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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	ctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fiso	cal plan year beginning 01/01/2013		and ending 1	2/31/20	013	
A This ret	urn/report is for:	lan (not multiemployer)	er) a one-participant plan				
B This ret	urn/report is:						
		n/report (less than 12 mo	months)				
C Check b	box if filing under:		DFVC program				
- · · ·		special extension (enter description	,				
Part II		mation—enter all requested informat	ion				T
1a Name	of plan DNS OB/GYN, PLLC 40	1/K) DI AN				Three-digit plan number	
OLIVLIVATIO	710 05/0111,1 220 40	T(IV) I EAN				(PN) •	001
					1c	Effective date of	
22 Plan e	noncor's name and add	lress; include room or suite number (em	uployer if for a single	omployer plan)	2h	01/01/	
	ONS OB/GYN, PLLC	iless, include room of suite number (em	ipioyer, ir ior a sirigie-	етіріоует ріаті)			fication Number 39185
0000 TIETO	N BBN/F OUTE 000				2c	Sponsor's telep 509-248	
YAKIMA, WA	N DRIVE, SUITE 230 A 98902				2d		(see instructions)
2- 5		По в в в	По		26	62111	
	dministrator's name and NS OB/GYN, PLLC	d address Same as Plan Sponsor Na	meSame as Plar RIVE, SUITE 230	Sponsor Address	3D /	Administrator's I 27-06	EIN 39185
ENERATION	NO OB/OTIN, I ELO	YAKIMA, WA 98	902		3c /	Administrator's t	telephone number
						000 2 10	3 0 1 10
4 If the r	name and/or EIN of the	plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN	
name,	, EIN, and the plan num	plan sponsor has changed since the last ber from the last return/report.	st return/report filed fo	or this plan, enter the			
name, a Sponse	, EIN, and the plan num or's name	ber from the last return/report.	·	· 	4c		
a Sponso	, EIN, and the plan num or's name number of participants a	at the beginning of the plan year			4c 5a		21
a Sponso 5a Total r b Total r	, EIN, and the plan num or's name number of participants a number of participants a	ber from the last return/report.			4c 5a 5b		21
name, a Sponso 5a Total r b Total r c Number comple	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene	efit plans do not	4c 5a 5b 5c	PN	20
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan numor's name number of participants a number of participants a er of participants with a lete this item) all of the plan's assets	at the beginning of the plan year	an year (defined bene assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	20
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are yo	EIN, and the plan numor's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruction	efit plans do not tions.)	4c 5a 5b 5c	PN	20
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you	EIN, and the plan numor's name number of participants and participants are refugilier of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruc independent qualified od conditions.) t use Form 5500-SF	efit plans do not tions.)d public accountant (IQ	4c 5a 5b 5c PA)	PN	20 19 X Yes No
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name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p	EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct independent qualified od conditions.) t use Form 5500-SF urance program (see	efit plans do not tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c PA)	PN	20 19 X Yes No X Yes No
name, a Sponse 5a Total r b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A	EIN, and the plan numor's name number of participants and participants are reflected by the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to either a penalty for the late outlies of perjury and other and the plan's and the plan's assets outlies of perjury and other and the plan is a defined benefit a penalty for the late outlies of perjury and other plants.	at the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualified and conditions.)t tuse Form 5500-SF urance program (see ort will be assessed	efit plans do not tions.)	4c 5a 5b 5c Form 9 see is e coort, incoort, inco	PN 5500. Yes No established. Cluding, if applica	20 19 X Yes No Yes No Not determined able, a Schedule
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	EIN, and the plan numor's name number of participants and participants are reflected by the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to either a penalty for the late outlies of perjury and other and the plan's and the plan's assets outlies of perjury and other and the plan is a defined benefit a penalty for the late outlies of perjury and other plants.	at the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualified and conditions.)t tuse Form 5500-SF urance program (see ort will be assessed	efit plans do not tions.)	4c 5a 5b 5c Form 9 see is e coort, incoort, inco	PN 5500. Yes No established. Cluding, if applica	20 19 X Yes No Yes No Not determined able, a Schedule
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name, a Sponse b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Schel	p. EIN, and the plan numor's name number of participants and number of participants are reflected in the plan's assets ou claiming a waiver of the plan's assets ou claiming a waiver of the 29 CFR 2520.104-46? answered "No" to eith plan is a defined benefit the penalty for the late of perjury and other dule MB completed and true, correct, and completed with authorized/versename.	at the beginning of the plan year	an year (defined beneated assets? (See instruct independent qualifier and conditions.)	efit plans do not tions.)	4c 5a 5b 5c Form 9 see is eport, inc, and to	PN 5500. Yes No established. cluding, if application the best of my	20 19 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	assets? (See instruction independent qualified donditions.)t use Form 5500-SF urance program (see ort will be assessed I declare that I have as the electronic ver	efit plans do not tions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/repsion of this return/report	4c 5a 5b 5c Form 9 see is eport, inc, and to	PN 5500. Yes No established. cluding, if application the best of my	20 19 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	assets? (See instruction independent qualified assets) assets? (See instruction independent qualified assets) assets of the conditions.)	efit plans do not tions.)	4c 5a 5b 5c PA) Form 9 see is eport, inc, and to	PN 5500. Yes No established. Cluding, if applicate the best of my	20 19 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- assets? (See instruct in independent qualified conditions.)	efit plans do not tions.)	4c 5a 5b 5c Form 9 see is eport, inco, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	20 19 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- assets? (See instruct in independent qualified conditions.)	efit plans do not tions.)	4c 5a 5b 5c Form 9 see is eport, inco, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	20 19 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- assets? (See instruct in independent qualified conditions.)	efit plans do not tions.)	4c 5a 5b 5c Form 9 see is eport, inco, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	20 19 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- assets? (See instruct in independent qualified conditions.)	efit plans do not tions.)	4c 5a 5b 5c Form 9 see is eport, inco, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	20 19 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- assets? (See instruct in independent qualified conditions.)	efit plans do not tions.)	4c 5a 5b 5c Form 9 see is eport, inco, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	20 19 X Yes No X Yes No Not determined able, a Schedule knowledge and

