Benefits paid (including direct rollovers and insurance premiums by provide benefits) Bd 72.575 e Certain deemed and/or corrective distributions (see instructions) Be 73.557 g Certain deemed and/or corrective distributions (see instructions) Be 73.557 g Other expenses Sg 952 h Total expenses Sg 952 1 Net income (icos) (subtract line 8h from line 8c) Sg 952 73.557 Image: Sg Image: Sg 952 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 20 22 23 3D 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 20 27 30 10 During the plan year: 10a X 10a X 20 27 SS No Amount 30 X 10a X 10a X 10a X 10a X 10a X 10a 10a X 10a 10a			/,2	90	-			States States at
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f Administrative service providers (salaries, fees, commissions) Bf g Other expenses Bg 962 g Other expenses Bg 962 i Total expenses Bit (66, 267) i Transfers to (from) the plan (see instructions) Bit (66, 267) i The plan Characteristics Bit (66, 267) 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 20 22 23 3D b If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Pompliance Questions 10 During the plan year: Yes No Amount 20 22 (510.3-1027 (See instructions and DOL's Volantary Fducaty Correction Program) 10a X 9 West there a fallow to transmit to the plan any participant contributions within the time period described in 20 (FX 2510.3-1027 (See instructions and DOL's Volantary Fducaty Correction Program) 10a X 0 West there any nonexempt transactions with any party-i-i-interest? (Do not incide transactions reported on inte 10a.) 10c (X 10.00000000000000000000000000000000000		8d	72,57	75				
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Form 5500-SF 2012

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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 of a	12d	
Has a resolution to terminate the plan been adopted in any plan year?	X Ye	s 🗌 No
	13a	0
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the cor of the PBGC?	ntrol	X Yes No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to		
Re(1) Name of plan(a):	(2) EIN(s) 13c(3) PN(s)
VIII Trust Information (optional)		
ame of trust	14b Tru	ust's EIN
	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the corol 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(1) VIII Trust Information (optional)	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 Will the minimum funding amount reported on line 12d be met by the funding deadline? Image: Comparison of the left of a negative amount) VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? Image: Comparison of the 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 13a 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 VIII Trust Information (optional)

Sharon S. Snuffin & Co, Inc. 401(k)

20-8427522