F	orm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
	epartment of the Treasury nternal Revenue Service	This form is required to be filed u		nd 4065 of the Employe	е	2012			
Employe	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and the Internal Revenue Code (the Code).						This Form is Open to Public		
Pensior	n Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection		
Part I		entification Information			0/04/				
For cale	ndar plan year 2012 or fisca	7 · · · · · ·			2/31/2	2012			
	return/report is for:		1 1 7 1	an (not multiemployer)		a one-particip	pant plan		
<b>B</b> This	return/report is:		ne final return/report						
	L		short plan year return utomatic extension	h/report (less than 12 mo	onths				
C Cheo	ck box if filing under:			DFVC progra	IM				
		special extension (enter description)							
Part I		nation—enter all requested informati	on		46	<b></b>			
	ne of plan ND WALL ART GROUP, LL	C 401(K) PLAN			ar d	Three-digit plan number			
						(PN) ▶	001		
					1c	Effective date o	•		
	n sponsor's name and addre ND WALL ART GROUP, LL	ess; include room or suite number (em C	ployer, if for a single-	employer plan)	2b	Employer Identi	-		
312 OTH	AVE NORTH				2c	Sponsor's telep 206-430			
	, WA 98109				2d	Business code (see instructions) 511190			
3a Plar	administrator's name and	address 🛛 Same as Plan Sponsor Nai	me Same as Plan	Sponsor Address	3b	Administrator's	EIN		
					3с	Administrator's	elephone number		
4 If th	e name 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			
	ne, EIN, and the plan numb nsor's name	er from the last return/report.			4c	PN			
<u> </u>		the beginning of the plan year			5a		12		
<b>b</b> Tot	al number of participants at	the end of the plan year			5b		17		
		count balances as of the end of the pla							
					5c		9		
		uring the plan year invested in eligible					X Yes No		
		e 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/repo							
Under po SB or So	enalties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	oort, ir	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	07/29/2013	BRIAN HENN					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor		
Prepare		ne, if applicable) and address; include					number (optional)		

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	. 7a		0			324352
<b>b</b> Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c		0			324352
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	. 8a(1)		•			
(2) Participants	. 8a(2)	2844		_		
(3) Others (including rollovers)	. 8a(3)	6570				
<b>b</b> Other income (loss)	. 8b	2073	2	_		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			_		114885
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f	180	2			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1802
i Net income (loss) (subtract line 8h from line 8c)						113083
j Transfers to (from) the plan (see instructions)	1	21126	9			
Part IV Plan Characteristics	9					
b If the plan provides welfare benefits, enter the applicable welfare for Part 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 Fide			10a		x	
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x	
<b>C</b> Was the plan covered by a fidelity bond?			10c	X		45000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	her persons b of the benefit	y an insurance carrier, s under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	l.)	10q		Х	
<ul> <li>h If this is an individual account plan, was there a blackout period?</li> <li>2520.101-3.)</li> </ul>	•		10h		x	
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			
Part VI Panaian Funding Compliance						
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
<ul> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>Enter the amount from Schedule SB line 39</li> </ul>					11a	
<ul> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	ı requirement	s of section 412 of the Code			11a	Yes X No
<ul> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39</li> </ul>	requirement , as applicabl ng amortized	s of section 412 of the Code e.) in this plan year, see instruc	or se	ection :	<b>11a</b> 302 of E	ERISA? Yes X No
<ul> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>Enter the amount from Schedule SB line 39.</li> <li>Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below</li> <li>If a waiver of the minimum funding standard for a prior year is being the standard for a prior year is</li></ul>	requirement , as applicabl ng amortized	s of section 412 of the Code e.) in this plan year, see instruc Mon	or se	ection :	11a 302 of E	ERISA? Yes No

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	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_			
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

For	Form 5500-SF Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2012		
	partment of Labor enefits Security Administration	B(a) of	This Form is Open to Pub		Public				
Pension Be	nefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	tions to the Form 550	0-SF.	Ins	pection		
Part I		lentification Information							
For calenda	ar plan year 2012 or fisc	al plan year beginning 01	/01/2012	and ending			.2		
A This ret				an (not multiemployer)		a one-partici	pant plan		
B This ret	urn/report is:	' <u> </u>	the final return/report						
		an amended return/report	a short plan year retu	n/report (less than 12 n	nonths	_			
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		special extension (enter description	)						
Part II	<b>Basic Plan Inform</b>	mation—enter all requested informat	ion				<u> </u>		
1a Name	•				1b	Three-digit plan number			
Third	d and Wall Art	Group, LLC 401(k) Plan				(PN) ►	00	1	
					1c	Effective date o	f plan		
		· · · · · · · · · · · · · · · · · · ·				01/01/2012	2		
	bonsor's name and addr d and Wall Art	ress; include room or suite number (em Group,LLC	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 35-226	fication Nun 3662	nber	
					2c Sponsor's telephone numbe			er	
312 9	9th Ave North				2d	(206) 436-5074 <b>2d</b> Business code (see instructions			
Seat			WA	98109		511190			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	ime 🗌 Same as Plan	Sponsor Address	3b	Administrator's	EIN		
						,			
	EIN, and the plan num	olan sponsor has changed since the lat ber from the last return/report.	st return/report filed fo	r this plan, enter the	4b 4c	EIN			
		t the beginning of the plan year			5a			12	
		t the end of the plan year			5b			17	
	• •	count balances as of the end of the pla							
compl	ete this item)				5c			9	
		during the plan year invested in eligible					X Yes	No	
		he annual examination and report of ar See instructions on waiver eligibility ar					X Yes	No	
		her line 6a or line 6b, the plan canno							
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is	established.			
SB or Sche	alties of perjury and othe dule MB completed and rue, correct, and comple	er penalties set forth in the instructions, I signed by an enrolled actuary, as well ete.	l declare that I have as the electronic ver	examined this return/rep sion of this return/report	port, ir t, and	ncluding, if applic to the best of my	able, a Sch knowledge	edule and	
SIGN	Bring		7/24/13	Brian Henn					
HERE	Signature of plan ad	hinistrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator		
SIGN	Mind		724 3	Brian Henn					
HERE	Signature of employe		Date	Enter name of individ					
Preparer's	name (including firm nar	me, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (op	otional)	
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the instr	uctions for Form 5500-	SF.			Form 5500-S v	F (2012) . 120126	

