_	m 5500-SF	OMB Nos. 1210-0110 1210-0089									
	rtment of the Treasury nal Revenue Service	B This form is required to be filed		2013							
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1 the Internal		This Form is Open to Public Inspection							
Pension Be	Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I		dentification Information									
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013											
A This return/report is for:											
B This ret	turn/report is:	is: the first return/report the final return/report									
an amended return/report a short plan year return/report (less than 12 months)											
C Check b	DFVC program										
	Jox II IIIIng under.	X Form 5558	automatic extension								
Dert II	Decis Dian Inform		,								
Part II		mation—enter all requested informa	tion		1h	Throp digit					
	of plan DAY RV INC. 401K RET				1b	Three-digit plan number					
K N K HOLIL	JAT KV INC. 40 IK KET					(PN) ▶ 001					
					1c	Effective date of plan					
						01/01/1994					
	ponsor's name and addr DAY RV INC.	ress; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1453528					
23203 E KN	OX				2c	Sponsor's telephone number 509-927-9000					
	KE, WA 99019-9542				2d	Business code (see instructions) 441210					
3a Plan a	dministrator's name and	I address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's EIN					
		plan sponsor has changed since the la ber from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN					
	or's name				4c	PN					
5a Total r	number of participants a	t the beginning of the plan year			5a	111					
b Total r	number of participants a	t the end of the plan year			5b	114					
C Numb	er of participants with ac	ccount balances as of the end of the pl	lan year (defined bene	fit plans do not							
	· ·	·	, ,	•	5c	61					
6a Were	all of the plan's assets of	during the plan year invested in eligible	e assets? (See instruc	tions.)		X Yes 🗌 No					
		he annual examination and report of a									
		(See instructions on waiver eligibility a her line 6a or line 6b, the plan canno									
-		-									
C if the p	Dian is a defined benefit	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?.		Yes No Not determined					
Caution: A	penalty for the late or	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is	established.					
SB or Sche		er penalties set forth in the instructions I signed by an enrolled actuary, as wel ete.									
SIGN Filed with authorized/valid electronic signature. 08/15/2014 DALE STEVENS											
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ndividual signing as plan administrator						
SIGN											
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	gning as employer or plan sponsor					
	name (including firm na	me, if applicable) and address; include				parer's telephone number (optional)					
	ALE STEVENS REAK-THRU BENEFITS, LLC 509-755-3767										

200 NORTH MULLAN ROAD, SUITE 216 SPOKANE VALLEY, WA 99206

Pa	t III Financial Information		-										
7	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Yea				(b) End of Year							
а	Total plan assets						3556105						
b	al plan liabilities												
С	C Net plan assets (subtract line 7b from line 7a)			2917206			3556105						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)											
	(2) Participants	8a(2)	25146	9									
	(3) Others (including rollovers)	8a(3)	3493	0									
b	Operation Operation <t< th=""><th></th><th></th><th></th></t<>												
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					952904						
	Benefits paid (including direct rollovers and insurance premiums												
	to provide benefits)	8d	29067										
е	Certain deemed and/or corrective distributions (see instructions)	8e	716	-									
f	Administrative service providers (salaries, fees, commissions)	8f	1616	6									
g	Other expenses	8g											
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					314005						
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					638899						
	Transfers to (from) the plan (see instructions)	8j											
Pa	t IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 3D 2J 2K	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:						
b	If the plan provides welfare benefits, enter the applicable welfare fe	oaturo cod	os from the List of Plan Chara	otoriet		loc in t	ho instructions:						
D	In the plan provides wenare benefits, enter the applicable wenare to			JICHSI									
Par	V Compliance Questions												
10	During the plan year:				Yes	No	Amount						
а	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)												
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported			Х							
C	on line 10a.) Was the plan covered by a fidelity bond?			10b	Х		500000						
d				10c			500000						
	or dishonesty?	·····		10d		Х							
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	Х		13771						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х		61043						
h	· · · · · · · · · · · · · · · · · · ·	•				Х							
—i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h									
•	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)	•		•			· · · · · · · · · · · · · · · · · · ·						
11a	5500) and line 11a below)												
12	Is this a defined contribution plan subject to the minimum funding					11a 302 of	ERISA? Yes X No						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			0,00									
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 instruc		, and e	enter th Day							
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day							
	Enter the minimum required contribution for this plan year	•				12b							

