Form 5500-SF		Short Form Annual Re	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service		Be	2013							
De	partment of Labor nefits Security Administration	This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				(a) of This Form is Open to Public				
Pension Be	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection									
Part I Annual Report Identification Information										
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/2	2013				
A This ret	urn/report is for:	a single-employer plan	multiple-employer pl	lan (not multiemployer)		a one-partici	pant plan			
B This ret	urn/report is:	the first return/report the	ne final return/report							
		an amended return/report a	short plan year returr	n/report (less than 12 mo	onths)				
C Check b	oox if filing under:	Form 5558	utomatic extension			DFVC progra	am			
		special extension (enter description)								
Part II		nation—enter all requested informati	on				1			
1a Name of SOUTH SOU	of plan ND SURGERY CENTER	R 401(K) PLAN			1b	Three-digit plan number	004			
					10	(PN) ► Effective date o	001 f plan			
					10	01/01	•			
SURGERY O	CENTER OF OLYMPIA,		ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-14	fication Number 14974			
	H SOUND SURGERY C				2c	Sponsor's telephone number 360-486-6301				
OLYMPIA, W					2d	Business code (62149	(see instructions)			
3a Plan ad	ministrator's name and	address 🔀Same as Plan Sponsor Nai	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN			
	3c Administrator's telephone number									
		lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	or this plan, enter the	4b EIN					
a Sponso					4c PN					
		the beginning of the plan year			5a		44			
		the end of the plan year			5b		43			
		count balances as of the end of the pla			5c		42			
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruc	tions.)			X Yes 🗌 No			
		e annual examination and report of an See instructions on waiver eligibility an					🗙 Yes 🗌 No			
		er line 6a or line 6b, the plan cannot								
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)? .		Yes No	Not determined			
Caution: A	nenalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ise is	established	-			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN	Filed with authorized/va	lid electronic signature.	09/10/2014	CHARLES E. HUGGIN	NS, III					
HERE Signature of plan administrator Date Enter name of individ					ual sig	ning as plan adr	ninistrator			
SIGN HERE										
HERE Signature of employer/plan sponsor Date Enter name of individ Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Enter name of individ										
rieparer s l	iame (including firm han	ופ, וו מטוונימטופי) מווט מטטופאל; וווכועספ	room of suite numbe	ι (ομιιοπαι)	Fiet	arer s teleprione	number (optional)			

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
a Total plan assets	7a	124048			1442828				
b Total plan liabilities	7b		0		3084				
C Net plan assets (subtract line 7b from line 7a)	7c	124048	8		1439744				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:		CE00	7						
(1) Employers	8a(1)	6508		_					
(2) Participants	8a(2)	13337	9						
(3) Others (including rollovers)	8a(3)	17100		_					
b Other income (loss)	8b	17122	1	-					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		369687			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17007	4						
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f	35	7						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					170431			
i Net income (loss) (subtract line 8h from line 8c)	8i					199256			
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
Part V Compliance Questions									
10 During the plan year:				Yes	No	Amount			
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			10a		x				
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		Х				
C Was the plan covered by a fidelity bond?			10c	X		143975			
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	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	fits under the plan? (See	10e	x		8397			
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as	s of vear er	nd.)	10q	Х		6387			
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	See instruc	ctions and 29 CFR	10g		Х				
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 ⁻¹	ne required	notice or one of the	10i						
Part VI Pension Funding Compliance					-				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a Enter the unpaid minimum required contribution for current year from				1	11a				
12 Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		ble.)							
	as applical	d in this plan year, see instrue		, and e	enter th Day	ne date of the letter ruling Year			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,a If a waiver of the minimum funding standard for a prior year is being the minimum funding	as applical ig amortize	d in this plan year, see instruc	th	, and e	_	÷			

