Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Perision B	enenii Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	uctions to the Form 550	0-SF.			
Part I	Annual Report	Identification Information						
For calend	lar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-partici	pant plan	
B This re	turn/report is:	the first return/report	the final return/report	t				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
		special extension (enter descri	ption)					
Part II	Basic Plan Info	rmation—enter all requested info	ormation					
1a Name	of plan				1b	Three-digit		
PLASTIC SI	JRGERY NORTHWES	ST GROUP, PLLC 401K PLAN				plan number		
					_	(PN) •	001	
					1C	Effective date o	•	
2a Plan s	sponsor's name and ad	dress; include room or suite numbe	r (employer, if for a single	e-emplover plan)	2b	Employer Identi		
PLASTIC S	URGERY NORTHWES	ST GROUP, PLLC	(*				69387	
					2c	Sponsor's telep		
530 S COW SPOKANE,						509-32		
SFORANL,	VVA 99202				2d	Business code ((see instructions)	
3a Plan a	administrator's name ar	nd address Same as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's		
	RGERY NORTHWEST					91-18	869387	
		SPOKANE,	WA 99202		3с	Administrator's 509-32	telephone number	
						309-32	1-0033	
4 If the	name and/or EIN of the	e plan sponsor has changed since the	he last return/report filed	for this plan, enter the	4b	EIN 27-29	906628	
name	e, EIN, and the plan nur	mber from the last return/report.	•	, ,				
_		URGERY NORTHWEST GROUP, F			4c	PN	001	
		at the beginning of the plan year			5a		7	
		at the end of the plan year			5b		21	
		account balances as of the end of the	, ,	•	5c		21	
6a Were	all of the plan's assets	s during the plan year invested in eli	igible assets? (See instru	ctions.)			X Yes No	
b Are y	ou claiming a waiver of	f the annual examination and report	of an independent qualif	ied public accountant (IQ	PA)			
		? (See instructions on waiver eligibil					X Yes No	
		ither line 6a or line 6b, the plan ca						
		or incomplete filing of this return					abla a Cabadula	
		her penalties set forth in the instruct nd signed by an enrolled actuary, as						
	true, correct, and com				,		omougo ana	
SICN	Filed with authorized/	valid electronic signature.	06/24/2013	EMILY A. WILLIAMS				
HERE								
	Signature of plan a	dministrator	Date	Enter name of individ	uai sig	ning as pian adr	ninistrator	
SIGN HERE								
	Signature of emplo	oyer/plan sponsor name, if applicable) and address; inc	Date	Enter name of individer (optional)			er or plan sponsor number (optional)	
JODI CALH		ano, ii appiloabio, ana addioss, inc	sade room of suite numb	or (optional)	. ιορ	·	` ' '	
RANDALL & HURLEY, INC						509-838-5500		
601 WEST SPOKANE,	RIVERSIDE, SUTIE 10 WA 99201	600						
CI CIVIIVE,								

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Par	t III Financial Information		<u> </u>					
	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ver		1		(h) End of Voor	
	Total plan assets	. 7a	(a) Beginning of Yea			(b) End of Year 1184917		
	Total plan liabilities		7b				4718	
	plan assets (subtract line 7b from line 7a)			R1			1180199	
	Income, Expenses, and Transfers for this Plan Year							
	Contributions received or receivable from:		(a) Amount		(b) Total			
	(1) Employers	8a(1)	11541	5				
	(2) Participants	8a(2)	5861	17				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	4262	26				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					216658	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
е	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	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					216658	
j	Transfers to (from) the plan (see instructions)	8j	82596	60				
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 2A 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a				10a		X	Amount	
b		? (Do not	include transactions reported	10b		X		
				10c	X		400000	
d	• • •			100			400000	
	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		
	· · · · · · · · · · · · · · · · · · ·				X			
g h		(See instru	uctions and 29 CFR	10g	Λ.	X	1657	
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10h				
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part 11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	103 110	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No	
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year	
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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		
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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		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) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report									
For calend	ar plan year 2012 or fis	cal plan year be	ginning	01/01/2012	and ending	12/31/2012				
A This re	turn/report is for:	X a single-em	ployer plan	a multiple-employer	olan (not multiemployer)	a one-participant plan				
B This re	turn/report is:									
		an amende	d return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check	box if filing under:		DFVC program							
C Check box if filing under: Form 5558 automatic extension UPVC program special extension (enter description)										
Part II	Basic Plan Info	rmation—ente	er all requested in	formation						
1a Name	<i>.</i>					1b Three-digit				
	C SURGERY NOR	THWEST GRO	UP, PLLC 4	01K PLAN		plan number (PN) • 001				
