For	m 5500-SF	Short Form Annual Ret		of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	_	enefit Plan		_	2	2012
	partment of Labor enefits Security Administration	This form is required to be filed u Retirement Income Security Act of 19 the Internal R		ctions 6057(b) and 6058		This Form i	s Open to Public
Pension Be	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500)-SF.	Ins	spection
Part I		lentification Information					
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012	
A This ret	urn/report is for:	X a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This retu	urn/report is:	the first return/report the	e final return/report				
	Γ	an amended return/report	hort plan year returr	n/report (less than 12 mc	onths)		
C Check b	box if filing under:	Form 5558	tomatic extension			DFVC progra	am
		special extension (enter description)					
Part II	Basic Plan Inform	nation—enter all requested informatic	on				
1a Name					1b	Three-digit	
	DNAL NEWS, INC. 401(P	<) PLAN				plan number	
						(PN) 🕨	001
					1C	Effective date o	•
	oonsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi	
					2c	Sponsor's telep	hone number
19226 70TH KENT, WA 9	AVENUE SOUTH 8032				2d		(see instructions)
0			<u> </u>		01	44819	
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	30	Administrator's	EIN
					3c	Administrator's	telephone number
		Ian sponsor has changed since the last per from the last return/report.	return/report filed fo	or this plan, enter the	4b	EIN	
a Sponso	•	·			4c	PN	
5a Total n	number of participants at	the beginning of the plan year			5a		25
b Total n	number of participants at	the end of the plan year			5b		26
	· ·	count balances as of the end of the plar			_		
					5c		24
	•	luring the plan year invested in eligible a	•	,			X Yes No
		ne annual examination and report of an See instructions on waiver eligibility and					X Yes No
		er line 6a or line 6b, the plan cannot					
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	se is	established.	
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.					
SIGN	Filed with authorized/va	lid electronic signature.	10/02/2013	CRES VILORIA			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Preparer's i	name (including firm nan	ne, if applicable) and address; include n	oom or suite number	r (optional)	Prep	parer's telephone	number (optional)

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(k	o) End of Year
a Total plan assets	. 7a	229649	7			2581405
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	229649	7			2581405
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	. 8a(1)	1555				
(2) Participants	. 8a(2)	4803	1	_		
(3) Others (including rollovers)	. 8a(3)		_			
b Other income (loss)	. 8b	22240	0			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			_		285988
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	108	0			
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1080
i Net income (loss) (subtract line 8h from line 8c)	. 8i					284908
j Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions			Jensi			
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 Were there any nonexempt transactions with any party-in-interest	t2 (Do not inc					9983
on line 10a.)			10b		X	9983
			10b 10c	X	X	
 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 	s fidelity bond,	that was caused by fraud		X	X X	
on line 10a.) C Was the plan covered by a fidelity bond?	fidelity bond, her persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10c	X		
 on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all 	fidelity bond, her persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d	X	X	
 on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	fidelity bond, her persons b of the benefits an?	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d 10e 10f	×	X X	250000
 on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	s fidelity bond, her persons b of the benefits an? as of year end (See instructi	that was caused by fraud y an insurance carrier, s under the plan? (See .)	10c 10d 10e		X X	250000
 on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all 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? 	s fidelity bond, her persons b of the benefits an? as of year end (See instruction he required not	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g		X X X	250000
 on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 	s fidelity bond, her persons b of the benefits an? as of year end (See instruction he required not	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h		X X X	
 on line 10a.) C Was the plan covered by a fidelity bond?	s fidelity bond, her persons b of the benefits an? as of year end (See instruction he required no 11-3	that was caused by fraud y an insurance carrier, s under the plan? (See .)	10c 10d 10e 10f 10g 10h 10i	X	X X X X	250000 7336
 on line 10a.) C Was the plan covered by a fidelity bond?	a fidelity bond, her persons b of the benefits an? as of year end (See instruction he required no 11-3 hents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	X	X X X X	250000 7336
 on line 10a.) C Was the plan covered by a fidelity bond?	a fidelity bond, her persons b of the benefits an? as of year end (See instruction he required no 1-3 nents? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X Iule SB (Fo	250000 7336
 on line 10a.) c Was the plan covered by a fidelity bond?	s fidelity bond, her persons b of the benefits an? as of year end (See instructi he required no 11-3 hents? (If "Yes g requirements	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schee	X X X X Iule SB (Fo	250000 7336
 on line 10a.) c Was the plan covered by a fidelity bond?	a fidelity bond, her persons b of the benefits an? as of year end (See instruction he required no 11-3 hents? (If "Yes g requirements r, as applicable ng amortized	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10f 10g 10h 10i 0 or see	Schec	X X X X Iule SB (Fo	250000 7336 0rm Yes X No SA? Yes X No
 on line 10a.) c Was the plan covered by a fidelity bond?	her persons b of the benefits an? as of year end (See instructi he required no 1-3 nents? (If "Yes prequirements of requirements of a applicable ng amortized	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10f 10g 10h 10i 0 or see	Schec	X X X X Iule SB (Fo 11a 302 of ERI	250000 7336

