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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pe	ension Be	nefit Guaranty Corporation	▶ Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	rt I	Annual Report	Identification Information					
For o	calenda	ar plan year 2012 or fis	scal plan year beginning 04/01/201	2	and ending (03/31/2	013	
		urn/report is for:	X a single-employer plan		lan (not multiemployer)		a one-particip	oant plan
ВТ	his ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	am
			special extension (enter description	nn)				
Pa	rt II	Basic Plan Info	rmation—enter all requested inform	ation				
	Name		211 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1b	Three-digit	
			NC. 401K PROFIT SHARING PLAN				plan number	
							(PN) ▶	001
						1c	Effective date o	•
							04/01	
		oonsor's name and add IT INTERNATIONAL, I	dress; include room or suite number (e INC.	mployer, if for a single	-employer plan)		Employer Identi (EIN) 91-13	fication Number 33721
						2c	Sponsor's telep	hone number
131 S	.W. 15	6TH ST., SUITE 200					206-24	
		VA 98166				2d	Business code ((see instructions)
							48412	20
3a	Plan ad	dministrator's name an	nd address XSame as Plan Sponsor N	lame Same as Plai	n Sponsor Address	3b	Administrator's	EIN
						30	Administrator's	telephone number
							, tarriminotrator o	
4	If the n	ame and/or EIN of the	plan sponsor has changed since the l	ast return/report filed f	or this plan, enter the	4b	EIN	
		•	nber from the last return/report.					
		or's name				4c	PN	
5a	Total r	number of participants	at the beginning of the plan year			5a		56
b	Total r	number of participants	at the end of the plan year			5b		55
С			account balances as of the end of the p	• `	•	5c		55
62			during the plan year invested in eligib					X Yes No
_		·	the annual examination and report of	•	•			M 100 1110
			? (See instructions on waiver eligibility					X Yes No
	If you	answered "No" to eit	ther line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form	5500.	
Caut	tion: A	penalty for the late of	or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	use is e	established.	
			ner penalties set forth in the instruction					
		dule MB completed an rue, correct, and comp	nd signed by an enrolled actuary, as wo	ell as the electronic ver	rsion of this return/report	t, and to	o the best of my	knowledge and
50110	,, ,, ,, ,,	rao, correct, and comp			1			
SIGN		Filed with authorized/\	valid electronic signature.	11/13/2013	MICHAEL GEORGE			
ПЕК	_	Signature of plan ac	dministrator	Date	Enter name of individ	ual sigı	ning as plan adr	ninistrator
SIGN								
HER	E	Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual siar	ning as emplove	er or plan sponsor
Prep	arer's		ame, if applicable) and address; include					number (optional)

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(b) End of Year								
a	Total plan assets	7a	(a) Beginning of Yea			2498582					
	Total plan liabilities	7b	1922	26			13473				
	Net plan assets (subtract line 7b from line 7a)	7c	232909					2	48510		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h	Total			
	Contributions received or receivable from:		(a) Amount					Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	1190	00							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	14448	32							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15638	2	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	36	9							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							36	9	
i	Net income (loss) (subtract line 8h from line 8c)	8i							15601	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	٥٫									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions			
_											
Par	t V Compliance Questions			1			ı				
10	During the plan year:			_	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	·	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end)			Х					
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g 10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Par											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
_11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	-			and e	enter th Day	ne date d	of the lo		ıling	_
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	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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С	Enter the amount contributed by the employer to the plan for this plan year.		12	C			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	- ·	120	d			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?		X	Ye	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	138	3			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought under	the contr	ol		Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_	
1	3c(1) Name of plan(s):		13c(2)	EIN	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					•	
14a 1	Name of trust		14b	Tru	ıst's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report lo	dentification Information	/ /		02/21/2012	
For calenda	ar plan year 2012 or fisc		01/2012	and ending	03/31/2013	
A This ret	turn/report is for:			an (not multiemployer)	a one-participant plan	
B This ret	turn/report is:	□	he final return/report			
		an amended return/report a	short plan year returr	n/report (less than 12 mo	onths)	
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter description)			
Part II	Basic Plan Infor	mation—enter all requested informat	ion			
1a Name					1b Three-digit	
ALL FR	EIGHT INTERNAT	IONAL, INC. 401K PROFIT	SHARING PLAN	ī l	plan number (PN) ▶ 001	
		1c Effective date of plan				
			04/01/1986			
2a Plan si	ponsor's name and addi	ress; include room or suite number (em	ployer, if for a single-	employer plan)	2b Employer Identification Number	r
	EIGHT INTERNAT	(EIN) 91-1333721				
					2c Sponsor's telephone number	
131 S.V	W. 156TH ST.,	SUITE 200			206-244-2646	
					2d Business code (see instructions	s)
SEATTL		WA 98166			484120	
3a Plan a	dministrator's name and	Sponsor Address	3b Administrator's EIN			
					3c Administrator's telephone numl	ber
					,	
		plan sponsor has changed since the la	st return/report filed fo	r this plan, enter the	4b EIN	
