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

	nefit Guaranty Corporation	Complete all entries in act	ccordance with the instru	ctions to the Form 5500)-SF.				
Part I	Annual Report I	dentification Information							
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/	/2013	and ending 1	2/31/2	2013			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan		
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am		
D (II	D : D:	special extension (enter descri	·						
Part II		mation—enter all requested inf	formation		41		T		
1a Name		K DDOELT OLLA DINIO DI ANI			1b	Three-digit plan number			
CHARLES A	CLEVELAND, PS 4011	K PROFIT SHARING PLAN				(PN) ▶	001		
					1c	Effective date o			
						01/01			
	consor's name and add	lress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 91-12	fication Number 77199		
DO DOV 240	ne.				2c	Sponsor's telep			
PO BOX 310 SPOKANE, \					2d Business code (see instructions				
3a Plan ad	dministrator's name and	d address XSame as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b	54111 Administrator's			
		_	_		3c	Administrator's	telephone number		
1 If the n	name and/or FINI of the	nlan anangar has abangad sings	the last return/report filed f	arthia plan, aptartha	46				
		plan sponsor has changed since ber from the last return/report.	the last return/report filed f	or this plan, enter the	4D	EIN			
a Sponso					4c	PN			
5a Total r	number of participants a	at the beginning of the plan year			5a		2		
b Total r	number of participants a	at the end of the plan year			5b				
C Numbe	er of participants with a						2		
compl		ccount balances as of the end of	. , ,	•	5с		2		
	ete this item)		· · · · · · · · · · · · · · · · · · ·						
6a Were b Are yo	ete this item)all of the plan's assets ou claiming a waiver of	during the plan year invested in e	eligible assets? (See instruction of an independent qualific	ctions.)ed public accountant (IQI	 PA)		× Yes No		
6a Were b Are younder	ete this item)all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	eligible assets? (See instruction of an independent qualification of an independent qualification of an independent qualification of the independent qualification of	otions.)ed public accountant (IQI	PA)		2		
6a Were b Are you under If you	ete this item)all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib her line 6a or line 6b, the plan o	eligible assets? (See instruction of an independent qualification of an independent qualification of an account use Form 5500-SF	ctions.)(IQI	PA) Form	5500.	Yes No X Yes No		
6a Were b Are you under If you	ete this item)all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	eligible assets? (See instruction of an independent qualification of an independent qualification of an account use Form 5500-SF	ctions.)(IQI	PA) Form	5500.	× Yes No		
6a Were b Are you under If you c If the p	ete this item)all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit blan is a defined benefit	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib her line 6a or line 6b, the plan o	eligible assets? (See instruction of an independent qualification of an independent qualificat	and must instead use	PA) Form	5500. Yes	Yes No X Yes No		
6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche	ete this item)	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligibher line 6a or line 6b, the plan of plan, is it covered under the PBG rincomplete filing of this returner penalties set forth in the instruction of signed by an enrolled actuary, a	eligible assets? (See instruct of an independent qualification of the conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is	5500. Yes No established. Including, if applic	Yes No Yes No Not determined		
6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is t	ete this item)	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligibher line 6a or line 6b, the plan of plan, is it covered under the PBG rincomplete filing of this returner penalties set forth in the instruction of signed by an enrolled actuary, a	eligible assets? (See instruct of an independent qualification of the conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is	5500. Yes No established. Including, if applic	Yes No Yes No Not determined		
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	ete this item)	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligibher line 6a or line 6b, the plan of plan, is it covered under the PBG rincomplete filling of this returner penalties set forth in the instruct disigned by an enrolled actuary, a lete.	eligible assets? (See instruct of an independent qualification of an independent qualification of an independent qualification of an independent qualification of an independent of an independe	and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	Form se is	5500. Yes No established. Including, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and		
