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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the inst	uctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report	Identification Information								
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending	2/31/2	2012				
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	oant plan			
B This ret	turn/report is:	the first return/report	the final return/repo	rt						
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)					
C Check I	box if filing under:	Form 5558	automatic extension	ı		DFVC progra	am			
		special extension (enter descr	iption)							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation							
1a Name					1b	Three-digit				
		PROFIT SHARING PLAN				plan number				
						(PN)	001			
					1c	Effective date of plan				
0					01	01/01				
	ponsor's name and ad ORPORATION	dress; include room or suite number	er (employer, if for a sing	e-employer plan)	26	Employer Identi (EIN) 91-13	fication Number 64848			
					2c	Sponsor's telep	hone number			
307 ORAVE	TZ PLACE SE					253-83				
AUBURN, W	/A 98092				2d	Business code	(see instructions)			
						3364	10			
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as P	an Sponsor Address	3b	Administrator's	EIN			
					30	Administrator's	telephone number			
						Administrator 3	telepriorie number			
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN				
	·	mber from the last return/report.			4-					
	or's name				4c	PN				
		at the beginning of the plan year			5a		106			
b Total i	number of participants	at the end of the plan year			5b		133			
		account balances as of the end of t	. , ,	•	5c		108			
_		s during the plan year invested in e					X Yes No			
_	•	f the annual examination and repor	•	•						
		? (See instructions on waiver eligib	•				X Yes No			
If you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.				
Caution: A	penalty for the late	or incomplete filing of this returr	/report will be assesse	d unless reasonable cau	ıse is	established.				
		her penalties set forth in the instruc								
	true, correct, and com	nd signed by an enrolled actuary, a olete.	s well as the electronic v	ersion of this return/report	ı, and ı	to the best of my	knowledge and			
,	, ,			1						
SIGN HERE	Filed with authorized/	valid electronic signature.	06/26/2013	TED STRAUB						
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator			
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor			
Preparer's	name (including firm r	name, if applicable) and address; in	clude room or suite num	oer (optional)	Prep	arer's telephone	number (optional)			

