For	m 5500-SF	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	E This form is required to be filed	е	2012					
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			
Pension Be	nefit Guaranty Corporation	0-SF.	Inspection						
Part I Annual Report Identification Information									
For calenda	ar plan year 2012 or fisca	al plan year beginning 01/01/2012	2	and ending 1	2/31/2	2012			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-participant plan			
B This ret	urn/report is:								
		n/report (less than 12 mo	onths)	•					
C Check b	box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter descriptio	n)						
Part II	Basic Plan Inform	nation—enter all requested information	ation						
1a Name		· · · ·			1b	Three-digit			
WESTERN II	NTEGRATED TECHNOL	LOGIES, INC. 401(K) PLAN				plan number			
					10	(PN) ▶ 001			
					1c	Effective date of plan 01/01/1974			
	oonsor's name and addre	ess; include room or suite number (er LOGIES, INC.	mployer, if for a single-	employer plan)	2b				
					2c	Sponsor's telephone number			
13406 SE 32 BELLEVUE,	2ND STREET WA 98005				2d	Business code (see instructions)			
20 5	destate to de la secola de la			On a second distance	26	423800			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's EIN			
						c Administrator's telephone number			
A 16.0									
		lan sponsor has changed since the la er from the last return/report.	ast return/report filed to	or this plan, enter the	4b EIN				
a Sponso					4c	PN			
5a Total r	number of participants at	the beginning of the plan year			5a	90			
b Total r	number of participants at	the end of the plan year			5b	94			
C Numbe	er of participants with ac	count balances as of the end of the p	olan year (defined bene	fit plans do not	_				
compl	ete this item)				5c	85			
	•	uring the plan year invested in eligibl	``	,		X Yes No			
		e annual examination and report of a See instructions on waiver eligibility a				X Yes No			
	•	er line 6a or line 6b, the plan cann	,						
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed u	unless reasonable cau	se is	established.			
		r penalties set forth in the instruction							
	dule MB completed and rue, correct, and comple	signed by an enrolled actuary, as we te.	ell as the electronic vers	sion of this return/report	, and	to the best of my knowledge and			
SIGN	Filed with authorized/va	lid electronic signature.	06/21/2013	STEVEN R. SCHWAS	NICK				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	of individual signing as plan administrator				
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor			
Preparer's		ne, if applicable) and address; includ	e room or suite number			parer's telephone number (optional)			

