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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pens	ion Benefit Guaranty Corporation	▶ Complete all entries in accordance	ordance with the instruc	tions to the Form 5500	0-SF.	1110	peotion
Part	I Annual Report	t Identification Information					
For ca	lendar plan year 2013 or f	fiscal plan year beginning 01/01/20	013	and ending 1	2/31/2	2013	
	s return/report is for:	a single-employer plan		an (not multiemployer)		a one-particip	oant plan
B In	s return/report is:	the first return/report	the final return/report				
_		an amended return/report		n/report (less than 12 mo	onths)		
C Ch	eck box if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC progra	am
Part	II Rasic Plan Info	ormation—enter all requested information	· ·				
	ame of plan	Timation—enter an requested inion	mation		1h	Three-digit	
	RN REFINERY SERVICE	S. INC. 401(K) PLAN			15	plan number	
0		S, 11 S 1 (1) 1 2 1 1				(PN) •	001
					1c	Effective date o	f plan
						01/01	/1996
	an sponsor's name and a RN REFINERY SERVICE	ddress; include room or suite number ES, INC.	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-14	fication Number 73401
2380 GI	RANDVIEW ROAD				2c	Sponsor's telep	
FERND	ALE, WA 98248				2d	Business code ((see instructions)
3a Pl	an administrator's name a	and address XSame as Plan Sponsor	r Name Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If	the name and/or EIN of th	ne plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN	
	ame, EIN, and the plan nu ponsor's name	umber from the last return/report.			4c	PN	
5a ⊤	otal number of participants	s at the beginning of the plan year			5a		102
b To	otal number of participants	s at the end of the plan year			5b		104
		account balances as of the end of the	. , ,	•	5c		57
	•	ts during the plan year invested in elig					X Yes No
b A	re you claiming a waiver of	of the annual examination and report of the instructions on waiver eligibility	of an independent qualifie	d public accountant (IQI	PA)		X Yes No
If	you answered "No" to	either line 6a or line 6b, the plan car	nnot use Form 5500-SF	and must instead use	Form	5500.	
C If	the plan is a defined bene	efit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .		Yes No	Not determined
Cautio	on: A penalty for the late	or incomplete filing of this return/r	enort will be assessed i	unless reasonable cau	ise is	established	
Under SB or	penalties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	ort, in	ncluding, if applic	
SIGN		d/valid electronic signature.	06/27/2014	RYAN LIKKEL			
HERE	Signature of plan	administrator	Date	Enter name of individu	ual sig	ıning as plan adr	ninistrator
SIGN							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Prepar	er's name (including firm	name, if applicable) and address; inclu	ude room or suite number	r (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	7a	149764				(5) 2		953367	7	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	149764	8				19	953367	7	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) -	Γotal			
	Contributions received or receivable from:		(a) Amount				(5)	Otal			
	(1) Employers	8a(1)	9462	3							
	(2) Participants	8a(2)	18134	16							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	29428	6							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	70255		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9941	1							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	1512	.5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							114536	6	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							455719	9	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	ions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					
				100	X					1500	200
				10c						1500	J00
	or dishonesty?			10d		X					
е	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 	•									
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q	X					158	802
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	ne required	I notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes	П	No
44-	5500) and line 11a below)							1 L	163	Ш	INU
	Enter the unpaid minimum required contribution for current year fr					11a			1 v-:		NI-
12	Is this a defined contribution plan subject to the minimum funding	-		e or se	ection	302 of	ERISA?		Yes	X	No
a	(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	ng amortize	ed in this plan year, see instru		, and e	_	ne date of			ling	
	granting the waiver.					Day		Yea	ar		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	•				12b	I				
						1/11					

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	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2013 This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	Complete all entries in acco	rdance with the instru	ections to the Form 550	10-SE	Ins	spection
Part I	Annual Report Id	lentification Information	rdance with the matri	ctions to the Form 550	л-3г.		