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Yea	ar	
а	Total plan assets	7a			0				324	,352
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c			0				324	<b>,</b> 352
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
a	Contributions received or receivable from:									
<u></u>	(1) Employers	8a(1)	0.0							
<b></b>	(2) Participants	8a(2)		3,44	_		<u></u>			
	(3) Others (including rollovers)	8a(3)		5,70						
	Other income (loss)	8b	20	) <b>,</b> 73	>2				111	005
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							114	<b>,</b> 885
u	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1,80	)2					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	,802
i	Net income (loss) (subtract line 8h from line 8c)	8i							113	,083
J	Transfers to (from) the plan (see instructions)	8j	211	1,26	59					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Plan Charac	cterist	ic Cod	es in ti	he instruct	ions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amou	int	
<u>10</u> ε	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 Fidu			10a	Yes	No X		Αmoι	unt	
8	Was there a failure to transmit to the plan any participant contribu	uciary Corre	ction Program) clude transactions reported	10a 10b	Yes			Αmoι	int	
8	Was there a failure to transmit to the plan any participant contribu 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.)	iciary Correct? (Do not in	ction Program) clude transactions reported		Yes	X		Αποι		5,000
 k	Was there a failure to transmit to the plan any participant contribu 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?	iciary Corre ? (Do not in fidelity bond	ction Program) clude transactions reported 	10b		X		Αποι		5 <b>,</b> 000
	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.)</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all other or an end of the provides some or all other organization.</li> </ul>	iciary Correct ? (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		Αποι		5,000
	<ul> <li>Was there a failure to transmit to the plan any participant contribu 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> </ul>	iciary Correct ? (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 10e		x x x x		Αποι		5,000
	<ul> <li>Was there a failure to transmit to the plan any participant contribu 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> </ul>	(Do not in (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 10e 10f		x x x x x		Αποι		5,000
c c c c c f	<ul> <li>Was there a failure to transmit to the plan any participant contribu 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a provide some or all contexpendence of the plan have any participant loans?</li> </ul>	iciary Correct ? (Do not in fidelity bond ner persons of the benefi n? s of year en	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		Αποι		5,000
c c c c c f	<ul> <li>Was there a failure to transmit to the plan any participant contribu 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>Has the plan failed 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.)</li> </ul>	iciary Correct ? (Do not in fidelity bond her persons of the benefi n? s of year en (See instruc	ction Program) clude transactions reported 	10b 10c 10d 10e 10f		x x x x x		Amou		5,000
=	<ul> <li>Was there a failure to transmit to the plan any participant contribu 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	iciary Correct ? (Do not in fidelity bond her persons of the benefi n? s of year en (See instruc ne required i	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g		x x x x x x x		Αποι		5,000
a k c c c c c c c c c c c c c c c c c c	<ul> <li>Was there a failure to transmit to the plan any participant contribu 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>Has the plan failed 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.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li><b>VI</b> Pension Funding Compliance</li> </ul>	iciary Correct ? (Do not in fidelity bond her persons of the benefi n? s of year en (See instruc he required i 1-3	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 10e 10f 10g 10h 10i		x x x x x x x x		Amou		5,000
	<ul> <li>Was there a failure to transmit to the plan any participant contribu 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>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.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	iciary Correct ? (Do not in fidelity bond her persons of the benefi n? s of year en (See instruc he required i 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X				
	<ul> <li>Was there a failure to transmit to the plan any participant contribu 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did 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.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li></ul>	iciary Correct ? (Do not in fidelity bond fidelity bond ner persons of the benefi n? s of year en (See instruc ne required i 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X Ule SE			45 (es	XNo
	<ul> <li>Was there a failure to transmit to the plan any participant contribu 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>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.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	iciary Correct ? (Do not in fidelity bond fidelity bond ner persons of the benefi n? s of year en (See instruc ne required i 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X Ule SE			45 (es	
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С	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		
e	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 N	0
	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)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
L	Name of trust	<b>14b</b> ⊤	rust's EIN	and and a second se