F	Form 5500-SF	Short Form Annual Re			OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2	012			
Department of Labor Employee Benefits Security Administration Employee Content of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).				ctions 6057(b) and 6058		This Form i	s Open to Public			
	ion Benefit Guaranty Corporation)-SF.	Inspection							
Perison benefit Guaranty corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information										
For ca	lendar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending 12	2/31/2	2012				
A Thi	is return/report is for:	X a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan			
B Thi	is return/report is:		he final return/report							
	Ĺ	룩 넘	short plan year return	n/report (less than 12 mc	onths)	—				
C Check box if filing under:							DFVC program			
		special extension (enter description)								
Part		mation—enter all requested informati	on		16	These statistics				
	ame of plan I FRUIT 401(K) PSP				dr	Three-digit plan number				
00111						(PN) ▶	001			
					1c	Effective date of 01/01/	•			
2a PI	an sponsor's name and addre	ess; include room or suite number (em	plover, if for a single-	emplover plan)	2b	Employer Identif	-			
	N FRUIT		p,			(EIN) 91-14				
2644 W	ILSON HWY				2c	Sponsor's telephone number 509-882-3619				
GRAND	VIEW, WA 98930				2d	Business code (11130	,			
3a PI	an administrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN			
				-	30	Administrator's t	elephone number			
n	name, EIN, and the plan number from the last return/report.									
	oonsor's name otal number of participants at	t the beginning of the plan year				PN	13			
		the end of the plan year		-	5b		12			
		count balances as of the end of the pla		-	0.0					
			• •	-	5c		12			
		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								
Cautio	on: A penalty for the late or	incomplete filing of this return/repo	rt will be assessed u	unless reasonable caus	se is	established.				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN	Filed with authorized/va	lid electronic signature.	07/18/2013	DAVID COWAN						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrat			ninistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individu						
Prepar	er's name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