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 Tru	ust's EIN	

Fo	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan				yee	OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury rnal Revenue Service	nd 4065 of the Employe	е	2013				
Employee E	epartment of Labor Benefits Security Administration enefit Guaranty Corporation	B(a) of	This Form is Open to Public Inspection					
Pension B		Complete all entries in accorda dentification Information	nce with the instru	ctions to the Form 550	0-SF.			
	ar plan year 2013 or fisc		01/2013	and ending	_	12/31/2013		
				lan (not multiemployer)	[a one-participant plan		
	turn/report is:	- 2	ne final return/report		L			
	[n/report (less than 12 m	onths)			
C Check	box if filing under:	f	utomatic extension		,۔, ا	DFVC program		
		 special extension (enter description)			L			
Part II	Basic Plan Inform	mation—enter all requested informati	оп					
1a Name	of plan				1b	Three-digit		
SOUTH	SOUND SURGERY (CENTER 401(K) PLAN				plan number		
					<u> </u>	(PN) Effective date of plan		
						01/01/2006		
Surger	y Center Of Oly		ployer, if for a single-	employer plan)		Employer Identification Number (EIN) 20-1414974		
	SOUTH SOUND SUB ovidence Lane M					Sponsor's telephone number		
410 PI	ovidence hane i	NOICH East				360-486-6301		
Olympi	a	WA 98506				Business code (see instructions) 621493		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	ne XSame as Plar	Sponsor Address		Administrator's EIN		
					30 /	Administrator's telephone number		
4 If the	name and/or EIN of the r	lan sponsor has changed since the las	t return/report filed fo	sthis plan, optor the	41.			
		per from the last return/report.	returnineport med to	i this plan, enter the	4b	EIN		
	or's name				4c	PN		
		the beginning of the plan year			5a	44		
		the end of the plan year			5b	43		
C Numb	er of participants with ac lete this item)	count balances as of the end of the pla	n year (defined bene	fit plans do not	50	12		
		luring the plan year invested in eligible a				<u>42</u> 		
b Are yo	ou claiming a waiver of th	ne annual examination and report of an	independent qualifie	d public accountant (IQI	PA)			
under	29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions.)			X Yes No		
		er line 6a or line 6b, the plan cannot						
C in the	ban is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes No Not determined		
		incomplete filing of this return/repor						
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple	r penalties set forth in the instructions, signed by an enrolled actuary, as well ite.	declare that I have a as the electronic vers	examined this return/rep sion of this return/report,	ort, inc , and to	luding, if applicable, a Schedule the best of my knowledge and		
SIGN	Plankar C	Harrix TT	0/1/14	Charles E. Huc	aine			
HERE	Signature of plan adm	nine and	Tank .					
SIGN	Signature of plan adn	minisinator	Drate	Enter name of individu	iai sign	ing as plan administrator		
SIGN HERE	Classifier of any low							
Preparer's	Signature of employe name (including firm nam	ne, if applicable) and address; include r	Date	Enter name of individu	individual signing as employer or plan s Preparer's telephone number (
	, , , , , , , , , , , , , , , , , , , ,	,,		(
				-		Contraction of the second		
For Paperwe	ork Reduction Act Notice #	and OMB Control Numbers, see the instru	ctions for Form 5500-5	SF.		Form 5500-SF (2013)		
				10 EWW		rain seas of [colo]		