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	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
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	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

						OHO Non 4040 A
Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Employ	yee		OMB Nos, 1210-01 1210-00
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						2012
Department of Labor Employee Benefits Socurity Administration Pension Benefit Guaranty Corporation	the inte	mal Revenue Code (lhe	Code).		this Form i	s Open to Publi spection
	Complete all entries in acc	ordance with the instr	uctions to the Form 550	0-SF.		
Part I Annual Report For calendar plan year 2012 or fi	Identification Information	01/01/2012	and ending		12/31/201	12
A This return/report is for:	X a single-employer plan		plan (not multiemployer)		a one-partici	
B This return/report is:	the first return/report	the final return/repo				ματιτ μιστι
1	an amended return/report	a short plan year re	lum/report (less than 12 r	nonths	\$}	
C Check box if filing under:	X Fom 5558	automatic extensio	1		DFVC progr	am
	special extension (enter descr	iption)				
Part II Basic Plan Info	rmation—enter all requested info	rmation				
1a Name of plan				1b	Three-digit	
International New	s, Inc. 401(K) Plan				plan number (PN)	001
				1c	Effective date of 11/01/198	fplan
2a Plan sponsor's name and ac International New	Idress; include room or suite numbe	r (employer, if for a sing	ie-employer plan)	2b	Employer Identi (EIN) 91-122	fication Number
	5, 110,			2c	Sponsor's telep (253) 872	hone number
19226 70th Avenue	South			2d	Business code	
Kent	nd address XSame as Plan Spons		A 98032	35	448190 Administrator's	CIN
Ja Fidit doministrator 5 name a			an oponsor Address	.00	Administrators	CIN
	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN	
name, EIN, and the plan nu a Sponsor's name	mber from the last return/report.			4c	PN	
	at the beginning of the plan year			1 <u> </u>		
b Total number of participants	at the end of the plan year			- 5b		
	account balances as of the end of t			. 5c		
	is during the plan year invested in el of the annual examination and report					Yes
under 29 CFR 2520.104-40	? (See instructions on waiver eligibi	lity and conditions.)		••••••		⊠ Yes []≀
and the second	ither line 6a or line 6b, the plan c					·
	or incomplete filing of this return					
	ther penalties set forth in the instruc ind signed by an enrolled actuary, a iplete.					
SIGN (HI	otur	10-01-701	Cres Viloria			<u></u>
HERE Signature of plan	· · · ·	Date	Enter name of individ	dual si	onino as olan ad	ministrator
SIGN					== ptan au	
HERE	avariaton anonoor	Date	Enter name of induit	de al al		
Preparer's name (including firm	oyer/plan sponsor name, if applicable) and address; in		Enter name of individent ber (optional)	-	gning as employ parer's telephoni	
e de la composition d Composition de la composition de la comp						
For Paperwork Reduction Act Noti	ce and OMB Control Numbers, see the	instructions for Form 55)0-SF.			Form 5500-SF (20 v. 120
and a state of the second s						