						1c Effective date of plan				
						04/01/2010				
				er (employer, if for a single	e-employer plan)	2b Employer Identification Number				
PLASTI	C SURGERY NORT	THWEST GRO	UP, PLLC			(EIN) 91-1869387				
530 5	COURT THE CITE					2c Sponsor's telephone number				
530 5	COWLEY ST.					509-321-6033				
SPOKAN	E	WA	99202			2d Business code (see instructions) 621111				
			me as Plan Spon	sor Name Same as Pla	ın Sponsor Address	3b Administrator's EIN				
	C SURGERY NORT	_				91-1869387				
						3c Administrator's telephone number 509-321-6033				
530 S	COWLEY ST.					509-321-6033				
SPOKAN	E	WA	99202							
	name and/or EIN of the			the last return/report filed	for this plan, enter the	4b EIN 27-2906628				
				est Group, Pllc	401K Plan	4c PN 001				
5a Total						5a 7				
b Total	number of participants	at the end of the	plan year	***************************************		5b 21				
	•			the plan year (defined ber	•	5c 21				
				eligible assets? (See instru		X Yes No				
b Are y	ou claiming a waiver of	the annual exam	nination and repor	rt of an independent qualif	ied public accountant (IQ	PA) 🖂 🖂				
				ility and conditions.)						
				cannot use Form 5500-SI						
				n/report will be assessed						
Under pen	alties of perjury and oth	er penalties set ad signed by an	forth in the instruc-	ctions, I declare that I have as well as the electronic ve	examined this return/repersion of this return/rep	port, including, if applicable, a Schedule , and to the best of my knowledge and				
	true, correct, and comp		critalica actuary, t		notori or ano rotoria. Epot.	, <u></u>				
	11119			6/20/13	EMILY A. WILL:	TAMS				
SIGN HERE										
<u>a sa da da</u>	Signature of plan ac	dministrator		Date	Enter name of individ	ual signing as plan administrator				
SIGN HERE										
100	Signature of employ	ual signing as employer or plan sponsor								
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephological Calhoun										
	l & Hurley, In	ıc				509-838-5500				
	601 West Riverside, Sutie 1600									
Spokan	Θ.	WA	99201							

	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Y	
a	Total plan assets	7a	1;	3758	31			1184917
b	Total plan liabilities	7b						4718
С	Net plan assets (subtract line 7b from line 7a)	7c	1:	3758	11			1180199
•	Income, Expenses, and Transfers for this Plan Year						(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	1541	.5				
	(2) Participants	8a(2)		5861	.7			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		4262	26			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						216658
$\overline{}$	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			_			
<u>g</u>	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			\perp			216658
j	Transfers to (from) the plan (see instructions)	8	8:	2596	0			
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 2A 2T	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instruction	s:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Am	ount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withi ıciary Соп	n the time period described in ection Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest	2 /Da sat						
	on line 10a.)			10b		х		
			***************************************	10b 10c	х	Х		400000
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud		х	x		400000
d	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10c	х			400000
	On line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10c	х			400000
d	on line 10a.) Was the plan covered by a fidelity bond? 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 of the plan's or other organization that provides some or all of the plan to the plan's organization that provides some or all of the plan to the plan's organization that provides some or all of the plan to the plan	fidelity bo ner person of the bend	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10c	х	х		400000
e	on line 10a.) Was the plan covered by a fidelity bond? 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 dinstructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a	fidelity bo ner person of the bend n? s of year e	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10d 10d	x	x		400000 1657
d e f	on line 10a.) Was the plan covered by a fidelity bond? 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 other insurance service or other organization that provides some or all distructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a	fidelity bother person of the bendering and the sense of year experiences.	s by an insurance carrier, effits under the plan? (See	10d 10d 10e 10f		x		
e f	on line 10a.) Was the plan covered by a fidelity bond? 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 dinstructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity bo ner person of the bene n? s of year e (See instru	s by an insurance carrier, effits under the plan? (See end.)	10d 10e 10f 10g		x x		
e f	on line 10a.) Was the plan covered by a fidelity bond? 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 off insurance service or other organization that provides some or all dinstructions.) Has the plan falled to provide any benefit when due under the plan bid 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.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bo ner person of the bene n? s of year e (See instru	s by an insurance carrier, effits under the plan? (See end.)	10d 10e 10f 10g 10h		x x		