	lar plan year 2013 or fisca	al plan year beginning	01/01/2013	and ending		12/31/203	13
		x a single-employer plan	-	olan (not multiemployer)		a one-partici	
B This re	turn/report is:	the first return/report	the final return/report				
	· i	an amended return/report	a short plan vear retu	rn/report (less than 12 m	onths)	
C Chock	box if filing under:	Form 5558	automatic extension	in open (less than 12 h	ionino		
• Officer	box ir filling drider.	╡	_			☐ DFVC progra	1111
D (II	D 1 D1 1 6	special extension (enter descripti					
Part II		nation—enter all requested inform	nation				
1a Name					1b	Three-digit	
West	ern Refinery Se	ervices, Inc. 401(k) H	Plan			plan number (PN)	001
					10	Effective date of	
					.0	01/01/199	
2a Plans	ponsor's name and addre	ess; include room or suite number (employer, if for a single	employer plan)	2b	Employer Identi	
West	ern Refinery Se	ervices, Inc.	-			(EIN) 91-147	
					2c	Sponsor's telep	hone number
2200	G					(360) 366-	-3303
2380	Grandview Road	L			2d	Business code (see instructions)
Fern			10.10.000	98248		238900	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor I	Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN
					3C	Administrator's t	elephone number
						(360) 366-	-3303
4 If the	name and/or EIN of the p	lan sponsor has changed since the	last return/report filed t	or this plan, enter the	4h	EIN	-3303
		er from the last return/report.	iau ioiaiiii opoii iiioa i	or time plant, or tor the	75	LIIV	
	or's name					PN	
5a Total	number of participants at	the beginning of the plan year			5a		102
b Total	number of participants at	the end of the plan year			5b		104
		count balances as of the end of the					104
					5c		57
6a Were	all of the plan's assets d	uring the plan year invested in eligib	ole assets? (See instruc	ctions.)			X Yes No
		e annual examination and report of					
under	29 CFR 2520-104-46? (\$	See instructions on waiver eligibility	and conditions.)		·····		X Yes ∐ No
		er line 6a or line 6b, the plan canr				5500.	
C If the p	olan is a defined benefit p	plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable cau	ıse is	established.	
Under pena	alties of perjury and other	penalties set forth in the instruction	s, I declare that I have	examined this return/rep	oort, in	cluding, if applica	able, a Schedule
SB or Sche	edule MB completed and	signed by an enrolled actuary, as w	ell as the electronic ver	rsion of this return/report	, and	to the best of my	knowledge and
belief, it is t	true, correct, and complet	ie.					
SIGN	X735-C		× (0-24-14	Ryan Likkel			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individe	ual sig	ning as plan adm	inistrator
SIGN	13-11		1/0-24-14	Ryan Likkel			
HERE	Signature of employer	r/plan sponsor	Date	Enter name of individe	ual sig	ning as employe	or plan sponsor
Preparer's	name (including firm nam	ne, if applicable) and address; includ		er (optional)			number (optional)
				l			
				1			
							anger Billia to III Pagara

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	Т		(b) End	of Yea	r	
a	Total plan assets	. 7a	1,497		8		(-)			,367
	Total plan liabilities	. 7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1,497	7,64	8			1,	953	,367
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from:									
	(1) Employers	8a(1)		1,62						
	(2) Participants	8a(2)	181	L,34	6		100			
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	. 8b	294	1,28	6					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							570	,255
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	99	9,41	.1					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								and the same
f	Administrative service providers (salaries, fees, commissions)	8f	15	5,12	5					
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							114	,536
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							455	,719
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 3D	feature code	es from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature codes	s from the List of Plan Charac	cterist	ic Cod	les in th	ne instructi	ons:		