		Page 2		_				
Part III Financial Information								•
7 Plan Assets and Llabilities		(a) Beginning of Year		Τ		(b) End of	Year	
a Total plan assets	7a	2,296	,491	7			2,581,	405
b Total plan liabilities	7b	·						
C Net plan assets (subtract line 7b from line 7a)	70	2,296	, 491	7			2,581,	405
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	·	1		(b) Tot	al	
a Contributions received or receivable from:								
(1) Employers	8a(1)		<u>, 55</u>	100.000				
(2) Parlicipants	8a(2)	48	,03	7				
(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·		<u>859</u>	ertst vrille			· · · · · · · · · · · · · · · · · · ·
b Other income (loss)	d8	222	,40	0				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			a i			285	,988
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
e Certain deemed and/or corrective distributions (see instructions)	<u>, 80</u>							
f Administrative service providers (salaries, fees, commissions)	. 81 <u> </u>	1	,08	0				
g Other expenses	. 8g				<u></u>			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>. 8h</u>							,080
1 Net income (loss) (subtract line 8h from line 8c)	. <u> </u>						284	,908
J Transfers to (from) the plan (see instructions)	· 8j							
Part V Compliance Questions				17				
10 During the plan year:				Yes	No		Amount	
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fit	duclary Cor	rection Program)	10a	X			<u> </u>	9,983
b Were there any nonexempt transactions with any party-in-intere- on line 10a.)			10b		x			
c Was the plan covered by a fidelity bond?				1. A.				
			10c	X			25(),000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	's fidelily bo	ond, that was caused by fraud	10c 10d	X	x		25(000
er dishonesty?	's fidelity bo	ond, that was caused by fraud		X			250	000
er dishonesty? er Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or al	's fidelily bo other person Il of the ben	ond, that was caused by fraud his by an insurance carrier, refits under the plan? (See		x		· · · · · · · · · · · · · · · · · · ·	25(0,000
or dishonesty?	's fidelity bo other person It of the ben	ond, that was caused by fraud ns by an insurance carrier, lefits under the plan? (See	10d 10e	X	x		25(000
er dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p	's fidelily bo other person Il of the ben lan?	ond, that was caused by fraud his by an insurance carrier, nefits under the plan? (See	10d 10e 10f		x		······································	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 	's fidelity bo other person Il of the ben lan? as of year ? (See inste	ond, that was caused by fraud his by an insurance carrier, hefits under the plan? (See end.)	10d 10e 10f 10g	x	x x x		······································),000 7,336
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If *Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided 	s fidelity bo other person II of the ben lan? as of year ? (See Instr I the require	ond, that was caused by fraud ns by an insurance carrier, refits under the plan? (See end.) ructions and 29 CFR	10e 10e 10f 10g 10h		x		······································	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	s fidelity bo other person II of the ben lan? as of year ? (See Instr I the require	ond, that was caused by fraud ns by an insurance carrier, refits under the plan? (See end.) ructions and 29 CFR	10d 10e 10f 10g		x x x		······································	
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter emount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI. Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding required 	s fidelity bo ther person I of the ben as of year ? (See instr 101-3	ond, that was caused by fraud his by an insurance carrier, refits under the plan? (See end.) ructions and 29 CFR and notice or one of the "Yes," see instructions and con	10e 10e 10f 10g 10h 10h	x	X X X dule S	B (Form		
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If *Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 	s fidelily bo other person I of the ben lan? as of year ? (See instu the require 101-3 ements? (If	ond, that was caused by fraud ns by an insurance carrier, lefits under the plan? (See end.) ructions and 29 CFR ad notice or one of the "Yes," see instructions and con	10e 10e 10f 10g 10h 10i	x	X X X dule S	B (Form		7,336
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If *Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 	s fidelily bo other person I of the ben lan? as of year ? (See instu the require 101-3 ements? (If	ond, that was caused by fraud his by an insurance carrier, refits under the plan? (See end.) ructions and 29 CFR ad notice or one of the "Yes," see instructions and con	10d 10e 10f 10g 10h 10h	X Sche	X X X dule SI		Yes	7,336 XNo
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI. Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding 	s fidelity bo ther person I of the ben as of year ? (See instr 101-3 pments? (If	ond, that was caused by fraud his by an insurance carrier, lefits under the plan? (See end.) ructions and 29 CFR ad notice or one of the "Yes," see instructions and con	10d 10e 10f 10g 10h 10h	X Sche	X X X dule SI		Yes	7,336
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI. Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belog a If a waiver of the minimum funding standard for a prior year is b 	s fidelity bo other person I of the ben as of year ? (See instr 101-3 ements? (If mg requiren pw, as appli eing amort	ond, that was caused by fraud his by an insurance carrier, leftis under the plan? (See end.) ructions and 29 CFR ad notice or one of the "Yes," see instructions and con ments of section 412 of the Cod cable.) ized in this plan year, see instru	100 100 100 100 100 100 100 100	X Sche	X X X X dule Si 11a 302 of	ERISA?	yes	7,336 XNo
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the p g Did the plan have any participant loans? (If "Yes," enter emount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 Part VI. Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below 	s fidelity bo other person I of the bern as of year ? (See instr 101-3 ements? (If ng requiren ow, as appli eing amort	ond, that was caused by fraud his by an insurance carrier, lefits under the plan? (See end.) ructions and 29 CFR ad notice or one of the "Yes," see instructions and con ments of section 412 of the Cod cable.) ized in this plan year, see Instru-	100 100 100 100 100 100 100 100 100	X Sche	X X X X dule SI 11a 302 of enter t	ERISA?	Yes he letter ruli	7,336 XNo

C Enter the amount contributed by the employer to the plan for this plan year		
negative amount)	12c	
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s, which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): Part VIII Trust Information (optional)	12d	
13a Has a resolution to terminate the plan been adopted in any plan year? If 'Yes,' enter the amount of any plan assets that reverted to the employer this year	Yes No	N/A
13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		
If 'Yes," enter the amount of any plan assets that reverted to the employer this year	Yes X No	
of the PBGC? C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): Part VIII Trust Information (optional)	. 13a	
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): Part VIII Trust Information (optional)	control Ye	is 🛛 No
Part VIII Trust Information (optional)	to	
	3c(2) EIN(s) 13c	(3) PN(s)
	14b Trust's EIN	

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