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 B	Benefit Guaranty Corporation	 Complete all entries in acc 	cordance with the instru	uctions to the Form 5500	-SF.		-
Part I	Annual Report I	dentification Information					
For calend	dar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 12	2/31/2	013	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	the final return/report	t			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	nths)	_	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter descri					
Part II		mation—enter all requested info	rmation				
1a Name					1b	Three-digit	
SMITH GAR	RDENS PROFIT SHARII	NG PLAN				plan number (PN) ▶	001
						Effective date of	
						01/01/	
2a Plan s		lress; include room or suite numbe	r (employer, if for a single	e-employer plan)		Employer Identii (EIN) 91-62	
TOOL DENT		_		-		Sponsor's telep	
	ON-ISSAQUAH RD. S.E I, WA 98027	Ξ.		-	2d	Business code (see instructions)
3a Plan a	administrator's name and	d address X Same as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's I	
		_ ·	ы	_	3c	Administrator's t	elephone number
					50	Administrators	elephone number
_							
		plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b	EIN	
	e, EIN, and the plan num sor's name	ber from the last return/report.			4c	PN	
5a Total	number of participants a	at the beginning of the plan year			5a		27
b Total	number of participants a	at the end of the plan year			5b		24
		ccount balances as of the end of th	. , ,	•	5c		24
_		during the plan year invested in eli	-				X Yes No
		the annual examination and report					X Yes No
		(See instructions on waiver eligibil her line 6a or line 6b, the plan ca	•				N Tes NO
		plan, is it covered under the PBG			_		Not determined
C II tile	plan is a defined benefit	plant, is it covered under the FBG	5 insurance program (see	E LNISA SECTION 4021)!	Ц	ies IIIo I	Not determined
Caution: /	A penalty for the late o	r incomplete filing of this return	report will be assessed	l unless reasonable caus	se is (established.	
SB or Sch		er penalties set forth in the instruct d signed by an enrolled actuary, as lete.					
SIGN	Filed with authorized/v	ralid electronic signature.	07/08/2014	JAMES S. POMMER			
SIGN HERE	Filed with authorized/v Signature of plan ad		07/08/2014 Date	JAMES S. POMMER Enter name of individu	al sig	ning as plan adn	ninistrator
					al sig	ning as plan adn	ninistrator
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu			
SIGN HERE	Signature of plan ad	Iministrator	Date Date	Enter name of individu	al sig	ning as employe	
SIGN HERE	Signature of plan ad	Iministrator /er/plan sponsor	Date Date	Enter name of individu	al sig	ning as employe	r or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	of Year			(b) En	d of Y	ear	
a	Total plan assets	7a	232490				(2) =::		575599)
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	232490	3		2575599)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
	Contributions received or receivable from:		(a) Amount				(10)	Total		
	(1) Employers	8a(1)	12583	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	12912	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	254953	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	425	7						
<u>e</u>	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							4257	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							250696	6
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 2J 2K 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:		
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					85000
				10c						65000
	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	end.)	10q		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	ne required	d 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 68	INO
	Enter the unpaid minimum required contribution for current year fr					11a		T =	1	□
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	.	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - ·			- al - t	C 41 '		lin e
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	enter th Day	ie date o	the le		ing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			ı	40k				
h	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	l 4b Tr	ust's EIN	

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).

