For	m 5500-SF		Short Form Annual Return/Report of Small Employ Benefit Plan						
Department of the Treasury Internal Revenue Service This form is required to be filed under section				nd 4065 of the Employee	9	2012			
	Department of Labor Employee Benefits Security Administration Employee Code (the Code).					This Form is Open to Public			
	nefit Guaranty Corporation	 Complete all entries in accorda 	,	,)-SF.	Ins	pection		
Part I		entification Information							
For calenda	ar plan year 2012 or fisca			and ending 1	1/30/2	2013			
	urn/report is for:			an (not multiemployer)		a one-particip	pant plan		
B This ret	urn/report is:		ne final return/report						
	Ļ	f - H		n/report (less than 12 mo					
C Check b	box if filing under:		utomatic extension			DFVC progra	m		
		special extension (enter description)							
Part II		nation—enter all requested information	on		46				
1a Name SOUTHLAKE	•	OUP PROFIT SHARING PLAN AND TR	RUST		D	Three-digit plan number (PN) ►	001		
					1c	Effective date o			
						01/01	•		
	consor's name and addre	ess; include room or suite number (emp ER, PLLC	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 55-08			
3911 GREE	NBRIER LN.				2c	Sponsor's telep 425-460			
MERCER IS	LAND, WA 98040				2d	Business code (62111			
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN		
4 If the n	name and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fc	or this plan, enter the	4b	EIN			
		er from the last return/report.			4c PN				
a Sponso		the beginning of the plan year			40 5a	PN	1		
_		the end of the plan year			5a 5b		0		
		count balances as of the end of the pla			30		0		
					5c		0		
	•	uring the plan year invested in eligible	•	,			X Yes No		
under	29 CFR 2520.104-46? (e annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	d conditions.)				X Yes 🗌 No		
		incomplete filing of this return/repo							
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, ir	ncluding, if applic			
SIGN Filed with authorized/va		electronic signature. 12/17/2013 JOHN E. DUNNE							
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	lividual signing as employer or plan sponsor				
Preparer's		ne, if applicable) and address; include					number (optional)		

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End c	of Year	
a Total plan assets	7a	107642	3				C)
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	1076423			0			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
a Contributions received or receivable from:	8a(1)	400	0					
(1) Employers (2) Participants		1100						
(3) Others (including rollovers)		1100						
b Other income (loss)		18535	4					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		10000	-				200354	
d Benefits paid (including direct rollovers and insurance premiums							200334	•
to provide benefits)	8d	127677	7					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1276777	7
i Net income (loss) (subtract line 8h from line 8c)	8i						-1076423	3
J Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	s from the List of Plan Charac	cterist	ic Cod	oc in the	e instructio	ins:	
Part V Compliance Questions							Amount	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib	utions within 1	the time period described in	10a	Yes	No X		Amount	
Part V Compliance Questions 10 During the plan year:	utions within duciary Correct st? (Do not inc	the time period described in ction Program) clude transactions reported			No		Amount	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interest	utions within duciary Correct st? (Do not in	the time period described in ction Program) clude transactions reported	10a 10b		No X			10000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interess on line 10a.)	utions within duciary Correct st? (Do not ind s fidelity bond	the time period described in ction Program) clude transactions reported	10a	Yes	No X	,		100000
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	utions within duciary Correct st? (Do not in s fidelity bond ther persons of the benefi	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c	Yes	No X X			100000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all	utions within duciary Correct st? (Do not in s fidelity bonc ther persons of the benefi	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No X X X			100000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	utions within duciary Correct st? (Do not in s fidelity bond ther persons of the benefi	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X X X X	,		100000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of 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	utions within duciary Correct st? (Do not in s fidelity bonc ther persons of the benefi an? as of year en ? (See instruc	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d	Yes	No X X X X X X X X X X X X X			100000
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of 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 h If this is an individual account plan, was there a blackout period? 	utions within duciary Correct st? (Do not in s fidelity bonc ther persons of the benefi an? as of year en y (See instruc the required i	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X X X X X X X X			10000
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or 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 12 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 2520.101 	utions within duciary Correct st? (Do not in s fidelity bonc ther persons of the benefi an? as of year en y (See instruc the required i	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X X X X X X X			100000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interest on line 10a.)	utions within duciary Correct st? (Do not in s fidelity bond ther persons of the benefi an? as of year en ? (See instruc the required r 01-3	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X X X Ule SB	(Form		
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of 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 (2520.101-3.) i 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 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	utions within duciary Correct st? (Do not ind s fidelity bond ther persons of the benefi an? as of year en ? (See instruct the required r 01-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	No X X X X X X X X X X Ule SB	(Form		
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of 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 (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 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	utions within duciary Correct st? (Do not in s fidelity bond ther persons of the benefi an? as of year en ? (See instruc the required r 01-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR notice or one of the 	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X Ule SB	(Form		
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interest on line 10a.)	utions within duciary Correct st? (Do not ind s fidelity bond ther persons i of the benefi an? as of year en ? (See instruc the required n 01-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X Ule SB	(Form	Yes	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or 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 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 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding	utions within duciary Correct st? (Do not ind s fidelity bond ther persons i of the benefi an? as of year en (See instruct the required n 01-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com tts of section 412 of the Code ole.) d in this plan year, see instructions	10a 10b 10c 10d 10d 10g 10h 10i 0plete	Yes X	No X	(Form RISA?	Yes	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interess on line 10a.)	utions within duciary Correc- st? (Do not in- s fidelity bond ther persons i of the benefi an? as of year en ? (See instruc- the required r 01-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) d.) tions and 29 CFR notice or one of the es," see instructions and com the fraction of the code ole.) d in this plan year, see instructions	10a 10b 10c 10d 10d 10g 10h 10i 0plete	Yes X	No X X X X X X X X X Ule SB Ule SB 02 of E Inter the	(Form RISA?	Yes Yes e letter rul	1000000
 Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 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 be granting the waiver. 	utions within i duciary Correct st? (Do not indi- s fidelity bond ther persons of the benefi an? as of year en- ? (See instruc the required r 01-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com the code of the code ole.) d in this plan year, see instructions a 5500), and skip to line 13.	10a 10b 10c 10d 10d 10f 10g 10h 10i 	Yes X	No X X X X X X X X X Ule SB Ule SB 02 of E Inter the	(Form RISA?	Yes Yes e letter rul	