L

Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets	7a	29151	4		436768
b Total plan liabilities	7b				
C Net plan assets (subtract line 7b from line 7a)	7c	29151	4		436768
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:	0-(4)	4574	_		
(1) Employers		45710			
(2) Participants	8a(2) 8a(3)	607			
(3) Others (including rollovers)b Other income (loss)		4639			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		4039	1		145254
d Benefits paid (including direct rollovers and insurance premiums					145254
to provide benefits)	8d	(0		
e Certain deemed and/or corrective distributions (see instructions)	8e	(0		
f Administrative service providers (salaries, fees, commissions)	8f	(0		
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
Net income (loss) (subtract line 8h from line 8c)	1				145254
Transfers to (from) the plan (see instructions)					
vart V Compliance Questions					
0 During the plan year:			,	res No	Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 	luciary Correc	tion Program)	10a	Yes No X	Amount
During the plan year:Was there a failure to transmit to the plan any participant contribution	luciary Correc at? (Do not inc	tion Program) lude transactions reported			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 Fid b Were there any nonexempt transactions with any party-in-interest 	luciary Correc at? (Do not inc	tion Program) lude transactions reported	10a	X	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 Fid b Were there any nonexempt transactions with any party-in-interes 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 	luciary Correc st? (Do not inc s fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10a 10b	x x	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 Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? 	luciary Correc t? (Do not inc s 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	10a 10b 10c	x x x x	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 Fid b Were there any nonexempt transactions with any party-in-interess 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 ot insurance service or other organization that provides some or all 	luciary Correc st? (Do not inc s 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	10a 10b 10c 10d	x x x x x	Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes 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 ot insurance service or other organization that provides some or all instructions.) 	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e	x x x x x x x	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 Fid b Were there any nonexempt transactions with any party-in-interess 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 ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	luciary Correc st? (Do not inc s fidelity bond, ther persons b of the benefits an? as of year end (See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f	x x x x x x x x x	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fides on line 10a.) 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 ot insurance service or other organization that provides some or all 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? 	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefits an? as of year end (See instruction the required n	tion Program) lude transactions reported 	10a 10b 10c 10d 10e 10f 10g	x x x x x x x x x x x x	Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Was 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 ot insurance service or other organization that provides some or all instructions.) 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 1520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101 	luciary Correc st? (Do not inc s fidelity bond, her persons b of the benefits an? as of year end (See instruction the required n	tion Program) lude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h	x x x x x x x x x x x x	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 Fid b Were there any nonexempt transactions with any party-in-interess 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 ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate g Did the plan have any participant loans? (If "Yes," enter amount at 1520.101-3.) i If 10h was answered "Yes," check the box if you either provided for exceptions to providing the notice applied under 29 CFR 2520.101 art VI Pension Funding Compliance 	luciary Correc st? (Do not inc s fidelity bond, ther persons b of the benefits an? as of year end (See instruction the required n 01-3 nents? (If "Yes	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10h 10i plete S	X X X X X X X X X X Chedule SB	(Form
 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 Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.)	luciary Correc at? (Do not inc as fidelity bond, her persons b of the benefits an? (See instruction the required n)1-3	tion Program) lude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	X X X X X X X X X X Chedule SB	(Form
 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 Fid b Were there any nonexempt transactions with any party-in-interess 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 ot insurance service or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a exceptions to providing the notice applied under 29 CFR 2520.10 is providing the notice applied under 29 CFR 2520.10 is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below). 	luciary Correc at? (Do not inc s fidelity bond, her persons b of the benefits an? as of year end (See instruction the required n 01-3 nents? (If "Yes	tion Program) lude transactions reported 	10a 10b 10c 10d 10e 10f 10f 10g 10h 10i	X X X X X X X X X X X X X X X X X X X	(Form
 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 Fid b Were there any nonexempt transactions with any party-in-interess 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 ot insurance service or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a 1 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 art VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	luciary Correc it? (Do not inc is fidelity bond, her persons b of the benefits an? as of year end (See instruction the required n 01-3 nents? (If "Yes g requirements	tion Program) lude transactions reported 	10a 10b 10c 10d 10e 10f 10f 10g 10h 10i	X X X X X X X X X X X X X X X X X X X	(Form
 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 Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	luciary Correc it? (Do not inc it? (Do not inc is fidelity bond, her persons b of the benefits an? as of year end (See instruction the required n 01-3 nents? (If "Yes g requirements v, as applicabl ing amortized	tion Program) lude transactions reported 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i 001 001 001 001 001 001 001 001 001	X X X X X X X X X X X X X I I I I I I I	(Form ☐ Yes X ERISA? ☐ Yes X