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7 Plan Assets and Liabilities	Par	t III Financial Information										
a Total plan assets				(a) Beginning of Yea	ar			(b) En	d of Y	ear		
b Total plan liabilities. 7b 7b 1834550 2168462 2 2168462 3 2 2 2 2 3 3 4 3 3 3 3 3 3 3			7a					(5) =1.			2	
C Net plan assets (subtract line 7b from line 7a). 7c (s) 4834550 (2168642 8 Income, Expenses, and Transfers for his Plan Year (a) Amount (b) Total 8 Contributions received or receivable form: (1) Employers						21300						
8 Income. Expenses, and Transfers for this Plan Year 8 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including pollowers). (3) Others (including pollowers). (4) Septimental (including pollowers). (5) Participants. (6) Other income (loss). (6) Other income (loss). (7) Employers. (8) Septimental (including pollowers). (8) Septimental (including pollowers). (8) Septimental (including pollowers). (8) Septimental (including direct rollowers and insurance premiums to provide henefats). (8) Other septembers (including direct rollowers and insurance premiums to provide henefats). (8) Septimental (including direct rollowers and insurance premiums to provide henefats). (8) Septimental (including direct rollowers and insurance premiums to provide henefats). (8) Septimental (including direct rollowers and insurance premiums to provide henefats). (8) Other expenses. (8) Septimental (including direct rollowers and insurance premiums to provide henefats). (8) Other expenses. (8) Septimental (including direct rollowers (satisfies, fees, commissions). (8) Septimental (including direct rollowers (satisfies, fees, commissions). (8) Other expenses. (8) Septimental (including direct rollowers (satisfies, fees, commissions). (8) Other expenses. (8) Other expenses. (8) Septimental (including direct rollowers. (8) Other expenses. (8) Septimental (including direct rollowers. (8) Other expenses. (9) Other expenses. (9) Other expenses. (10) O		·		183455	50				2	158542)	
a Contributions received or receivable from: (1) Employers: (2) Participants. (3) Others (including relievers). (3) Others (including relievers). (4) Employers: (5) Other (including relievers). (6) Other (including relievers). (7) Other (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including direct relievers and insurance premiums to provide benefits; paid (including direct relievers and insurance premiums to provide benefits. (8) Other (including direct relievers and insurance premiums to provide benefits). (9) Other expenses. (9) In the plan provides panation the British (including). (1) Including the plan (peece instructions). (1) Including the plan (peece instructions). (1) Including the plan (peece instructions). (1) If the plan provides panation benefits, enter the applicable weflare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Plan Characteristics 9a If the plan provides panation benefits, enter the applicable weflare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan spear. 10 Wes the plan spear of the plan any participant contributions within the time period described in 19 Accordance of the plan provides weflare service of the plan provides weflare the plan plan plan plan plan plan plan plan								(h)		1000 11		
(1) Employers		·		(a) Amount				(15)	Total			
(3) Others (including rollovers)			8a(1)	4241	1							
b Cther income (loss)		(2) Participants	8a(2)	24889	96							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)	8473	39							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 205932	b	Other income (loss)	8b	17469	95							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						Ę	50741		
f Administrative service providers (salaries, fees, commissions)		• • •	8d	20593	32							
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions)	8e									
n Total expenses (add lines 8d. 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	2081	7							
h Total expenses (add lines 8d. 8e, 8f, and 8g)	g	Other expenses	8g									
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							22674	9	
Transfers to (from) the plan (see instructions) 8 Part IV Plan Characteristics 3a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2O 2J 2N 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount			8i							323992	2	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E ≥ P ≥ Q ≥ J ≥ K ≥ S → S → S → S → S → S → S → S → S → S		, , ,	8i									
9a	Par	t IV Plan Characteristics	<u> </u>	l								
Description		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	s:		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) f If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a Enter the amount from Schedule SB line 39. 11a Enter the amount from Schedule SB line 39. 11b 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	b		eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) f If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a Enter the amount from Schedule SB line 39. 11a Enter the amount from Schedule SB line 39. 11b 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Dort	V Compliance Questions										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		<u> </u>				Vac	Na					
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a			tiono withi	n the time period described in	1	res	NO		Am	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		X					
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	С	Was the plan covered by a fidelity bond?			10c	X					200	000
insurance service or other organization that provides some or all of the benefits under the plan? (See 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 as of year end.)	d		-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-		X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		· · · · · · · · · · · · · · · · · · ·			10e							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		has the plan falled to provide any benefit when due under the plan	n?		10f		^					
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	h		•		10h		X					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	·			10i							
11a Enter the amount from Schedule SB line 39	Part	VI Pension Funding Compliance										
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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	11a											
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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12							No				
granting the waiver		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date o			ling	
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 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