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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
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)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

	rm 5500-SF	Short Form Annual	Return/Report	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
Inte	arlment of the Treasury mai Revenue Service	This form is required to be f	iled under sections 104 :	and 4065 of the Employe	e	2012
Employee 8	Pepartment of Labor Benefits Security Administration	actions 6057(b) and 6058 Code).	8(a) of	This Form is Open to Public		
	enefit Guaranty Corporation	ctions to the Form 550	0-SF.	Inspection		
Part I	Annual Report Id	entification Information				
	5	al plan year beginning 01/01/2 a single-employer plan	-	Sign Street Street	11/30/	2013
5 <u>=</u> 63			and was table of the	lan (not multiemployer)		a one-participant plan
D This re	turn/report is:		the final relum/report			
0			x a short plan year retur	n/report (less lhan 12 m	onths)	
C Check box if filing under:						DFVC program
Dout II	Denie Dien Inferre	special extension (enter descrip				
Part II 1a Name	Basic Plan Inforn	nation—enter all requested infor	malion			
		OUP PROFIT SHARING PLAN AN			1b	Three-digit
00011121		SOL THOLT SHARING FLAN AN	ID TRUST		5	plan number (PN) ▶ 001
					1c	Effective date of plan
22 Dian a	poposte some sud uddu					01/01/1987
SOUTHLAK	E PSYCHIATRIC CENTE	ess; include room or suite number ER, PLLC	(employer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 55-0868870
3911 GREE	NBRIER LN.				2c	Sponsor's telephone number (425) 466-6121
MERCER IS	SLAND, WA 98040				2d	Business code (see instructions) 621112
3a Plan a	dministrator's name and a	address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's EIN
					3c	Administrator's telephone number
4 If the r	name and/or FIN of the pl	an sponsor has changed since the	a last ratura / and Studies			
name a Spons	, EIN, and the plan humble	er from the last return/report.	e last returnineport med it	or this plan, enter the	4b	
		the beginning of the plan year	,		4c	PN
b Total	number of participants at	the end of the plan year		•••••••••••••••••••••••••••••••	5a	1
C Numb	er of participants with acc	count balances as of the end of the			5b	0
compl	ete this item)	Sources as of the end of the	e plan year (defined bene	etit plans do not	5c	0
6a Were	all of the plan's assets du	uring the plan year invested in elig	ible assets? (See instruc	tions.)		
J Are vo	ou claiming a waiver of the	e applial examination and report c	f an indonondont avaller	al an EBC concerns on the second	27272	
unuer	29 014 2020, 104-40? (2	bee instructions on waiver eligibilit	v and conditions.)		8	🗙 Yes 🗌 No
Caution: A	negativ for the late or i	er line 6a or line 6b, the plan car	not use Form 5500-SF	and must instead use I	Form	5500.
Under pena	allies of periury and other.	ncomplete filing of this return/r penalties set forth in the instructio	no I declare that I have		lines all	
	dule MB completed and a rue, correct, and complet		well as the electronic ven	sion of this return/report,	ort, inc and to	cluding, if applicable, a Schedule the best of my knowledge and
SIGN	× XAK	Lemo	112/7/13	John E. Dunne		
HERE	Signature of plan adm	inistrator	Date	Enter name of individu	al ciar	ing as plan administrator
SIGN	U				a sigi	ing as plan administrator
HERE Signature of employer/plan sponsor Date Enter name of indiv						
Preparer's	name (including firm nam	e, if applicable) and address; inclu	de room or suite numbe	r (optional)	Prepa	ing as employer or plan sponsor rer's telephone number (optional)
For Paperwo	ork Reduction Act Notice an	nd OMB Control Numbers, see the ir	structions for Form 5500-	SF.	1. Sec. 1.	Form 5500-SE (2012)