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

For calendary plan, year 2013 of fiscal plan year beginning 010/12013 and ending 12/31/2013 A This return/report is for:	Part I	Annual Report	Identification Information					
B This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months) a short plan year return/report (less than 12 months) DFVC program	For calenda	ar plan year 2013 or f		1/2013 and ending	12/31/	2013		
B This return/report is:	A This retu	urn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemploye	r)	a one-partici	pant plan	
C Check box if filing under:	B This reti	urn/report is:	the first return/report	the final return/report				
C check box if filing under: Form 5558 automatic extension DFVC program			an amended return/report	a short plan year return/report (less than 12	months)		
Part II Basic Plan Information—enter all requested information 18 Name of plan MITH GARDENS PROFIT SHARING PLAN 29 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 20 Employer Identification Number (EIN) 91-8244018 20 Employer Identification Number (EIN) 91-8244018 20 Sponsor's telephone number (425) 982-1025 21 Business code (see instructions) 31 Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 32 Administrator's telephone number (425) 982-1025 23 Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 34 Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 35 Administrator's telephone number Address Add	C Check t	box if filing under:	Form 5558			5 <u></u>		
Part II Basic Plan Information—enter all requested information 1a Name of plan 1a Name of plan 2a Plan sporsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EN) 91-8214018 2c Sponsor's telephone number (exployer) 2c Sponsor's telephone number (exployer) 2d Business code (see instructions) 2d Business code (se					☐ Di vo piogia	31(1		
18 Name of plan SMITH GARDENS PROFIT SHARING PLAN 22 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 10 Effective date of plan C10/1/1984 22 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 23 Employer Identification Number (RIN) 91-8214018 24 Sponsor's telephone number (R25) 932-1025 25 BSAQUAH, WA 98027 26 Business code (see instructions) 1114:00 37 Administrator's EIN 38 Administrator's telephone number 48 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 49 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 40 EIN 41 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 42 Final number of participants at the beginning of the plan year 43 Sponsor's name 44 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 45 Total number of participants at the end of the plan year 46 PN 57 Total number of participants at the end of the plan year 58 Total return for plan sassels during the plan year invested in eligible assets? (See instructions). 58 Administrator's telephone number 49 EIN 40 PN 41 PN 42 PN 43 Total number of participants at the end of the plan year 58 Total return for plan sassels during the plan year 58 Total return for plan defined benefit plans do not complete this item). 59 Are you clidining a weight of the end of the plan year 69 Are you clidining a weight of the end of the plan year 69 Are you clidining a weight of the end of the plan year 69 Are you clidining a weight of	Part II	Basic Plan Info	TOTAL SHOW THE CONTROL OF THE PROPERTY OF THE	COLOR BOOK MICHIEL				
SMITH GARDENS PROFIT SHARING PLAN The Effective date of plan	1120		Marie di requestes il	normation	1h	Three digit		
2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) MITH GARDENS 2b Employer Identification Number (EIN) 91-6214018 2c Sponsor's telephone number (425) 332-1025 2d Business code (see instructions) 111400 3a Plan administrator's name and address Same as Plan Sponsor Name		15000 M 1500 M 1500	RING PLAN		1.0			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SMITH GARDENS 7600 RENTON-ISSAQUAH RD. S.E. 7600 RENTON-ISSAQUAH RD. S.E. SISSAQUAH, WA 98027 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number (425) 392-1025 2d Business code (see instructions) 111400 111400 3c Administrator's telephone number with a difference of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. 3 Sponsor's name 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. 3 Sponsor's name 5 Total number of participants at the beginning of the plan year. 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). 6 If you answered "No" to either line 6s or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 6 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?				<u> </u>	001			
CEIN 91-6214018 2C Sponsor's telephone number (4/25) 392-1025 2d Business code (see instructions) 111400 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number 3c Administrator's telephone number 3d Plan administrator's name 3d Plan administrator's name 3d Plan administrator's telephone number 3d Plan administrator's name 3d Plan administrator's telephone number 3d Plan administrator's telephone number 3d Plan administrator's name 3d Plan administrator 3					1c			
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SSAQUAH, WA 98027 3a Plan administrator's name and address Same as Plan Sponsor Name	TENO DENTO	ON LESSON HAN DO	2 E		2c	Sponsor's telep	hone number 2-1025	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the anne, EIN, and the plan number from the last return/report. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year			7.L.		2d	Business code ((see instructions)	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 5 Total number of participants at the beginning of the plan year	3a Plan ac	dministrator's name a	nd address Same as Plan Spor	sor Name Same as Plan Sponsor Address	3b	Administrator's	EIN	
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year					3с	Administrator's	telephone number	
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year								
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	4 1711	16 EW 60						
Total number of participants at the beginning of the plan year	name,	, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	e the last return/report filed for this plan, enter the				
b Total number of participants at the end of the plan year			s at the heginning of the plan year			PN		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						-		