e f g h	on line 10a.) Was the plan covered by a fidelity bond? 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 dinstructions.) Has the plan failed to provide any benefit when due under the plan bid 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.) 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 bother person of the beneates of year each (See instrument required 1-3	s by an insurance carrier, effits under the plan? (See end.)	10c 10d 10e 10f 10g 10h	X	X X X	3 (Form	
f g h	on line 10a.) Was the plan covered by a fidelity bond? 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 dinstructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lifthis 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	fidelity bother person of the bender n?	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10c 10d 10e 10f 10g 10h 10i	X	X X X	3 (Form	1657
f g h	on line 10a.) Was the plan covered by a fidelity bond? 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 dinstructions.) Has the plan falled to provide any benefit when due under the plan bid 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.) 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)	fidelity bother person of the benear of year et (See instrume required 1-3	nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See end.) uctions and 29 CFR d notice or one of the	10c 10d 10e 10f 10g 10h 10i	X	X X X dule SE		1657
f g h i Part 11 11a	on line 10a.) Was the plan covered by a fidelity bond? 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 other insurance service or other organization that provides some or all distructions.) Has the plan falled to provide any benefit when due under the plan 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.) 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.	fidelity bother person of the bendance of the	s by an insurance carrier, effits under the plan? (See end.)	10c 10d 10e 10f 10g 10h 10i	X	X X X dule SE		1657
f g h i Part 11 11a 12	on line 10a.) Was the plan covered by a fidelity bond? 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 off insurance service or other organization that provides some or all distructions.) Has the plan falled to provide any benefit when due under the plan bid 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.) 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.	fidelity bo mer person of the bene- n? s of year e (See instru- ne required 1-3 lents? (If " requirement as applic ng amortiz	and, that was caused by fraud s by an insurance carrier, effits under the plan? (See end.)	10c 10d 10e 10f 10g 10h 10i	X Sched	X X X Adule SE	ERISA?	1657 Yes No Yes X No
f g h 11 11a 112 a	on line 10a.) Was the plan covered by a fidelity bond? 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 olt insurance service or other organization that provides some or all distructions.) Has the plan falled to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at 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 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 being the plan's and the plan's agents.	fidelity bother person of the bender of the	and, that was caused by fraud s by an insurance carrier, effits under the plan? (See end.) cutions and 29 CFR d notice or one of the ents of section 412 of the Code able.) ed in this plan year, see instructions Mon	10c 10d 10e 10f 10g 10h 10i	X Sched	X X X Adule SE 11a 302 of	ERISA?	1657 Yes No Yes X No
f g h 11 11a 12 a If	on line 10a.) Was the plan covered by a fidelity bond? 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 off insurance service or other organization that provides some or all distructions.) Has the plan falled to provide any benefit when due under the plan bid 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.) 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 beingranting the waiver.	fidelity bo ner person of the bene n? s of year e (See instru- ne required 1-3 requirement as applic ng amortiz e MB (For	and, that was caused by fraud s by an insurance carrier, effits under the plan? (See end.) citions and 29 CFR d notice or one of the ents of section 412 of the Code able.) ed in this plan year, see instructions m 5500), and skip to line 13.	10c 10d 10e 10f 10g 10h 10i plete	X Sched	X X X Adule SE 11a 302 of	ERISA?	1657 Yes No Yes X No

Form 5500-SF 2012		Page 3 -	<u>.</u>			
C Enter the amount contributed by the	ne employer to the plan for this plan t	year		12c		
	om the amount in line 12b. Enter the			12d		
e Will the minimum funding amount	reported on line 12d be met by the fu	unding deadline?			Yes 1	No N/A
Part VII Plan Terminations ar	nd Transfers of Assets					
13a Has a resolution to terminate the plan	n been adopted in any plan year?			Yes	X No	
If "Yes," enter the amount of any p	plan assets that reverted to the emplo	oyer this year		13a		
b Were all the plan assets distribute of the PBGC?	d to participants or beneficiaries, trar	nsferred to another plan, or brou	ight under the	control		Yes X No
C If during this plan year, any assets which assets or liabilities were train	s or liabilities were transferred from the nsferred. (See instructions.)	his plan to another plan(s), iden	tify the plan(s)	to		
13c(1) Name of plan(s):			1	3c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (op	otional)					
14a Name of trust				14b Trust'	s EIN	