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Form 5500-SF 2012

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Page 2

1.510	lan Assets and Liabilities		(a) Beginning of Ye	ar	(b) End of Year			d of Year	2775—
ат	otal plan assets	7a	107642	8					
b T	otal plan liabilities	7b				0			
	let plan assets (subtract line 7b from line 7a)	7c	107642	23				- 25	
B In	come, Expenses, and Transfers for this Plan Year		(a) Amount		-		(h) (0	2.20
	contributions received or receivable from:				-33	18/2013-18	(<u>a)</u>	Total	1200
	I) Employers	8a(1)	400	00					
	2) Participants	8a(2)	1100	00	荪		New Series		
	Others (including rollovers)	8a(3)							121
	ther income (loss)	8b	18535	54					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			(時) (1)			200354	
to	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	127677	7				200334	
	ertain deemed and/or corrective distributions (see instructions)	8e			調整				
f A	dministrative service providers (salaries, fees, commissions)	8f				ting of all a			
gо	ther expenses	8g		1000	0.0	部的法			
h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		的調	23.	1		1976777	HUSE
	et income (loss) (subtract line 8h from line 8c)	8i						1076422	
j Tr	ransfers to (from) the plan (see instructions)	8j			213		a filme - constant	-1076423	17
	the plan provides welfare benefits, enter the applicable welfare fe	aure codes	from the List of Plan Chara	cterist	tic Coc	les in th		lions:	
art \	Compliance Questions		from the List of Plan Chara	cterist				lions:	
art V 0 i	Compliance Questions During the plan year:			cterist	lic Coc Yes	les in th		lions: Amount	
art V 0 i a V	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	ions within th	ne time period described in			No			
art V 0 i a V	Compliance Questions During the plan year:	lions within th ciary Correct ? (Do not inc)	ne time period described in lion Program)	10a					
art V 0 i a V b V	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 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.)	ions within th ciary Correct ? (Do not inci	ne time period described in lion Program) ude transactions reported	10a 10b	Yes	No X			
art V 0 (a V b V c c	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 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 line line line line line line line line	ions within th ciary Correct ? (Do not inc fidelity bond	the time period described in lion Program) ude transactions reported	10a 10b 10c		No X X		Amount	0000
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C Enter the amount contributed by the employer to the plan for this plan year	T	42-			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	12c 12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [
Part VII Plan Terminations and Transfers of Assets			103		N/A
13a Has a resolution to terminate the plan been adopted in any plan year?		XYe	s No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	ught under the				<u> </u>
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to))		X Yes	NO
13c(1) Name of plan(s):	13	c(2) EIN	(s)	13c(3)	PN(s)
Part VIII Trust Information (optional)					
14a Name of trust		14b Trust's EIN			