Form 5500-SF 2013 Page **2**

Do	t III Financial Information										
7	rt III Financial Information										
	Plan Assets and Liabilities	\(\frac{1}{2}\)					(b) End of Year				
	Total plan assets	. 7a	542066				6557842				
	Total plan liabilities	7b	154					CEE	7553		
	Net plan assets (subtract line 7b from line 7a)	- 7c	541911	5					7553		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)	6748	6							
	(2) Participants	8a(2)	12091	2							
	(3) Others (including rollovers)	8a(3)	142	23							
b	Other income (loss)	8b	96553	1							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						115	5352		
	Benefits paid (including direct rollovers and insurance premiums	"									
	to provide benefits)	. 8d	1691	4							
е	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						1	6914		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						113	8438		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instruction	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amou	ınt		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in	1	100	-110		AIIIOU	1111		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Cor	rection Program)	10a		X					
D	on line 10a.)	•	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X				50	00000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X					
е	, , , , , , , , ,										
	insurance service, or other organization that provides some or all			10e		X					
	instructions.)					X					
f	Has the plan failed to provide any benefit when due under the pla			10f							
g		-		10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	No	
11a	Enter the unpaid minimum required contribution for current year fr					11a				_	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection 3	302 of	ERISA?		Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of th	ne lette Year	er rulin	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	rm 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year			_		12b		_			

Page	3 -	1
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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?	Y	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 coof the PBGC?	ontrol		Yes X No
С	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):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a Name of trust				

Form 5500-SF

Department of the Treasury Internal Revenue Service

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.

2013

OMB Nos. 1210-0110 1210-0089

Form 5500-SF (2013)