Par	V Compliance Questions									
10	During the plan year:									
10					Yes	No		Amou	int.	
a		itions within t	the time period described in		Yes	No		Amou	ınt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a	Yes	No X		Amou	int	
	Was there a failure to transmit to the plan any participant contribu	uciary Correct? (Do not inc	ction Program) clude transactions reported	10a 10b	Yes			Amou	int	
b	Was there a failure to transmit to the plan any participant contribution 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.)	uciary Correct? (Do not inc	ction Program)	10b		Х		Amou		0.000
b	Was there a failure to transmit to the plan any participant contribution 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.)	t? (Do not inc	ction Program)	10b 10c	Yes	х		Amou		,000
c d	Was there a failure to transmit to the plan any participant contribution 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.)	uciary Correct? (Do not inc	ction Program)	10b		Х		Amou		,000
c d	Was there a failure to transmit to the plan any participant contribution 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.)	t? (Do not inc	ction Program)	10b 10c		x x		Amou		,000
c d	Was there a failure to transmit to the plan any participant contribution 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.)	t? (Do not inc	d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c		х		Amou),000
c d	Was there a failure to transmit to the plan any participant contributed 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.)	t? (Do not inc	d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		x x		Amou		,,000
c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interess 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 ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantary in the plantary i	t? (Do not income the persons I of the benefit	d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x		Amou	150	5,802
b c d e f g	Was there a failure to transmit to the plan any participant contribution 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oft insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period?	t? (Do not inc	d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	Х	x x x		Amou	150	
b c d e f g	Was there a failure to transmit to the plan any participant contribution 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lifthis 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 to	t? (Do not inc	d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f 10g 10h	Х	x x x		Amou	150	
b c d e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidil Were there any nonexempt transactions with any party-in-interess 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 other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lifthis 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 the exceptions to providing the notice applied under 29 CFR 2520.10	t? (Do not inc	d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f 10g	Х	x x x		Amou	150	
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c d e f g h i Part 11	Was there a failure to transmit to the plan any participant contribut. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interess on line 10a.)	try (Do not income the persons I of the benefit an? as of year en (See instruct the required responsed to the persons I of the benefit answers of the benefit answers of the persons I of the benefit answers of the benefit answers of the persons I of the persons of the benefit answers of the persons of the	d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Lule SB	(Form		150	
6 d e f g h i Part 11 11a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interess 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 other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 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 the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for the plan in the pla	try (Do not income and	d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SB	(Form		150 15	, 802 No
c d e f g h i Part 11	Was there a failure to transmit to the plan any participant contribut. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interess on line 10a.)	tree control of the persons of the benefit of the b	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SB	(Form		150	, 802 No
6 d e f g h 111111111111111111111111111111111	Was there a failure to transmit to the plan any participant contribut. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interess on line 10a.)	try (Do not income inco	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Schec	X X X X X A X Iule SB	(Form		150 15 Yes [No No
6 d e f g h 111111111111111111111111111111111	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interess on line 10a.)	try (Do not income the persons I of the benefit an? as of year en (See instruct the required round the persons I of the benefit and the benefit a	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i plete or se	X X Schec	X X X X X A X Iule SB	(Form		150 15 Yes [No No
c d e f g h 11a 12a a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidile Were there any nonexempt transactions with any party-in-interess 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 other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 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 the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for the service of 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 service of the minimum funding standard for a prior year is being the participant to the minimum funding standard for a prior year is being the participant to the minimum funding standard for a prior year is being the participant to the participant to the minimum funding standard for a prior year is being the participant to the participant t	tree instruct the required response of the benefit an? the required response of the benefit ans of year en (See instruct the required response of the persons of the benefit ans of year en (See instruct the required response of the persons of the benefit the required response of the persons	d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Schec	X X X X X X A X A A A A A A A A A A A A	(Form	ne lette	150 15 Yes [No No

resolution to terminate the plan been adopted in any plan year? " enter the amount of any plan assets that reverted to the employer this year	13a control	res X N	∏ Y€	3) PN(s)
esolution to terminate the plan been adopted in any plan year?	13a control		∏ Y€	
esolution to terminate the plan been adopted in any plan year?	13a control		∏ Y€	
esolution to terminate the plan been adopted in any plan year?	13a control	es X N		s 🛛 No
esolution to terminate the plan been adopted in any plan year?	13a control	es X N		s 🏿 No
esolution to terminate the plan been adopted in any plan year?		es X	lo	
	Y	es X	lo	
Plan Terminations and Transfers of Assets				
minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a e amount)	12d			
ne amount contributed by the employer to the plan for this plan year	12c			
	et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a e amount)	the amount contributed by the employer to the plan for this plan year. It the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a e amount)	the amount continuous by the employer to the plan for this plan year. It the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a e amount)	the amount continuous by the employer to the plan for this plan year. It the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a e amount)