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		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	rt 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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
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	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 Ret	urn/Report o	of Small Employ	vee		OMB Nos. 1210-0110					
Department of the Treasury		,		1210-0089							
Internal Revenue Service	e V(a) of		2012								
Department of Labor Employee Benefits Security Administration	ctions 6057(b) and 6058 ode).	(a) 01	This Form i	s Open to Public							
Pension Benefit Guaranty Corporation	Complete all entries in accordant	nce with the instruc	tions to the Form 550	0-SF.		pection					
Part I Annual Report Identification Information											
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: X a single-employer plan Image: a multiple-employer plan (not multiemployer) Image: a one-participant plan											
A mis return/report is for.			an (not multiemployer)		a one-partici	pant plan					
B This return/report is:		e final return/report									
C Check box if filing under: Form 5558 a short plan year return/report (less than 12 months) DFVC program											
C Check box if filing under:		DFVC program									
	special extension (enter description)										
the second secon	nation—enter all requested information	งก			-						
1a Name of plan				1b	Three-digit						
Cowan Fruit 401(k) PSP					plan number (PN) ▶	001					
				1c	Effective date o	f plan					
					01/01/2						
	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi	fication Number					
Cowan Fruit					(EIN) 91-140	and a state					
				2c	Sponsor's telep						
2644 Wilson Hwy				24	(509) 88						
Grandview, WA 98930				Zu	Business code (11130(see instructions)					
	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN					
				3c	Administrator's	telephone number					
4 If the name and/or EIN of the p	lan sponsor has changed since the last	return/report filed for	or this plan, enter the	4b	EIN						
name, EIN, and the plan numb	er from the last return/report.			4	DNI						
a Sponsor's name	the beginning of the plan year			4c		10					
	the end of the plan year			5a		13					
	count balances as of the end of the plan			5b		12					
				5c		12					
6a Were all of the plan's assets d	luring the plan year invested in eligible a	assets? (See instruct	tions.)			X Yes No					
	e annual examination and report of an i										
and the second	See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot i	sand density spectrum on a sector sector and the sector				X Yes No					
	incomplete filing of this return/report r penalties set forth in the instructions, I				and the second s	able a Schodule					
	signed by an enrolled actuary, as well a										
belief, it is true, correct, and comple	te.										
SIGN	(n)	7/18/17	David Cowan								
HERE Signature of plan adn	ninistrator	Date	Enter name of individu	ual eic	uning as plan adr	ainistrator					
SIGN		pale	Enter name of individu	iai siç	ning as plan au	inistrator					
HERE											
Signature of employer/plan sponsor Date Enter name of individ Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Enter name of individ					our and the second s	number (optional)					
			(optional)	TTOP							
For Dependent Deduction Act Mart	AND Control Numbers of the			3							
Por Paperwork Reduction Act Notice a 2013-07-02T15.06:35 854-05:00	and OMB Control Numbers, see the instruc	Juons for Form 5500-	эг.			Form 5500-SF (2012) v. 120126					

Form 5500-SF 2012

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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year	
а	Total plan assets	. 7a	291514	1		436768	
b	Total plan liabilities	7b					
С	C Net plan assets (subtract line 7b from line 7a) 7c			1	43676		
8	Income, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total	
а	Contributions received or receivable from: (1) Employers						
	(2) Participants			5			
	(3) Others (including rollovers)	8a(3)	6078	'8			
b	Other income (loss)	8b	46391				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				145254	
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d		100			
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f	()			
	Other expenses	8g		-			
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i	in the second			145254	
1	Transfers to (from) the plan (see instructions)	8j					
	rt IV Plan Characteristics					New York States	
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature code	es from the List of Plan Chara	icteristic C	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code:	s from the List of Plan Charac	teristic Co	des in t	he instructions:	
3373							
Par	t V Compliance Questions						
10	During the plan year:			Yes	No	Amount	
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			10a	x		
b		uciary Corre t? (Do not in	ction Program) clude transactions reported	10a 10b	x x		
b c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre t? (Do not in	ction Program) clude transactions reported				
c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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	uciary Corre ? (Do not in fidelity bond	ction Program) clude transactions reported 	10b 10c	x		
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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	iciary Corre ? (Do not in fidelity bond ner persons	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier,	10b	x x		
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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?	iciary Corre (Do not in fidelity bond her persons of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c	x x		
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 o instructions.)	iciary Corre (Do not in fidelity bond her persons of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d	x x x		
 d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 instructions.) Has the plan failed to provide any benefit when due under the plan	uciary Corre ? (Do not in fidelity bond her persons of the benefi n?	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	x x x x		
d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 or instructions.) Has the plan failed to provide any benefit when due under the plan	iciary Corre (Do not in fidelity bond ner persons of the benefi n? is of year en (See instruc	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10d 10e 10f	x x x x x		
d e f g	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 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 instructions.) Has the plan have any participant loans? (If "Yes," enter amount a 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 	iciary Corre (Do not in fidelity bond ner persons of the benefi n? s of year en (See instruc he required	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the	10b 10c 10d 10d 10e 10f 10g	x x x x x x x		
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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)	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			E
13a	Has a resolution to terminate the plan been adopted in any plan year?	. 🗌 Y	'es 🗙 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) EI	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	