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, and to the best of my knowledge and belief, it is true, correct, and complete. Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor					5b		24	
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	comple	et of participants with ete this item)	account balances as of the end of	t the plan year (defined benefit plans do not	5c		24	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a Were	all of the plan's asset	ls during the plan year invested in	eligible assets? (See instructions.)			▼ Yes □ No	
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined 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 HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	b Are yo under	ou claiming a waiver of 29 CFR 2520.104-46	of the annual examination and repo 6? (See instructions on waiver eligi	ort of an independent qualified public accountant (bility and conditions.)	IQPA)			
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 HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	If you	answered "No" to e	either line 6a or line 6b, the plan	cannot use Form 5500-SF and must instead us	e Form	5500.		
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 HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor								
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HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A	penalty for the late	or incomplete filing of this return	rn/report will be assessed unless reasonable c	ause is	established.		
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Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN	penalty for the late alties of perjury and o adule MB completed a lrue, correct, and com	or incomplete filing of this return ther penalties set forth in the instruction and signed by an enrolled actuary, aplete.	rn/report will be assessed unless reasonable continued this return/report as well as the electronic version of this return/report will be assessed unless reasonable continued this return/report as well as the electronic version of this return/report will be assessed unless reasonable continued to the continue that is a second to	ause is report, ir ort, and	ncluding, if applicate the best of my	knowledge and	
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Part III Financi	al Information			-						
7 Plan Assets and I	iabilities		(a) Beginning of Yea	ar			(b) End o	f Year		
a Total plan assets		7a	232490	-			1-7	25755		
b Total plan liabilitie	s	7b								
C Net plan assets (s	subtract line 7b from line 7a)	7c	232490	3				25755	599	
8 Income, Expense	s, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
	eived or receivable from;			_		-		*********	1107	-
		8a(1)	125830	0	_					
	P	8a(2)								
	s)s)	8a(3)	10040	2	-					
	I lines 8a(1), 8a(2), 8a(3), and 8b)	8b	12912	ა 	- 100	100000				
	uding direct rollovers and insurance premiums	8c			-			2549	53	
	s)	8d	425	7						
e Certain deemed a	and/or corrective distributions (see instructions)	8e				1				
f Administrative ser	vice providers (salaries, fees, commissions)	8f								
g Other expenses		8g								
h Total expenses (a	dd lines 8d, 8e, 8f, and 8g)	8h				570/80	-0000	42	257	
	(subtract line 8h from line 8c)	8i						2506	396	
j Transfers to (from) the plan (see instructions)	8j	2 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				No. 1			
	haracteristics							-		
9a If the plan provide 2E 2J 2K	es pension benefits, enter the applicable pension 3B 3D	feature cod	des from the List of Plan Chara	acteris	stic Co	des in	the instruct	ons:		
b If the plan provide	es welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Cod	es in l	he instruction	ns:		
	nce Questions									
10 During the plan	And the state of t				Yes	No		Amoun	t	
29 CFR 2510.3	ure to transmit to the plan any participant contribu -102? (See instructions and DOL's Voluntary Fidu	uciary Corre	ection Program)	10a		Х				
b Were there any on line 10a.)	nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported	10b		X				
c Was the plan co	overed by a fidelity bond?			10c	Х				8ª	5000
d Did the plan hav or dishonesty?	re a loss, whether or not reimbursed by the plan's	fidelity bor	nd, Ihal was caused by fraud	10d		x				
	or commissions paid to any brokers, agents, or other			155			-			
insurance service	e, or other organization that provides some or all	of the bene	efits under the plan? (See	10e	Tara San San San San San San San San San Sa	x				
f Has the plan fail	ed to provide any benefit when due under the pla	n?		10f		Х				
g Did the plan hav	e any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X				
h If this is an indiv	idual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		×				
i If 10h was answ	ered "Yes," check the box if you eilher provided l oviding the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i		-			A. S.	
	Funding Compliance			101	-					-
11 Is this a defined	benefit plan subject to minimum funding requirem	nents? (If "	es," see instructions and com	plete	Sched	ule Si	3 (Form	ПУ	es l] No
	I minimum required contribution for current year fi					11a		'`	-55	140
	contribution plan subject to the minimum funding	100					ERISA?	ΠY	es X	No
(If "Yes," comple	ete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)							
a If a waiver of the	minimum funding standard for a prior year is bei	ng amortize	ed in this plan year, see instru	ctions, ith	and e	nter th		e letter Year	ruling	ľ
	ne 12a, complete lines 3, 9, and 10 of Schedul						2000			
b Enter the minim	um required contribution for this plan year	•		*******		12b			000	

Form	FFOO	0	20	40
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P	a	e e	3	-	1

С	Enter the amount contributed by the employer to the plan for this plan year	12c	6 - 222 2	
d		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A
Part				
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		55.50
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		∏ Yes Ⅺ 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	-	
	13c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	100
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