Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	<b>Be</b> This form is required to be filed u		nd 4065 of the Employee	Э	2012				
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form is Open to Public				
Pension Be	enefit Guaranty Corporation	Complete all entries in accordance	nce with the instruc	tions to the Form 5500	)-SF.	Inspection				
Part I         Annual Report Identification Information           For calendar plan year 2012 or fiscal plan year beginning         01/01/2012         and ending         12/31/2012										
				<u> </u>	2/31/2					
A This ret	A This return/report is for:									
B This ret	B This return/report is:									
		an amended return/report	short plan year return	/report (less than 12 mo	onths)	·				
C Check	box if filing under:	Form 5558	utomatic extension			DFVC program				
		special extension (enter description)								
Part II	Basic Plan Inform	nation—enter all requested information	on							
1a Name					1b	Three-digit				
LINKED CO	NSULTING INC. 401K PI	LAN				plan number (PN) ▶ 001				
				·	1c	Effective date of plan				
					10	05/01/2011				
	ponsor's name and addre	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 27-2363671				
27116 189T	HAVE SE				2c	Sponsor's telephone number 206-274-8119				
27116 189TH AVE. SE COVINGTON, WA 98042					2d	Business code (see instructions) 812990				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN				
						Administrator's telephone number				
		lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN				
	or's name				<b>4c</b> PN					
5a Total	number of participants at	the beginning of the plan year			· 5a					
<b>b</b> Total	number of participants at	the end of the plan year			5b	2				
		count balances as of the end of the pla			-					
					5c	2				
<b>b</b> Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (	uring the plan year invested in eligible annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	independent qualified do not the second s	d public accountant (IQF	PA)	Yes 🗌 No				
		incomplete filing of this return/repor								
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	declare that I have e	examined this return/rep	ort, ir	ncluding, if applicable, a Schedule				
SIGN	Filed with authorized/va	lid electronic signature.	03/13/2013	ALEX HAMDAN						
HERE	Signature of plan adn	Date	Enter name of individu	ning as plan administrator						
SIGN										
HERE	Signature of employe	r/nlan sponsor	pr Date Enter name of individ			ning as employer or plan sponsor				
Preparer's	parer's telephone number (optional)									
				-						

Part III         Financial Information           7         Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
a Total plan assets	7a	(a) Beginning of fea		+		14023	
<ul> <li>b Total plan liabilities</li></ul>	7a 7b	741	0			14023	
<ul> <li>C Net plan assets (subtract line 7b from line 7a)</li> </ul>	76 7c	7/1	0			14023	
<ul> <li>8 Income, Expenses, and Transfers for this Plan Year</li> </ul>		7410					
a Contributions received or receivable from:		(a) Amount				(b) Total	
(1) Employers	8a(1)		0				
(2) Participants	8a(2)	531	0				
(3) Others (including rollovers)	8a(3)						
<b>b</b> Other income (loss)	8b	130	3				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					6613	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums							
to provide benefits)	8d			_			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
i Net income (loss) (subtract line 8h from line 8c)	8i			_		6613	
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j						
<b>b</b> 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	instructions:	
Part V Compliance Questions							
				Yes	No	Amount	
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>			10a	Yes	No X	Amount	
10 During the plan year:	uciary Correct ? (Do not inc	tion Program)	10a 10b	Yes		Amount	
<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</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	uciary Correct ? (Do not incl	tion Program) lude transactions reported	10b	Yes	х	Amount	
<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</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.).</li> </ul>	(Do not incl (Do not incl fidelity bond,	tion Program) lude transactions reported  that was caused by fraud		Yes	x x	Amount	
<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</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</li> </ul>	iciary Correct (Do not incl fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c	Yes	x x x x	Amount	
<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</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 of the plan the plan that provides some or all of the plan the plan the plan the provides some or all of the plan the plan the plan the plan the provides some or all of the plan the plan the plan the plan the provides some or all of the plan the plan the plan the provides some or all of the plan the plan the plan the provides some or all of the plan the plan the plan the plan the provides some or all of the plan t</li></ul>	iciary Correct ? (Do not inc fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		x x x x		
<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</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 o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	iciary Correct (Do not inc) fidelity bond, her persons b of the benefits n?	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		x x x x x x x x x x x x x x x x x x x		
<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</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 o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	iciary Correct (Do not incl fidelity bond, her persons b of the benefits n? is of year end (See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e		x x x x x x x x x x x x x x x x x x x		
<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 or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period?</li> </ul>	iciary Correct (Do not incl fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g		X X X X X X X X X X X X X X X X X X X		
<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 o 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 h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	iciary Correct (Do not incl fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 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		
<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 Fidu</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 o 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 h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>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</li> </ul>	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? is of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB (F	3	
<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 Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	Iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB (F	3	
<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 Fidu</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></ul>	uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits n? is of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ule SB (F	3 =	
<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 Fidu</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 o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li></ul>	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n?	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ule SB (F	3 =	
<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 Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	Iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X Sched	X X X X X X X X Ule SB (f 11a 02 of ER	=orm	
<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 Fidu</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></ul>	Iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X Sched	X X X X X X X X Ule SB (F	Form         Yes         N           RISA?         Yes         N           date of the letter ruling         N	
<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 Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	Iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 cor see	X Sched	X X X X X X X X Ule SB (F	Form	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X	N/A	
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	,,	Yes X No			
	lf "Ye	s," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Yes X	No	
С	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.)						
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> Pl	N(s)	
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN



Before printing the attached filing, change the following setting in Adobe Reader:



Choose *File>Print* and select the *Page Scaling* option, choose "NONE" and mark the "Choose paper source by PDF page size" checkbox.

Adobe Reader versions 9.0 and higher are supported.

Also, turn off the duplex print setting on your printer.



Filings printed without changing these settings will be rejected.



Do not file this page with any government agency

For	offit 5500-SF Short Form Annual Return/Report of Sman Employee						OMB Nos. 1210-0110 1210-0089		
	Dartment of the Treasury ternal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					2012			
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						D58(a) of This Form is Open to I			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I         Annual Report Identification Information           For calendar plan year 2012 or fiscal plan year beginning         01/01/2012         and ending         12/31/2012									
For calenda	-		/01/2012	and ending		12/31/201	2		
A This ret	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan								
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 n	nonthe	5)			
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progr	am		
	Γ	special extension (enter description	ו)						
Part II	Basic Plan Inform		tion						
1a Name	of plan				1b	Three-digit			
Linke	ed Consulting I	Inc. 401k Plan				plan number	0.01		
					1.	(PN)	001		
					10	Effective date o 05/01/201			
•	oonsor's name and addreed Consulting,	ess; include room or suite number (em	nployer, if for a single	-employer plan)	2b	Employer Identi (EIN) 27-236	fication Number		
	combarcing,	110.			2c	Sponsor's telep (206) 274-	hone number		
27116	5 189th Ave. SE	2			2d	Business code (	see instructions)		
	ngton			98042		812990			
3a Plan ad	ministrator's name and	address XSame as Plan Sponsor Na	ame ∐Same as Plan	Sponsor Address	36	<b>b</b> Administrator's EIN			
<b>3c</b> Administrator's telephone number							telephone number		
		lan sponsor has changed since the la per from the last return/report.	st return/report filed f	or this plan, enter the	4b EIN				
a Sponso	-	er nom the last return report.			4c	PN			
5a Total r	umber of participants at	the beginning of the plan year			5a		2		
<b>b</b> Total r	umber of participants at	the end of the plan year			5b		2		
c Numbe	er of participants with ac	count balances as of the end of the pla	an year (defined ben	efit plans do not					
complete this item) 5c							2		
		uring the plan year invested in eligible	,	'			X Yes No		
		ne annual examination and report of an See instructions on waiver eligibility an					X Yes No		
		er line 6a or line 6b, the plan canno							
		incomplete filing of this return/repo							
Under pena SB or Sche	lties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as wel	I declare that I have	examined this return/rep	oort, ir	cluding, if applic	able, a Schedule knowledge and		
SIGN			03/11/13	Alex Hamdan					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sic	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individu	ial sic	ining as employe	r or plan sponsor		
Preparer's		ne, if applicable) and address; include					number (optional)		
		and OMB Control Numbers, see the instr		0.5			Form 5500-SF (2012)		

Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
а	Total plan assets	7a	5	7,41	0			1	4,023
		7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	5	7,41	0			1	4,023
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
	Contributions received or receivable from:								
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)		5,31	0				
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	]	1,30	3				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				6,613
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
_	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses								
	· · · · · · · · · · · · · · · · · · ·	8g							0
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-				6,613
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i							0,013
-		8j							
	rt IV Plan Characteristics								
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for								
~	in the plan provides wenare benefits, enter the applicable wenare to	eature cou		JIEHBU		103 111 1		0113.	
Part	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а									
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X			
	on line 10a.)			10b		Х			
C				10c		Х			
d	or dishonesty?		-	10d		х			
e	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 bene	efits under the plan? (See	10e	х				37
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х			
g				10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		X			
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	he required	d notice or one of the	10i		х			
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	XNo
11a	a Enter the amount from Schedule SB line 39					11a			
12								X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	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 ruling granting the waiver								
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year					12b			

\_\_\_\_\_

		40.		
C	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 X N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	· 🗆 `	Yes X No	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X 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)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a 🛚	lame of trust	14b T	rusťs EIN	