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		
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): 1	3c(2) EIN	l(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

For	m 5500-SF	yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2013
Employee Be	pertment of Labor melts Security Administration	8(a) of	This Form is Open to Public Inspection			
	nefit Guaranty Corporation	Complete all entries in accordant	nce with the instruc	tions to the Form 550	0-SF.	
Part I	Annual Report Id ar plan year 2013 or fisca	lentification Information	01/2013	and ending		12/31/2013
	R			an (not multiemployer)		a one-participant plan
			e final return/report		1	
D This rea	um/report is:	J	•	n/report (less than 12 m	onths)	
C Obasta			utomatic extension		,	DFVC program
	box if filing under:	ן אין אין אין אין אין אין אין אין אין אי			l	
Dentil	Pagia Plan Inform	nation enter all requested information	~~~			
Part II 1a Name					1b	Three-digit
RNR	HOLIDAY RV INC.	. 401K RETIREMENT PLAN				plan number
						(PN) P
						Effective date of plan 01/01/1994
	ponsor's name and addr HOLIDAY RV INC.	ess; include room or suite number (emp	ployer, if for a single-	employer plan)		Employer Identification Number (EIN) 91-1453528
						Sponsor's telephone number
23203 H	E KNOX					509-927-9000
LIBERT	V TAKE	WA 99019-9542			1	Business code (see instructions) 441210
		address XSame as Plan Sponsor Nar	ne XSame as Plar	Sponsor Address	1	Administrator's EIN
Jariana						
4 If the r	name and/or EIN of the p	plan sponsor has changed since the las	t retum/report filed fo	or this plan, enter the	4b	EIN
name,	, EIN, and the plan numb	per from the last return/report.		-		
a Sponse					4c	1
_		t the beginning of the plan year				111
		t the end of the plan year			5b	114
		count balances as of the end of the pla	• •	•	5c	61
		luring the plan year invested in eligible				X Yes No
b Are yo	ou claiming a waiver of th	ne annual examination and report of an	independent qualifie	d public accountant (IQ	PA)	
	•	See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	,			
-		plan, is it covered under the PBGC insu				
	····					
		incomplete filing of this return/repor				
SB or Sche	dule MB completed and rue, correct, and completed	r penalties set forth in the instructions, I signed by an enrolled actuary, as well ste.	as the electronic ver	examined this return/report sion of this return/report	port, in t, and t	cluding, if applicable, a Schedule o the best of my knowledge and
SIGN	Jodean	Bunney	8-13-14	Jodean Bunney		
HERE	Signature of plan adr	vidual signing as plan administrator				
SIGN	adean	Bunney	8-13-14	Jodean Bunney		
HERE	Signature of employe		Date		ual sig	ning as employer or plan sponsor
•	•	ne, if applicable) and address; include r	oom or suite numbe	r (optional)	Prep	arer's telephone number (optional)
Dale St Break-1	cevens Chru Benefits,	LLC				509-755-3767
	th Mullan Road					
	e Valley	WA 99206	chiene for France Barrow	DE		
ror raperwo	AR REQUCTION ACT NOTICE	and OMB Control Numbers, see the instru	cuons for Porm 5500-	JF.		Form 5500-SF (2013)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Yea	r	
a Total plan assets	7a		172	06					
b Total plan liabilities	7b	·						·	
C Net plan assets (subtract line 7b from line 7a)	7c	29	172(06				355610	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)]	otal		
a Contributions received or receivable from:				\top					
(1) Employers	8a(1)	. <u></u>					- 11 - 11		
(2) Participants	8a(2)		5146				14 June 1		
(3) Others (including rollovers)	8a(3)		349:						
b Other income (loss)	8b		665()5					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			<u> </u>				95290	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	906	71				e Sta	
e Certain deemed and/or corrective distributions (see instructions)	8e		716	58					
f Administrative service providers (salaries, fees, commissions)	8f		1616	56			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
g Other expenses	8g						18.00		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	a tha a said a said						31400	
i Net income (loss) (subtract line 8h from line 8c)	8 i							63889	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions									
10 During the plan year:				Yes					
				103	No		Amou	nt	
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a	165	X		Amou	nt	
	ciary Corre ? (Do not in	ction Program)	10a 10b				Amou	<u>nt</u>	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest?	ciary Corre ? (Do not in	ction Program)		X	x		Amou		