This Form is Open to Public Inspection

Part	I Annual Repor	t Identification	Information		onone to the Form 500	70-31 .				
For cal	endar plan year 2013 or	fiscal plan year beg	ginning 01,	/01/2013	and ending		12/31/2013			
A Thi	s return/report is for:	X a single-emp	oloyer plan	a multiple-employer p	olan (not multiemployer)		a one-participant plan			
B This	s return/report is:	the first retur	n/report	the final return/report						
C Che	eck box if filing under:	Form 5558	=	automatic extension	n/report (less than 12 m	ionths)	DFVC program			
Part	II Basic Plan Inf	ormation—ente	r all requested informat	tion						
	me of plan					1b	Three-digit			
Generations Ob/Gyn, PLLC 401(k) Plan							plan number (PN) ▶ 001			
							Effective date of plan 01/01/2004			
2a Pla Gene	n sponsor's name and a rations Ob/Gyn	ddress; include roo , PLLC	m or suite number (em	ployer, if for a single	-employer plan)		Employer Identification Number (EIN) 27-0639185			
3003	Tieton Drive,	Suite 230				2c	Sponsor's telephone number 509-248-3440			
Yaki		WA	98902			2d	Business code (see instructions) 621111			
	n administrator's name a rations Ob/Gyn,		ne as Plan Sponsor Na	me Same as Plar	n Sponsor Address	3b	Administrator's EIN 27-0639185			
3003 Tieton Drive, Suite 230						3c Administrator's telephone number 509-248-3440				
Yaki	na	WA	98902							
4 If the	ne name and/or EIN of th	ne plan sponsor has	s changed since the las	st return/report filed for	or this plan, enter the	4b	EIN			
name, EIN, and the plan number from the last return/report. a Sponsor's name				4c	DN					
	al number of participant	s at the beginning of	of the plan year			5a				
	al number of participant					5b	21			
c Nu	mber of participants with mplete this item)	account balances	as of the end of the pla	n vear (defined bene	efit plans do not	5c	20			
	ere all of the plan's asse									
b Are	e you claiming a waiver o der 29 CFR 2520.104-46	of the annual exami 6? (See instructions	nation and report of an on waiver eligibility an	independent qualified conditions.)	ed public accountant (IQI	PA)	∑ Yes □ No			
C If th	ou answered "No" to e se plan is a defined bene	e ither line 6a or lin efit plan, is it covere	ie 6b, the plan cannot d under the PBGC insi	use Form 5500-SF	and must instead use	Form:	5500.			
Under p	: A penalty for the late enalties of perjury and o chedule MB completed a is true, correct, and com	ther penalties set found in the signed by an er	orth in the instructions	I declare that I have	examined this return/ren	ort inc	established. cluding, if applicable, a Schedule the best of my knowledge and			
SIGN	Lewi	Hann	gtr MD	4/21/14	Kevin Harringt	on,	MD			
HERE	Signature of plan	administrator	1	Date	Enter name of individu	ual siar	ning as plan administrator			
SIGN							and the Frank deliminor delay			
HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individu	ıal sigr	ing as employer or plan sponsor			
Prepare	's name (including firm i	name, if applicable)	and address; include	room or suite numbe	r (optional)	Prepa	rer's telephone number (optional)			
Ear D-	nuonic Dada-ction									
ror Pape	rwork Reduction Act Notic	e and OMB Control	Numbers, see the instru	ctions for Form 5500-5	SF.		Form 5500-SF (2013)			

Pa	rt III Financial Information						-		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	\top		(b) En	d of Yea	r
а	Total plan assets	. 7a		2066	0		(~) =:::	a 01 100	6557842
b	Total plan liabilities	liabilities							289
С	Net plan assets (subtract line 7b from line 7a)	1911	_5				6557553		
8	Income, Expenses, and Transfers for this Plan Year		\top		(b)	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount	6748	36		(2)	. Otta	
	(2) Participants	8a(2)		2091					
	(3) Others (including rollovers)			142	_				
	Other income (loss)	8a(3) 8b	٥	6553					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	,	0333	, 1				4455050
	Benefits paid (including direct rollovers and insurance premiums	80			+				1155352
6772	to provide benefits)	8d	8 8	1691	.4				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g			THE R				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							16914
i	Net income (loss) (subtract line 8h from line 8c)	8i							1138438
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 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plan Char	acteris	stic Co	des ir	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Coc	les in	the instruc	tione:	
				o to mot	.000	100 111	ino manuo	uoris.	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amour	nt
а	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)					Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	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		Х			
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	lule SE	3 (Form	Пу	es \square No
11a	Enter the unpaid minimum required contribution for current year fro					11a			50 110
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Пү	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ble.)						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	d in this plan year, see instruc	ctions, th_	and e	nter th	ne date of	the letter Year	ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year					12b			
			NO. STILL						

	Form 5500-SF 2013 Page 3 -					
С	Enter the amount contributed by the employer to the plan for this plan year	12c	Τ			***
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	Γ			
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?	<u> </u>	Yes	X No	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Τ			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control			☐ Ye	s 🛭 No
С	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.)	to				
1	3c(1) Name of plan(s):	3c(2) E	lN(s		13c(3) PN(s)
					+	
					1	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust