For	m 5500-SF	Short Form Annual R	yee	OMB Nos. 1210-01 1210-00						
	tment of the Treasury nal Revenue Service	е	2013							
	epartment of Labor enefits Security Administration	s(a) of	This Form is Open to Public							
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013										
_					<u>2/31/2</u>					
	urn/report is for:	a single-employer plan		an (not multiemployer)		a one-participant plan				
B This ret	urn/report is:	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	ontho					
C Charles	box if filing under:	Form 5558	automatic extension	meport (less than 12 m	onuns) DFVC program				
C Check		special extension (enter descriptio								
Part II	Basic Plan Inform	nation—enter all requested information								
1a Name					1b	Three-digit				
	TERS NORTHWEST 40	1(K) PLAN				plan number				
						(PN) ▶ 001				
					10	Effective date of plan 07/01/2004				
	oonsor's name and addre TERS NORTHWEST, L	ess; include room or suite number (er L.C.	mployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 20-0938510				
1341 N. NOI	RTHLAKE WAY 1				2c	Sponsor's telephone number 206-285-3460				
SEATTLE, V	VA 98103				2d	Business code (see instructions) 441222				
3a Plan a	dministrator's name and	address 🗙 Same as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's EIN				
					3c Administrator's telephone number					
		lan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN				
	or's name	er nom me last return/report.			4c PN					
5a Total r	number of participants at	the beginning of the plan year			5a					
b Total r	number of participants at	the end of the plan year			5b					
		count balances as of the end of the p			5c					
		luring the plan year invested in eligibl								
		ne annual examination and report of a				 ∑ Yes ∏ 1				
		See instructions on waiver eligibility a er line 6a or line 6b, the plan canno								
-		plan, is it covered under the PBGC in								
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ise is	established.				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN	Filed with authorized/va	lid electronic signature.	02/18/2014	GREG ALLEN						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan administrator				
SIGN										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	gning as employer or plan sponsor				
Preparer's	name (including firm nar	ne, if applicable) and address; includ	e room or suite numbe	r (optional)	Prep	parer's telephone number (optiona				