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(o) End of Year	
a Total plan assets	7a	466315				4897403	
b Total plan liabilities	7b	1175			2285		
C Net plan assets (subtract line 7b from line 7a)	7c	466198	2	4895118			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:	a (1)	10000	-				
(1) Employers	8a(1)	10800					
(2) Participants	8a(2)	31490	3				
(3) Others (including rollovers)	8a(3)	05400	0				
b Other income (loss)	8b	65100	3				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			-		1073913	
to provide benefits)	8d	82391	5				
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f	1686	2				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					840777	
i Net income (loss) (subtract line 8h from line 8c)	8i					233136	
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics	· · ·						
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	IC COO	es in the i	nstructions:	
Part V Compliance Questions							
				Yes	No	Amount	
			10a	Yes	No X	Amount	
10 During the plan year:a Was there a failure to transmit to the plan any participant contribu	uciary Correct ? (Do not incl	tion Program) lude transactions reported	10a 10b	Yes		Amount	
 During the plan year: 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 	uciary Correct ? (Do not inc	tion Program) lude transactions reported	10b	Yes	Х		
 During the plan year: 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.) 	(Do not inc) (Do not inc) fidelity bond,	tion Program) lude transactions reported 			Х	Amount 50000	
 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	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		× ×		
 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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 provides some or all of t	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 10d	X	× ×	50000	
 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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.) 	(Do not inc (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 x	50000	
 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan 	iciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits n? s 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	50000	
 10 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction ne 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	50000	
 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101-3. 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction ne 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	50000	
 10 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520.101-3.)	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction the 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 Schee	X X X X X ule SB (F	50000 1169 9989 	
 10 During the plan year: 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.)	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne 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 Schec	X X X X X ule SB (F	50000 1169 9989 	
 10 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	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 Schec	X X X X ule SB (F		
 10 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)	Iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction the 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 Schec	X X X X ule SB (F		
 10 During the plan year: 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.) c Was the plan covered by a fidelity bond?	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction the 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 se	X X X Schec	X X X X X ule SB (F 11a 802 of ER		
 10 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520.101-3.)	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 se	X X X Schec	X X X X X Ule SB (F 11a B02 of ER		
 10 During the plan year: 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.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding uff "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is beir granting the waiver. 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction 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 X X Schec	X X X X X Ule SB (F 11a B02 of ER	500 111 99 0rm Yes SA? Yes X ate of the letter ruling	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d						
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	lf "Ye	es," 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	
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	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan						OMB Nos, 1210-0110 1210-0089			
	ment of the Treasury al Revenue Service	Be This form is required to be filed u	e	2012					
	partment of Labor nefits Security Administration	Retirement Income Security Act of 19 the Internal R	8(a) of This Form is Open to Public						
	nefil Guaranly Corporation	D-SF.	Inspection						
Part I For calenda	Annual Report Id r plan year 2012 or fisca	1	2/31/2012						
	5	3	and ending an (not multiemployer)		a one-participant plan				
	urn/report is for:		e final return/report	an (not molliemployer)	L	j a one-participant plan			
				/report (less than 12 m	onthe)				
C Check box if filing under:						DFVC program			
• Check b		special extension (enter description)			L				
Part II	Basic Plan Inform	nation—enter all requested information	on						
1a Name o					1b T	hree-digit			
WESTERN	INTEGRATED TH	ECHNOLOGIES, INC. 401(K)	PLAN		p	lan number			
						Effective date of plan			
						1/01/1974			
2a Plan sp	onsor's name and addre	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b ⊨	mployer Identification Number			
WESTERN	INTEGRATED TE	CHNOLOGIES, INC.				EIN) 91-0847960			
13406 S	E 32ND STREET					Sponsor's telephone number			
10100 0	D Oling Sincer					Business code (see instructions)			
BELLEVU	ΓE	WA 98005			423800				
3a Plan ad	Iministrator's name and	address XSame as Plan Sponsor Nar	ne XSame as Plan	Sponsor Address	3b Administrator's EIN				
					3c Administrator's telephone number				
4 If the na	ame and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b EIN				
	EIN, and the plan numb	per from the last return/report.	·		4c PN				
-		the beginning of the plan year			5a	90			
		the end of the plan year			5b	94			
		count balances as of the end of the pla							
					5c	85			
		luring 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 cannot							
-		Incomplete filing of this return/report							
		r penalties set forth in the instructions, signed by an enrolled actuary, as well							
	rue, correct, and comple					the best of my knowledge and			
SIGN	ann		6/13/13	STEVEN R. SCH	HWASNICK				
HERE						vidual signing as plan administrator			
RICH	Signature of plan au	uai sign	ing as plan auministrator						
SIGN HERE	Signature of employe	rínlan enoneor	Date	Entor name of individ	ual sign	ing as employer or plan sponsor			
Preparer's r		me, if applicable) and address; include				rer's telephone number (optional)			
For Paperwo	rk Reduction Act Notice	and OMB Control Numbers, see the instru	ctions for Form 5500-	SF.		Form 5500-SF (2012)			
						v. 120126			

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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a	466	5315	7		4897403
b	Total plan liabilities	7b		117	5	_	2285
C	Net plan assets (subtract line 7b from line 7a)	7c	466	5198	2	4895118	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	10	0080	7		
	(2) Participants	8a(2)	31	L490	3		
	(3) Others (including rollovers)						
b	Other income (loss)						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1073913
d	Benefits paid (including direct rollovers and insurance premiums		0.7	1201	_		
	to provide benefits)	8d	02	2391	5		
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f		1686	2		
g	Other expenses	8g			-		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_	-	_	840777
÷	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>			-		233136
	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
C	Was the plan covered by a fidelity bond?			10c	х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)			10 e	х		11694
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g	Х		99894
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х	
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			10i			
Par							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12						ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				, and e	enter t Day	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul						1
b	Enter the minimum required contribution for this plan year					12b	

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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 negative amount).	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?) 🗆 v	res X	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			
	control		Yes 🕅	No
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			
13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN	l(s)
VIII Trust Information (optional)				
Name of trust	14b ⊤	rust's EIN		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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 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) which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): YIII 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? VII Plan Terminations and Transfers of Assets 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	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? Yes VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? Yes 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? 13a If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(2) EIN(s) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(2) EIN(s)	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)