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity for the plan have a loss. 	iciary Corre ? (Do not in fidelity bond	ction Program) Include transactions reported	10b		x		Amou		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) C Was the plan covered by a fidelity bond?	ciary Corre ? (Do not in fidelity bond er persons of the bene	ction Program) iclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c		x x		<u>Amou</u>	50000	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all communications. 	ciary Corre ? (Do not in fidelity bond er persons of the bene	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	x	x x		Amou	50000	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) 	ciary Corre ? (Do not in fidelity bond er persons of the bene	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f	x	x x x		Amou	50000	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?. e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c 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 as h If this is an individual account plan, was there a blackout period? (See the plan was the plan benefit of the plan	ciary Corre ? (Do not in fidelity bond er persons of the bene n? s of year en See instruc	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e	x	x x x		Amou	50000	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c 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 as h If this is an individual account plan, was there a blackout period? (S 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the 	ciary Corre ? (Do not in fidelity bond er persons of the bene n? s of year en See instruc e required	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g 10h	x	x x x x			nt 500000 13771 61043	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	ciary Corre ? (Do not in fidelity bond er persons of the bene n? s of year en See instruc e required	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g	x	x x x x			50000	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	ciary Corre ? (Do not in fidelity bond er persons of the bene n? s of year en See instruc e required i -3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X X X	(Form	· · · · · · · · · · · · · · · · · · ·	50000	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest? on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as 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 the exceptions to providing the notice applied under 29 CFR 2520.101- Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) 	ciary Corre ? (Do not in fidelity bond er persons of the bene n? s of year en See instruc e required -3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X X X	(Form	· · · · · · · · · · · · · · · · · · ·	50000	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 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 f or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c 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 as 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 2520.101 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) 	ciary Corre ? (Do not in fidelity bond er persons of the bene ? s of year en See instruc e required -3 ents? (If "Ye com Schedu	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X X Ulle SB	(Form		50000 1377 6104 /es No	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as 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 the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Corre ? (Do not in fidelity bond er persons of the bene a)? a) of year en See instruc e required -3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 ts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X X Ulle SB	(Form		50000 1377 6104 (es No	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c 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 as 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 the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) 	ciary Corre ? (Do not in fidelity bond er persons of the bene ? s of year en See instruc e required -3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 ts of section 412 of the Code ole.) d in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i 10i or se	X X X Schec	X X X X X Ule SB	(Form		50000 1377: 61043 (es No (es X No	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?. e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as 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 the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from its a defined contribution plan subject to the minimum funding requireme for the minimum funding requirement for the minim	ciary Corre ? (Do not in fidelity bond er persons of the bene ? 	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 ts of section 412 of the Code ble.) d in this plan year, see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i 10i or se	X X X Schec	X X X X X X Iule SB	(Form		500000 1377: 61043 (es No (es X No	

С	Enter the amount contributed by the employer to the plan for this plan year	1	2c	T					
	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)								
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			亡	Yes	Π	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							_		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?]	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) which assets or liabilities were transferred. (See instructions.)	s) to		.		k			
13c(1) Name of plan(s): 13c						Т	13c(3) PN(s)	
		_							
						+			
		<u> </u>				+			
Part	VIII Trust Information (optional)								
				14b Trust's EIN					
		1			<u> </u>		<u> </u>		