a Total plan assets 7a 488209 712765 b Total plan itabilities 7b 7c 488209 712765 c Net plan assets (subtract line 7b from line 7a) 7c 488209 712765 c Net plan assets (subtract line 7b from line 7a) 7c 488209 712765 c Net plan assets (subtract line 7b from line 7a) 7c 488209 712765 c Ontertuctions (color or conclude from: 8a(2) 48629 10000 (2) Deter (notading rollovers) 8a(2) 48659 239843 d Benefits pad (including steer collovers) 8a 14946 239843 d Benefits pad (including steer collovers) 8a 14946 239843 d Benefits pad (including steer collovers) 8a 14946 239843 d Benefits pad (including steer collovers) 8d 14946 239843 d Cotati Accound addir corrective distitutions (see instructions) 8e 14946 239843 d Total expenses (add lines 8d, 8e, 8f, and 8g) 8f 14946 224856 j Transfers for the splicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 26 27 2 27 27 152 26 27			(a) Beginning of Year				(b) End of Year	
C Net plan assets (subtract line 7b from line 7a) 7c 488209 712765 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total C Contributions received or receivable from: 8a(1) 4000 (2) Participants. 8a(2) 48689 (2) (3) Drives (including rotowers). 8a(2) 48689 (2) b Others (including rotowers). 8a(2) 48689 (2) b Others (including rotowers). 8a(2) 48689 (2) b Others (including rotowers). 8a(2) 48689 (2) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (2) 4869 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 14246 (2) g Other expenses (add lines 8a(2), 8d, and 8g) 8d 311 (2) (2) g Other expenses (add lines 8d, 8e, 8f, and 8g) 8d 311 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	a i utai pian assets	. 7a						
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(a) Others (including rollwers)								
b Other income (loss). Bit 147145 c Total income (add lines Ba(1), Ba(2), Ba(3), B								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							220942	
to provide benefits)		. 8C					239043	
f Administrative service providers (salaries, fees, commissions) 8f 341 g Other expenses. 8g 341 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 15287 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 15287 h Transfers to (from) the plan (see instructions) 8i 224556 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D g If the plan provides methods, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D g Using the plan year: a Yes No Amount a Was there and failure to transmit to the plan any participant contributions within the time period described in 2.9 CFR 2510.3 r02? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 2 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a. 10a X 712 c Was thep lan have any fees or commissions paid to any bro		. 8d	1494	6				
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i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	. 8g	34	1				
j Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				15287		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2a 2G 2J 2K 2T 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Ob During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X 712 c Was the plan covered by a fidelity bond? 10c X 712 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bund, that was caused by fraud or dishonesity? 10d X 712 f Has the plan failed to provide any benefit when due under the plan? (See instructions) 10g X 10d X f Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CF	i Net income (loss) (subtract line 8h from line 8c)	. 8i					224556	
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29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a ^ b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b × c Was the plan covered by a fidelity bond? 10c × 712 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d × 712 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e × f Has the plan failed to provide any benefit when due under the plan? 10g × × g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g × × f Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10g × 10g × i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i 10i 10i 10i 10i is this a defined be					Yes	No	Amount	
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Image: Instance of provide any benefit when due under the plant 10r Image: Instance of provide any participant loans? (If "Yes," enter amount as of year end.)		of the benefit	s under the plan? (See			X		
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11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Day	 instructions.) f Has the plan failed to provide any benefit when due under the pla 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? 	as of year end (See instruction	.) ons and 29 CFR	10f 10g		X X		
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) In a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. 	 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 	as of year end (See instruction) he required no) ons and 29 CFR otice or one of the	10f 10g 10h		X X		
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	as of year end (See instruction he required no 1-3 nents? (If "Yes	ons and 29 CFR otice or one of the	10f 10g 10h 10i	·····	X X X dule SE		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	as of year end (See instruction) the required no 1-3 nents? (If "Yes rom Schedule	bons and 29 CFR otice or one of the of," see instructions and com SB (Form 5500) line 39	10f 10g 10h 10i		X X X dule SE		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fill 	as of year end (See instruction he required no 1-3 nents? (If "Yes rom Schedule g requirements	bons and 29 CFR botice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code	10f 10g 10h 10i		X X X dule SE		
	 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year field in the unpaid minimum funding standard for a prior year is bei 	as of year end (See instruction he required no 1-3 nents? (If "Yes rom Schedule prequirements , as applicable ng amortized	bons and 29 CFR botice or one of the s," see instructions and com SB (Form 5500) line 39 of section 412 of the Code e.) in this plan year, see instruction	10f 10g 10h 10i nplete e or se	ction	X X X dule SE 11a 302 of	ERISA? Yes Ne	

C	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?	Ye	es X 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 brought under the of the PBGC?	control		Yes 🗙 No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					

	rtment of the Treasury	Short Form Annual	yee	OMB Nos. 1210-0110 1210-0089			
Inter	nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2	2013
Employee Be	Department of Labor Employee Benefits Security Administration Relirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).						s Open to Public
	enefil Guaranty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.	Ins	pection
Part I For calenda	ar plan year 2013 or fisc	lentification Information al plan year beginning 01/01/20		and ending 1	2/31/20)13	
Ven II	urn/report is for:	X a single-employer plan [a multiple-employer pl		<u>201/20</u>	a one-partici	ant size
	lum/report is:	the first return/report	he final return/report	an (normalicinployer)	L		bant plan
	[an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Check I	box if filing under:	Form 5558	automatic extension		Γ	DFVC progra	m
Dentill	Desis Disu latar	special extension (enter descrip					-
Part II 1a Name		mation-enter all requested infor	mation		4		
	STERS NORTHWEST 40	D1(k) PLAN			Ł	Three-digit blan number PN) ►	001
						Effective date o 07/01/2	
2a Plan si ACHTMAS	ponsor's name and addr TERS NORTHWEST, L	ess; include room or suite number .L.C.	(employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 20-0938510		
341 N. NO	RTHLAKE WAY 1					Sponsor's telep (206) 28	5-3460
SEATTLE, V					2d E	Business code (441222	see instructions)
3a Plan a	dministrator's name and	address XSame as Plan Sponso	r Name Same as Plar	Sponsor Address	3b A	dministrator's	EIN
		plan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4b 6	EIN	2 (1
	, EIN, and the plan numb or's name	per from the last return/report.			4c F		
	the second se	t the beginning of the plan year			5a	-14	13
		t the end of the plan year			5b		10
		count balances as of the end of th					
		during the plan year invested in elig					X Yes No
b Are yo under	ou claiming a waiver of the 29 CFR 2520.104-46? (he annual examination and report of See instructions on waiver eligibili	of an independent qualifie ty and conditions.)	ed public accountant (IQ	PA)		Yes No
		ner line 6a or line 6b, the plan ca plan, is il covered under the PBGC					
				August a second as			Not determined
Under pena SB or Sche	alties of periury and othe	r incomplete filing of this return/ er penallies set forth in the instructi brigned by an enrolled actuary, as ate.	ons. I declare that I have	examined this return/rec	nort inc	luding if opplie	able, a Schedule knowledge and
SIGN	× Sus U	li	12-14-14	X Grea A	de	Λ	
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual sign	ing as plan adn	ninistrator
SIGN							
HERE Signature of employer/plan sponsor Date Enter name of indivi Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Enter name of indivi			ual sign	ing as employe	r or plan sponsor		
					rrepa	rer s leiephone	number (optional)
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 5500-	-SF.			Form 5500-SF (2013)

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Pa	rt III Financial Information							
7	Plan Assels and Liabilities (a) Beginning of Ye			Ir			(b) End of Year	
а	Total plan assets						712765	
b	Total plan liabilities					4,82, 1		
C	let plan assets (subtract line 7b from line 7a)						712765	
8	Income, Expenses, and Transfers for this Plan Year	Income, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total	
а	Contributions received or receivable from:	contributions received or receivable from:						
	(1) Employers	8a(1)	400	-11/				
×	(2) Participants	8a(2)	4868					
-	(3) Others (including rollovers)	8a(3)	4000		_			
-	Other income (loss)	8b	147 14	5				
 d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>					239843	
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1494	6				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			-			
g	Other expenses	8g	34	1				
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1.00			
	Net income (loss) (subtract line 8h from line 8c)						15287	
Ť	Transfers to (from) the plan (see instructions)				-		224556	
, Do	rt IV Plan Characteristics	- 8j						
9a	If the plan provides pension benefits, enter the applicable pension	footure ee	idea from the List of Disc Of					
34	2E 2G 2J 2K 2T 3D	leature co	des from the List of Plan Char	actens	stic Co	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	ies from the List of Plan Chara	cterist	ic Cor	tes in t	he instructions:	
					.0.8.0			
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
t	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		x		
C	Was the plan covered by a fidelity bond?			10c	х		74070	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d	_	x	71276	
	Were any fees or commissions paid to any brokers, agents, or other			100		~		
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x		
f				10f		х		
				10g		x		
	2520.101-3.)		UCUOIS ANU 29 CFR	10h		х		
1		he require	d notice or one of the	10i				
Par								
	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
	113 Enforthe uppeid minimum required contribution for our ont upper form Oak at the OB (5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1							
11:	Enter the unpaid minimum required contribution for current year fit	rom Scher	1116 SH (Form 5500) line 20					
				10.000 BC 10.000 A	sources in a second	11a		
11; 12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	10.000 BC 10.000 A	sources in a second		ERISA? Yes X No	
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 If a waiver of the minimum funding standard for a prior year is bei	y requirem , as applic ng amortiz	ents of section 412 of the Code able.) red in this plan year, see instru	e or se	ction :	302 of enter th	ne date of the letter ruling	
12 a	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 bei granting the waiver.	g requirem , as applic ng amortiz	ents of section 412 of the Code able.) red in this plan year, see instruction	e or se	ction :	302 of	he date of the letter ruling	
12 8	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 bei	g requirem 4, as applic ng amortiz le MB (For	ents of section 412 of the Code able.) red in this plan year, see instru- Mon rm 5500), and skip to line 13.	e or se ctions, th	ction :	302 of enter th	ne date of the letter ruling	

Form 5500-SF 2013

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C	Enter the amount contributed by the employer to the plan for this plan year	12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		s 🗌 No 🗍 N/A
Part			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes	X 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 brought under the of the PBGC?	control	TYes X No
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.)	lo	┉╸╺┶┿┙┈╴╘┛┈╼╴
1	3c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		
14a	Name of trust	14b Trust's E	EIN