Part I Annual Report Identification Information

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

Fo	r calendar plan year 2012 or fiscal plan year beginning 0.3	1/01/2012	and ending		12/31/201	2			
Α	M a single and the D		lan (not multiemployer)						
В	This return/report is: the first return/report	the final return/report			_				
	an amended return/report	a short plan year retu	m/report (less than 12 i	months	5)				
С		automatic extension	•		DFVC progra	am			
	special extension (enter description								
Р	art II Basic Plan Information—enter all requested informa	,							
	Name of plan	tion		1h	Three-digit				
	Danner Corporation 401(k) Profit Sharing	Dlan		110	plan number				
	The state of the s	FIAII			(PN) •	0 0	1		
				1c	Effective date of				
2 a	Plan sponsor's name and address; include room or suite number (en	nployer, if for a single-	emplover plan)	26					
	Danner Corporation		, , , , , , , , , , , , , , , , , , , ,			4848			
				2c	EIN 91-1364848 Sponsor's telephone number (253) 833-5333 Business code (see instructions) 336410				
	307 Oravetz Place SE			2d			tions)		
	Auburn	WA	98092		336410				
3a	Plan administrator's name and address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's E	EIN			
				3с	Administrator's to	elephone n	umber		
					(253) 833-	5333			
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN				
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4.0	511				
	Total number of participants at the beginning of the plan year			4c	PN				
b				5a			106		
С	Number of participants with account balances as of the end of the pla			5b			133		
	complete this item)			5с			108		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes	No		
D	Are you claiming a waiver of the annual examination and report of aunder 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	n independent qualifie	d public accountant (IC	PA)		X Yes	∏No		
	If you answered "No" to either line 6a or line 6b, the plan canno	nd conditions.) ot use Form 5500-SF	and must instead use	Form	5500.	M res	Пио		
Ca	ution: A penalty for the late or incomplete filing of this return/repo								
Un	der penalties of perjury and other penalties set forth in the instructions.	I declare that I have	examined this return/re	port in	cluding if applica	ble, a Sche	edule		
OD	or Schedule MB completed and signed by an enrolled actuary, as well ef, it is true, correct, and complete.	I as the electronic ver	sion of this return/repor	t, and t	to the best of my	knowledge	and		
SIC		×(1-12-13	Ted Straub						
HE	RE Signature of plan administrator	Date	Enter name of individ	ual sin	ning as plan adm	inistrator			
SIC		×(2-77-13	Ted Straub	dar dig	ining as plantaum	mstrator			
HE	RE Signature of employer/plan sponsor	Date		ual eia	ming as amplayar	or plan and	00000		
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)									
			•	l '		1.75	,		
							1		

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	Т		(b) En	d of Year	
a	Total plan assets	. 7a	1,83		50		(10) 6211		.58,542
b	Total plan liabilities	. 7b			\top			,	
C	Net plan assets (subtract line 7b from line 7a)	. 7c	1,83	4,55	50			2,1	58,542
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b)	Total	, , , , ,
а	Contributions received or receivable from:		1				()		
	(1) Employers	8a(1)		2,41	-				
	(2) Participants	8a(2)		8,89					
b	Other income (loss)	8a(3)		4,73	100000				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	17	4,69	15			_	
d	Benefits paid (including direct rollovers and insurance premiums	8c	-					5	50,741
	to provide benefits)	8d	20	5,93	32				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	2	0,81	7				
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	26,749
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						3	23,992
J	Transfers to (from) the plan (see instructions)	8j							
_	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature code	s from the List of Plan Char	acteris	tic Co	des in	the instru	ctions:	
b	20 21 20 20 2K 3D								
	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Chara	cteristi	ic Cod	les in t	he instruc	tions:	
Par	V Compliance Questions								
10	During the plan year:				Yes	N-			
a	Was there a failure to transmit to the plan any participant contribut	tions within th	ne time period described in	-	162	No		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	tion Program)	10a		Х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
с	bolid:			10c	Х			2	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			307000
е	Were any fees or commissions paid to any brokers, agents, or oth	er nersons h	y an incurance corrier						
	insurance service or other organization that provides some or all o instructions.)	f the benefits	s under the plan? (See	100		Х			
f	Has the plan failed to provide any benefit when due under the plan	2		10e					
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f		Х			
	If this is an individual account plan, was there a blackout period? (10g	_	Х			
	2520.101-3.)	See instruction	ons and 29 CFR	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 2520.101	e required no	otice or one of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Yes	," see instructions and com	plete S	Sched	ule SB	(Form	Yes	ПNо
11a	Enter the amount from Schedule SB line 39					11a		100	
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Yes	XNo
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								23140
	(II res, complete line 12a or lines 12b, 12c, 12d, and 12e below.	as applicable	9.)						
a	If a waiver of the minimum funding standard for a prior year is being	amortized i	in this plan year, see instruc	tions,	and e		e date of t		ıling
	If a waiver of the minimum funding standard for a prior year is being granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule	g amortized i	n this plan year, see instruc	ctions,	and e	nter th Day	e date of t	he letter ru Year	iling
lf	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized i	in this plan year, see instruc Moni 5500), and skip to line 13.	th			e date of t		ıling

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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)			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No ∏ N/A
Part				
_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	T	···
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	er the 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 p which assets or liabilities were transferred. (See instructions.)	lan(s) to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14h 7	rust's EIN	
		140	INGLO LIN	
		1		