6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is t	ete this item)	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligibher line 6a or line 6b, the plan of plan, is it covered under the PBG rincomplete filling of this returner penalties set forth in the instruct disigned by an enrolled actuary, a lete.	eligible assets? (See instruct of an independent qualification of an independent qualification of an independent qualification of an independent qualification of an independent of an independe	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/repression of this return/report	Form se is	5500. Yes No established. Including, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and		
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	ete this item)	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligible her line 6a or line 6b, the plan of plan, is it covered under the PBG or incomplete filling of this returner penalties set forth in the instructed signed by an enrolled actuary, a lete.	eligible assets? (See instruct of an independent qualification of an independent qualification of an independent qualification of an independent seems of annot use Form 5500-SF GC insurance program (seem/report will be assessed ctions, I declare that I have as well as the electronic verification of the independent o	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DALE STEVENS Enter name of individu	Form se is oort, ir, and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and		
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit penalty for the late of alties of perjury and oth dule MB completed anrue, correct, and compression of plan and Signature of employname (including firm name).	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligible her line 6a or line 6b, the plan of plan, is it covered under the PBG or incomplete filling of this returner penalties set forth in the instructed signed by an enrolled actuary, a lete.	eligible assets? (See instruct of an independent qualification of an independent qualification of an independent qualification of an independent special of an independent of	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DALE STEVENS Enter name of individu	Form se is , and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and		
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE Preparer's I DALE STEV	ete this item)	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligible her line 6a or line 6b, the plan of plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instruct disigned by an enrolled actuary, a lete. Iministrator	eligible assets? (See instruct of an independent qualification of an independent qualification of an independent qualification of an independent special of an independent of	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DALE STEVENS Enter name of individu	Form se is , and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor number (optional)		
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE Preparer's I DALE STEV BREAK-THE	ete this item)	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligible her line 6a or line 6b, the plan of plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instruct disigned by an enrolled actuary, a lete. Iministrator Ver/plan sponsor ame, if applicable) and address; in	eligible assets? (See instruct of an independent qualification of an independent qualification of an independent qualification of an independent special of an independent of	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DALE STEVENS Enter name of individu	Form se is , and	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed arer's telephone	Yes No Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor number (optional)		
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE Preparer's I DALE STEV BREAK-THE 200 NORTH	ete this item)	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligible her line 6a or line 6b, the plan of plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instruct disigned by an enrolled actuary, a lete. Iministrator Ver/plan sponsor ame, if applicable) and address; in	eligible assets? (See instruct of an independent qualification of an independent qualification of an independent qualification of an independent special of an independent of	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DALE STEVENS Enter name of individu	Form se is , and	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed arer's telephone	Yes No Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor number (optional)		
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE Preparer's I DALE STEV BREAK-THE 200 NORTH	ete this item)	during the plan year invested in ethe annual examination and repor (See instructions on waiver eligible her line 6a or line 6b, the plan of plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instruct disigned by an enrolled actuary, a lete. Iministrator Ver/plan sponsor ame, if applicable) and address; in	eligible assets? (See instruct of an independent qualification of an independent qualification of an independent qualification of an independent special of an independent of	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DALE STEVENS Enter name of individu	Form se is , and	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed arer's telephone	Yes No Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor number (optional)		