name	, EiN, and the plan num	plan sponsor has changed since the label ber from the last return/report.	st return/report filed fo	r this plan, enter the	4b EIN 4c PN	
name, a Spons	, EIN, and the plan num or's name	• •			-	56
a Spons 5a Total	, EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c PN	56 55
name, a Spons 5a Total i b Total i	, EIN, and the plan num or's name number of participants a number of participants a	ber from the last return/report.			4c PN 5a 5b	55
name, a Spons 5a Total r b Total r C Numb	, EIN, and the plan numor's name number of participants a number of participants a ser of participants with ac lete this item)	ber from the last return/report. It the beginning of the plan year It the end of the plan year Count balances as of the end of the plan	an year (defined bene	fit plans do not	4c PN 5a 5b 5c	55 55
name, a Sponso 5a Total r b Total r c Numb- compl	EIN, and the plan numor's name number of participants a number of participants a ner of participants with ac lete this item) all of the plan's assets	the beginning of the plan yeart the beginning of the plan yeart the end of the plan yearccount balances as of the end of the plan year three plan year invested in eligible	an year (defined bene	fit plans do not	4c PN 5a 5b 5c	55
name, a Sponsi 5a Total i b Total i c Numbi compl 6a Were b Are vo	EIN, and the plan numor's name number of participants a number of participants a per of participants with a lete this item) all of the plan's assets ou claiming a waiver of t	ber from the last return/report. It the beginning of the plan year It the end of the plan year Cocount balances as of the end of the plan year invested in eligible the annual examination and report of ar	an year (defined bene assets? (See instruct	fit plans do not iions.)d public accountant (IQF	4c PN 5a 5b 5c X Yes PA)	55 55
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are you under	, EIN, and the plan numor's name number of participants a number of participants are of participants with acted this item)	ber from the last return/report. It the beginning of the plan year It the end of the plan year It the end of the plan year Cocount balances as of the end of the plan year invested in eligible the annual examination and report of ar (See instructions on waiver eligibility ar	an year (defined bene assets? (See instruct n independent qualifie nd conditions.)	fit plans do not iions.)d public accountant (IQF	4c PN 5a 5b 5c X Yes PA) X Yes Yes	55 55 No
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name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder If you Caution: A	EIN, and the plan numor's name number of participants a number of participants a number of participants with a lete this item) all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? I answered "No" to eith	ber from the last return/report. It the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifiend conditions.) t use Form 5500-SF ort will be assessed	fit plans do not cions.) d public accountant (IQF and must instead use includes reasonable causes	4c PN 5a 5b 5c	55 55 No No
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder If you Caution: A Under pens SB or Sche	EIN, and the plan numor's name number of participants a number of participants are of participants after this item)	ber from the last return/report. It the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifiend conditions.) t use Form 5500-SF ort will be assessed	fit plans do not cions.) d public accountant (IQF and must instead use includes reasonable causes	4c PN 5a 5b 5c	55 55 No No
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder If you Caution: A Under pens SB or Sche	EIN, and the plan numor's name number of participants a number of participants a number of participants with a lete this item) all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? I answered "No" to eith	ber from the last return/report. It the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifiend conditions.) t use Form 5500-SF ort will be assessed	fit plans do not cions.) d public accountant (IQF and must instead use includes reasonable causes	4c PN 5a 5b 5c	55 55 No No
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name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder If you Caution: A Under pens SB or Sche	EIN, and the plan numor's name number of participants and participants and participants and participants and participants at the plan's assets out claiming a waiver of the plan's assets and claiming a waiver of the plan's true of the plan's and the plan's and the plan's and completed and com	ber from the last return/report. It the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier ind conditions.) t use Form 5500-SF ort will be assessed I declare that I have I as the electronic vers	fit plans do not cions.) d public accountant (IQF and must instead use unless reasonable cau examined this return/rep sion of this return/report,	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. Se is established. ort, including, if applicable, a Schedu and to the best of my knowledge and	55 55 No No
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder If your Caution: A Under pens SB or Sche belief, it is is SIGN HERE	EIN, and the plan numor's name number of participants a number of participants are of participants after this item)	ber from the last return/report. It the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifie nd conditions.) t use Form 5500-SF ort will be assessed in I declare that I have a I as the electronic vers	fit plans do not cions.) d public accountant (IQF and must instead use unless reasonable cau examined this return/rep sion of this return/report,	4c PN 5a 5b 5c	55 55 No No
name, a Sponso 5a Total r b Total r c Numb compl 6a Were b Are younder If your Caution: A Under pena SB or Sche belief, it is	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	ber from the last return/report. It the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier nd conditions.) t use Form 5500-SF ort will be assessed I declare that I have I as the electronic vers	fit plans do not ions.) d public accountant (IQF and must instead use in inste	4c PN 5a 5b 5c X Yes PA) X Yes Cort, including, if applicable, a Schedu and to the best of my knowledge and the signing as plan administrator	55 No No
