Form 5500-SF Short Form Annual Return/Report of Small En Benefit Plan						OMB	Nos. 12 <sup>7</sup> 12 <sup>7</sup>	10-0110 10-0089		
	artment of the Treasury ernal Revenue Service	-	This form is required to be filed under sections 104 and 4065 of the Employe				2			
	Department of Labor Benefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form is Open to Public				
Pension B	Benefit Guaranty Corporation	Complete all entries in accordant	nce with the instruc	tions to the Form 5500	)-SF.	tion				
Part I										
For calend	dar plan year 2012 or fisca			and ending 1	1/21/2	2013				
	This return/report is for:									
<b>B</b> This re	eturn/report is:		e final return/report							
			hort plan year return	/report (less than 12 mc						
C Check	box if filing under:		Itomatic extension			DFVC program				
		special extension (enter description)								
Part II		nation—enter all requested informatio	n		41					
1a Name	e of plan ST TECHIES, LLC 401(K				1b	Three-digit plan number				
NORTHWE	ST TECHIES, LLC 401(K					(PN)	001			
					1c	Effective date of pla	n			
						08/01/200	3			
2a Plans NORTHWE	sponsor's name and address ST TECHIES, LLC	ess; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b	Employer Identificati (EIN) 20-261207		ıber		
P.O. BOX 1	824				2c	Sponsor's telephone 425-538-22		)r		
BELLEVUE	, WA 98009				2d	Business code (see instructions) 611000				
3a Plan a	administrator's name and	address 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	<b>3b</b> Administrator's EIN					
		—	—		0.	<b>3c</b> Administrator's telephone number				
name	e, EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	return/report filed fo	r this plan, enter the		EIN				
·	sor's name				<b>4c</b> PN					
		the beginning of the plan year						33		
		the end of the plan year			5b			0		
		count balances as of the end of the plar			5c			0		
_		luring the plan year invested in eligible a					Yes	No		
<b>b</b> Are y	ou claiming a waiver of th	e annual examination and report of an i	independent qualified	d public accountant (IQF	PA)	-	- - -	<u> </u>		
	,	See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot (	,				Yes	No		
-										
Under per SB or Sch	nalties of perjury and othe	incomplete filing of this return/report r penalties set forth in the instructions, I signed by an enrolled actuary, as well a tte.	declare that I have e	examined this return/rep	ort, ir	ncluding, if applicable				
SIGN	Filed with authorized/va	lid electronic signature.	11/27/2013	MARK SCOTT						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ial sig	gning as plan adminis	trator			
SIGN										
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individu	ial sir	ning as employer or	nlan snr	onsor		
Preparer's		ne, if applicable) and address; include ro				parer's telephone num				
				-						

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

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year				
а	Total plan assets	7a	114958	4			0				
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	1149584			0					
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total				
а	Contributions received or receivable from:	0-(1)									
	(1) Employers	8a(1)									
	<ul> <li>(2) Participants</li></ul>	8a(2)									
h	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	10379	Л							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 80	10379	4			102704				
	Benefits paid (including direct rollovers and insurance premiums	<u> </u>					103794				
	to provide benefits)	8d	122966	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	2371	4							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1253378				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					-1149584				
j	Transfers to (from) the plan (see instructions)	8j									
	t IVPlan CharacteristicsIf the plan provides pension benefits, enter the applicable pension										
b Par	If the plan provides welfare benefits, enter the applicable welfare for <b>V</b> Compliance Questions	eature codes	s from the List of Plan Charac	cterist	ic Cod	les in th	e instructions:				
10	During the plan year:				Yes	No	Amount				
<u>10</u> a		tions within t	the time period described in ction Program)	10a	Yes	No X	Amount				
a		uciary Correct: ? (Do not inc	ction Program) clude transactions reported		Yes		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 Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correct: ? (Do not inc	ction Program) clude transactions reported	10a 10b	Yes	X					
a b	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 Correct ? (Do not ind fidelity bonc	ction Program) clude transactions reported 	10a		X	Amount 200000				
a b c d	Was there a failure to transmit to the plan any participant contribu 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	iciary Correct ? (Do not ind fidelity bonc her persons l of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c		X X					
a b c d	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? 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 Correct ? (Do not ind fidelity bonc her persons l of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d		X X X					
a b c d e	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? 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 Correct ? (Do not ind fidelity bonc her persons l of the benefi n?	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e		x x x x x					
a b c d d e f	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? 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	iciary Correct ? (Do not ind fidelity bond ner persons l of the benefi n? (See instruct	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f		x x x x x x x					
a b c d d e 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 or 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> </ul>	iciary Correct ? (Do not ind fidelity bonc ner persons l of the benefi n? s of year end (See instruct he required r	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g		x x x x x x x x					
a b c d d e 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 of 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 th exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	iciary Correct ? (Do not ind fidelity bonc ner persons l of the benefi n? s of year end (See instruct he required r	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h		x x x x x x x x					
a b c d e f 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 or 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 th exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	in construction (See instruction (See instruction (See instruction (See instruction (See instruction (See instruction (See instruction) (See instruction)	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Ulle SB	200000				
a b c d f g f h i Part	<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 or instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>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>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	iciary Correct ? (Do not ind fidelity bond her persons l of the benefit n? (See instruct he required r 1-3	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Ulle SB	200000				
a b c d f g f h i Part	<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 Fid. 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 failed to provide any benefit when due under the pla</li> <li>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 ind fidelity bonc ner persons l of the benefi n?  s of year end (See instruct he required r 1-3	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X Aule SB	200000				
a b c d d e f f Part 11 11a 12	<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 Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not ind fidelity bond her persons l of the benefit n? s of year end (See instruct he required r 1-3 hents? (If "Year requirement , as applicab	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10i	X Schection 3	X X X X X X X X Aule SB 11a 302 of E	200000 (Form Yes No ERISA? Yes X No				
a b c d e f g h i 11 11a 12 a	<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 Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	iciary Correct ? (Do not ind fidelity bond her persons l of the benefi n? (See instruct he required r 1-3	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions th	X Schection 3	X X X X X X X X Aule SB 11a 302 of E	200000 (Form Yes No ERISA? Yes X No				
a b c d e f g h i 11 11a 12 a	<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 Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	iciary Correct ? (Do not ind fidelity bond her persons l of the benefi n? (See instruct he required r 1-3	ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions th	X Schection 3	X X X X X X X X X X X X X X X X X X X	200000  (Form Yes No ERISA? Yes No e date of the letter ruling				