	Plan Assets and Liabilities	21024	(a) Beginning of Ye	ar	-		(b) End	of Year	
a	Total plan assets	7a	12	404	88			14	4282
b	Total plan liabilities	7b			0				308
С	Net plan assets (subtract line 7b from line 7a)	7c	12	404	88			14	397
}	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	Fotal	
a	Contributions received or receivable from:					11.5	1-7		100
	(1) Employers	8a(1)		650	87	17.0			
_	(2) Participants	8a(2)	1	333	79			5	
-	(3) Others (including rollovers)	8a(3)				1.58	e	2 AN - 11	<u>.</u>
	Other income (loss)	8b	1	712:	21	1		1. Para	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Magalari, 11, 11, 11, 2, 2013					3	696
_	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	700'	74				Ĩ.
	Certain deemed and/or corrective distributions (see instructions)	8e						H CALLER	10.12
f	Administrative service providers (salaries, fees, commissions)	8f		3.5	57		5540	24 113	11
	Other expenses	8g		_					2.17
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1. T				1	704
	Net income (loss) (subtract line 8h from line 8c)	8i						1	992
	Transfers to (from) the plan (see instructions)	8j				22.43			14
-	V Compliance Questions		rom the List of Plan Chara						_
irt	V Compliance Questions During the plan year:								
-	During the plan year: Was there a failure to transmit to the plan any participant contribution	ions within th	e time period described in		Yes	No X		Amount	
art) a	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest?	ions within th clary Correcti ? (Do not inclu	e time period described in on Program)	10a		No			
a b	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidur Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ions within th clary Correcti ? (Do not inclu	e time period described in on Program) ude transactions reported	10a 10b	Yes	No X		Amount	429
art) a b	During the plan year: Was there a failure to transmit to the plan any participant contributi 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	ions within the ciary Correcti ? (Do not inclu idelity bond (e time period described in on Program) ude transactions reported	10a 10b 10c		No X		Amount	439
art a b	During the plan year: Was there a failure to transmit to the plan any participant contributi 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 othe insurance service, or other organization that provides some or all of	ions within the clary Correcti ? (Do not inclu idelity bond, f ar persons by of the benefits	e time period described in on Program) ude transactions reported that was caused by fraud	10a 10b 10c 10d	Yes	No X X		Amount	
art a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contributi 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.)	ions within the clary Correcti ? (Do not inclu idelity bond, f ar persons by of the benefits	e time period described in on Program) ude transactions reported that was caused by fraud that was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c	Yes	No X X X X		Amount	
a b c d	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidur 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 othe insurance service, or other organization that provides some or all of instructions.)	ions within the clary Correcti ? (Do not inclu idelity bond, the ar persons by of the benefits ?	e time period described in on Program) ude transactions reported that was caused by fraud an insurance carrier, o under the plan? (See	10a 10b 10c 10d	Yes	No X X		Amount	439 83
a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contributi 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.)	ions within the clary Correcti ? (Do not inclu idelity bond, f ar persons by of the benefits ? of year end.)	e time period described in on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d	Yes	No X X X X		Amount	83
a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contributi 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.)	ions within the clary Correcti ? (Do not inclu idelity bond, f idelity bond, f er persons by of the benefits ? of year end.) See instructio	e time period described in on Program) ude transactions reported that was caused by fraud that was caused by fraud an insurance carrier, under the plan? (See ns and 29 CFR	10a 10b 10c 10d 10e 10f	Yes X X	No X X X X		Amount	83
art a b c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contributi 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 for or dishonesty? Were any fees or commissions paid to any brokers, agents, or other 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? (S 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-	ions within the clary Correcti ? (Do not inclu idelity bond, f idelity bond, f er persons by of the benefits ? of year end.) See instructio	e time period described in on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See ns and 29 CFR	10a 10b 10c 10d 10e 10f	Yes X X	No X X X X X		Amount	83
art) a b c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ions within the clary Correcti ? (Do not inclu idelity bond, f idelity bond, f er persons by of the benefits ? of year end.) See instructio	e time period described in on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See ns and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h	Yes X X	No X X X X X		Amount	83
art a b c d e f g h i rt	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidur 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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? (Secontor-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.) VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	ions within the clary Correcti ? (Do not inclu idelity bond, f ar persons by of the benefits ? of year end.) See instructio e required nor -3	e time period described in on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See ns and 29 CFR tice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X	No X X X X X X	(Form	Amount	
art a b c d e f g h i rt	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidur 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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- VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ions within the clary Correcti ? (Do not inclu idelity bond, f ar persons by of the benefits ? of year end.) See instructio e required not -3	e time period described in on Program) ude transactions reported that was caused by fraud an insurance carrier, or under the plan? (See ns and 29 CFR tice or one of the "see instructions and com	10a 10b 10c 10d 10f 10g 10h 10i	Yes X X X Sched	No X X X X X X ule SB	(Form	Amount	63
art a b c d e f g h i rt	During the plan year: Was there a failure to transmit to the plan any participant contributi 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 for or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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- VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from	ions within the clary Correcti ? (Do not inclu idelity bond, the per persons by of the benefits ? of year end.) See instructio e required not -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3	e time period described in on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See ns and 29 CFR tice or one of the " see instructions and com SB (Form 5500) line 39	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Sched	No X X X X X X ule SB	(Form	Amount 1	83 63
art a b c d e f g h i rt a	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidur Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ions within the clary Correcti ? (Do not inclu idelity bond, f ar persons by of the benefits ? of year end.) See instructio e required nor -3	e time period described in on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See ns and 29 CFR tice or one of the " see instructions and com SB (Form 5500) line 39 of section 412 of the Code	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Sched	No X X X X X X ule SB	(Form	Amount 1	83 63
art) a b c d e f g h i rt a	During the plan year: Was there a failure to transmit to the plan any participant contributi 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 for or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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- VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from	ions within the clary Correcti ? (Do not inclu idelity bond, f ar persons by of the benefits ? of year end.) See instructio e required noi -3 	e time period described in on Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See 	10a 10b 10c 10d 10f 10g 10h 10i 10i 0r se	Yes X X X Sched	No X X X X X Ule SB	(Form ERISA?	Amount	83 63

Page **3 -**

C Enter the amount contributed by the employer to the plan for this plan year	, 12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	. 12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		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?		Yes X	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	the control		Yes 🕅 No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to		inst inst	
13c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)	
Part VIII Trust Information (optional)				
14a Name of trust	14b Trust's EIN			