name, a Sponso 5a Total r b Total r c Numb compl 6a Were b Are younder If your Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and number of participants and participants with activities and of the plan's assets out claiming a waiver of the plan's assets of the plan's assets out claiming a waiver of the plan's assets of the plan's assets out claiming a waiver of the plan's assets out claiming a waiver of the plan's answered "No" to eith a penalty for the late of altitles of perjury and other dulle MB completed and true, correct, and complete the plan and signature of plan ad Signature of employ	ber from the last return/report. It the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier ind conditions.) t use Form 5500-SF ort will be assessed I declare that I have I as the electronic vers	fit plans do not ions.) d public accountant (IQF and must instead use inste	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. Se is established. ort, including, if applicable, a Schedu and to the best of my knowledge and	55 No No
name, a Sponso 5a Total r b Total r c Numb compl 6a Were b Are younder If your Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and number of participants and participants with activities and of the plan's assets out claiming a waiver of the plan's assets of the plan's assets out claiming a waiver of the plan's assets of the plan's assets out claiming a waiver of the plan's assets out claiming a waiver of the plan's answered "No" to eith a penalty for the late of altitles of perjury and other dulle MB completed and true, correct, and complete the plan and signature of plan ad Signature of employ	ber from the last return/report. It the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier ind conditions.) t use Form 5500-SF ort will be assessed I declare that I have I as the electronic vers	fit plans do not ions.) d public accountant (IQF and must instead use inste	4c PN 5a 5b 5c X Yes CA PA) X Yes CA Form 5500. se is established. ort, including, if applicable, a Schedu and to the best of my knowledge and the best of my kn	55 No No
name, a Sponso 5a Total r b Total r c Numb compl 6a Were b Are younder If your Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and number of participants and participants with activities and of the plan's assets out claiming a waiver of the plan's assets of the plan's assets out claiming a waiver of the plan's assets of the plan's assets out claiming a waiver of the plan's assets out claiming a waiver of the plan's answered "No" to eith a penalty for the late of altitles of perjury and other dulle MB completed and true, correct, and complete the plan and signature of plan ad Signature of employ	ber from the last return/report. It the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier ind conditions.) t use Form 5500-SF ort will be assessed I declare that I have I as the electronic vers	fit plans do not ions.) d public accountant (IQF and must instead use inste	4c PN 5a 5b 5c X Yes CA PA) X Yes CA Form 5500. se is established. ort, including, if applicable, a Schedu and to the best of my knowledge and the best of my kn	55 No No

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Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year		
a	Total plan assets	7a	` '	4832	2		(,		498	3582
b	Total plan liabilities	7b		1922	6				13	3473
С	Net plan assets (subtract line 7b from line 7a)	7c	23.	2909	6			2	485	5109
8	Income, Expenses, and Transfers for this Plan Year	-	(a) Amount				(b) To	tal		
	Contributions received or receivable from:		(w) runoum				(3) 10	<u></u>		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		1190	0					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1	4448	2					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							156	382
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		36	9					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								369
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							156	013
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	des in t	he instructio	ns:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	· ,	mount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х	,	inount		
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported			Х				
	on line 10a.)			10b					F 0	
c	, , ,			10c	Х				50	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
q						Х				
	If this is an individual account plan, was there a blackout period?	(See instru	ictions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h						
Part	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance	1-3		10i						
11	Is this a defined benefit plan subject to minimum funding requirem							П Үе	 . П	No
110	5500) and line 11a below)									. 10
	Enter the amount from Schedule SB line 39					11a	EDICAC T	Пус	s X	Nia
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 of	ERISA?	Ye	> X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·	otions	224	ontor ti	no data of th	lottor -	ulina	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and	enter ti Day		e letter r 'ear	uiing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			ı	401				
b	Enter the minimum required contribution for this plan year					12b	I			

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		u dhi a mha a cean				12c			
d	Enter the amount contributed by the employer to the plan fo Subtract the amount in line 12c from the amount in line 12b negative amount)	Enter the result (enter a minu	ıs siç	gn to the	eft of a	12d			
е	Will the minimum funding amount reported on line 12d be m	et by the funding deadline?					Yes	No	N/A
Part	VII Plan Terminations and Transfers of Ass	ets							
13a	Has a resolution to terminate the plan been adopted in any plan	year?				Х	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to	the employer this year				13a			0
b	Were all the plan assets distributed to participants or benefit of the PBGC?							Y	es X No
С	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instructions		olan((s), identi	y the plan(s)	to			
1	3c(1) Name of plan(s):				1:	3c(2) l	EIN(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)								
	Name of trust					14b	Trust's Ell	N	