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				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0		
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	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_		
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)		
Part	t VIII Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed u		2012					
Employee Be	partment of Labor enefits Securily Administration	(a) of	Form is Open to Public Inspection						
<u> </u>	nefil Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500	)-SF.				
Part I	Annual Report Id ar plan year 2012 or fisca	lentification Information	01/2013	and ending	11/21	/2013			
				an (not multiemployer)					
		∐ a one	e-participant plan						
<b>B</b> This ret	urn/report is:								
		onths)							
C Check k	box if filing under:		C program						
		special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested informati	on						
1a Name	•				1b Three-d plan nu	-			
Northw	est Techies, Ll	LC 401(k)Plan			(PN)	0.01			
						e date of plan			
	oonsor's name and addrest Techies, LI	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b Employ	er Identification Number 0 - 2612078			
						r's telephone number			
P.O. Bo	ox 1824					38-2242			
						s code (see instructions)			
Bellevu		WA 98009			611000				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me XSame as Plan	Sponsor Address	3b Administrator's EIN				
name,	EIN, and the plan numb	plan sponsor has changed since the las per from the last return/report.	st return/report filed fo	or this plan, enter the	<b>4b</b> EIN <b>4c</b> PN				
a Sponse		the beginning of the plan year			5a	33			
		the end of the plan year			5a 5b				
		count balances as of the end of the pla			ac	0			
compl	ete this item)		an year (denned bene		5c	0			
6a Were	all of the plan's assets o	luring the plan year invested in eligible	assets? (See instruct	tions.)		X Yes No			
under	29 CFR 2520.104-46? (	ne annual examination and report of an See instructions on waiver eligibility an ner line 6a or line 6b, the plan cannot	d conditions.)			X Yes No			
		incomplete filing of this return/repo				hed.			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, including,	if applicable, a Schedule			
SIGN									
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual signing as	plan administrator			
SIGN	//////		11/25/13	MARKE SC	SU				
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing as	employer or plan sponsor			
	Preparer's name (including firm hame, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)								
For Paperw	JIN REQUCTION ACT NOTICE	and OMB Control Numbers, see the instru		U.,		Form 5500-SF (2012) v. 120126			

Pa	rt III Financial Information		41) ·····				
7	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Y					(b) End of Year
а	Total plan assets	7a	114	4958	34		0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	114	4958	34	_	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	other income (loss)			94		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					103794
d	1211 BE 122010		12	2966	.4		
	to provide benefits)	8d		2000	, <u> </u>		
	Certain deemed and/or corrective distributions (see instructions)	8e		2371	4	-	
	Administrative service providers (salaries, fees, commissions)	8f		2371	. 12		
g	Other expenses	8g			_		1253378
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_	-1149584
÷	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i		_	-		-1149304
<u> </u>	rt IV Plan Characteristics	8j					
9a b	2A 2E 2F 2G 2J 2K 2S 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe						
Par	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)			10a		Х	
k	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	Х		200000
c	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х	
ł				10h		х	
i	2020.101-0.1						
		ne required		10i			
Par	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required		10i			
Par 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 <b>t VI Pension Funding Compliance</b> Is this a defined benefit plan subject to minimum funding requirem	ne required 1-3	Yes," see instructions and com	nplete			
11	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance	ne required 1-3 nents? (If "	Yes," see instructions and com	nplete			
11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 <b>t VI</b> Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) <b>a</b> Enter the amount from Schedule SB line 39	ne required 1-3 nents? (If "	Yes," see instructions and com	nplete		11a	Yes   No
11 11:	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 <b>t VI</b> Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) <b>a</b> Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding	ne required 1-3 nents? (If " requireme	Yes," see instructions and com ents of section 412 of the Code	nplete		11a	Yes   No
11 11; 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 <b>t VI</b> Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) <b>a</b> Enter the amount from Schedule SB line 39	ne required 1-3 nents? (If " requireme , as applic ng amortiz	Yes," see instructions and com ents of section 412 of the Code able.) ed in this plan year, see instru-	nplete e or se	ection :	<b>11a</b> 302 of	ERISA? Yes No
11 11; 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 <b>t VI</b> Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being the statement of the minimum funding standard for a prior year is being the statement of the minimum funding standard for a prior year is being the statement of the statement of the statement of the minimum funding standard for a prior year is being the statement of the statement of the minimum funding standard for a prior year is being the statement of the statement of the minimum funding standard for a prior year is being the statement of the	ne required 1-3 nents? (If " requireme , as applic ng amortiz	Yes," see instructions and com ents of section 412 of the Code able.) ed in this plan year, see instru- Mor	nplete e or se ctions	ection :	11a 302 of enter th	ERISA?

				_				
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					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	Yes	\$ 🗌	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th of the PBGC?						Σ	Yes	No
с								
1	13c(1) Name of plan(s):	1	3c(2)	EIN(	s)		13c(3)	PN(s)
						_		
				_				
Part	VIII Trust Information (optional)							
1 <b>4</b> a	Name of trust	14b Trust's EIN						