Form 5500-SF 2013 Page **2**

Par	t III Financial Information									
			(a) Denimning of Vec				(h) End of	V		
	Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End of	18705	:n	
	Total plan assets Total plan liabilities	7a	10000	-				10700	,,,	
	Net plan assets (subtract line 7b from line 7a)	7b	15695	154				18705	in	
	, ,	7c		-	+					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tot	aı		
а	(1) Employers	8a(1)	116	7						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	2892	.9						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3009	6	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
	Net income (loss) (subtract line 8h from line 8c)	8i						3009	96	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	<u> </u>			·					
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Chara	cteristi	ic Cod	les in t	he instruction	is:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Δ	mount		
а				10a		X				
b		? (Do not	include transactions reported	10b		Х				
	Was the plan covered by a fidelity bond?			10c	X				201	000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused by fraud			X			200	000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d						
C	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	з П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding		•				ERISA?	Yes	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		. 5. 50	20011	_ <u> </u>				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th		letter ru	uling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juy	<u> </u>			
	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	

Short Form Annual Return/Report of Small Employee Benefit Plan Form 5500-SF

Department of the Transury Internal Rovenue Service

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2013

	Inspection
j	12/31/2013

Employee Benefits Security Administration	the Interna	Revenue Code (the C	ode).			spection
Penalon Benefit Guaranty Corporation	► Complete all entries in accord	dance with the instruc	tions to the Form 5500	SF.		
Annual Report to	lentification Information					
For calendar plan year 2013 or fisc		/01/2013	and ending		12/31/2013	
A This return/report is for:	a single-employer plan	a multipla-employer pl	an (not multiemployer)	L	a one-particip	oent plan
B Thia neturn/report is:	the first return/report	the final return/report				•
·	an amended return/report	a short plan year return	n/report (less than 12 mo	inths)		
C Check box if filing under:	🕅 Form 5558	automatic extension		[DFVC progra	ım
	apecial extension (enter description	on)		_		
Basic Plan Infor	mation enter all requested inform	ation				
1a Name of plan					Thrae-digit	
	PS 401K PROFIT SHARIN	IG PLAN			plan number	001
			}		(PN) ▶ Effective date o	L
					21/01/2003	
24 Plan spansor's name and add	ress; Include room or suite number (e	molover If for a single-	employer plan)		 	fication Number
CHARLES A CLEVELAND,		,, ,			(EIN) 91-127	
			Ì	2c	Sponsor's telep	phone number
PO Box 3106					509-326-1	029
		4				(see instructions)
SPOKANE	WA 99220				541110	
3a Plan administrator's name and	d address XSame as Plan Sponsor N	vame XSame as Plai	n Sponsor Address	3D	Administrator's	EIN
				3c .	Administrator's	telephone number
				İ		
A		to a server from and Florida	as this also seems that	46		
	plan sponsor has changed since the ber from the last return/report.	last return/report liled k	or triis plan, enter the	4b	EIN	
a Sponsor's name				4c	PN	
5a Total number of participants a	at the beginning of the plan year	.,,		5a		
b Total number of participants a	at the end of the plan year		,,	5b		2
	count balances as of the end of the			5c		2
6a Were all of the plan's assets	during the plan year invested in eligib	ole assets? (See Instruc	:tions.)		****************	X Yes No
b Are you disiming a waiver of	the annual examination and report of	an independent qualific	ed public accountant (IQI	PA)		
under 29 CFR 2520.104-46?	(See instructions on waiver eligibility her line 6a or line 6b, the plan cann	and conditions.)	and must instead use I	Eorm :		X Yes ∐ No
						Not determined
C if the plan is a defined benefit	plan, is it covered under the PBGC Ir	nsurance program (see	ERISA SECUOII 4021) F	<u>L</u>	169 [] 140 [140(defermined
Caution: A penalty for the late o	r incomplete filing of this return/re	port will be assessed	uniess reasonable cau	<u>se is c</u>	established.	·
	er penelties set forth in the instruction d signed by an enrolled actuary, as w					
belief, it is true, correct, and compl		CIL 83 UIC CICOUVIIIC VCI	Sion of this leftitiviebort	, 6110 (4	O the best of my	Widesda Bild
The consequence		Tal.,1	Image of the second			
パンスと、	<u> </u>	914/2014	Charles Clevel	.and		· · · · · · · · · · · · · · · · · · ·
Signature of plan ad	ministrator	Date	Enter name of individu		ning as plan adr	ministrator
	200	9 4 2814	Charles Clevel	.and		
Signature of employ	er/plan sponsor	Date	Enter name of individu	Jal sign	ning as employe	er or plan sponsor
• • • • • • • • • • • • • • • • • • • •	me, if applicable) and address; includ	le room or suite numbe	r (optional)	Prepa	•	number (optional)
Dale Stevens	77.0				509~755	5-3767
Break-Thru Benefits, 200 North Mullan Roa						
TOO MOLEH WHITTHE KOS	n, antre vio					
Spokane Valley	WA 99206			1		
	and OMR Control Numbers, see the los	tructions for Form 5500	<u>.</u>	(P. 1956)		Form 6500-8 F (2011)

10.00	Financial Information				···					
7	Plan Assets and Liabilities		(a) Beginning of Yes	r			(b) End	of Year		
2	Total plan assets	. 7a	1:	695)54			1870	50	
b	Total plan liabilities	7b		·····					,,	
C	Net plan assets (subtract line 7b from line 7a)	7c	1.	5695	954				187050	
8	Income, Expenses, and Transfers for this Plan Year	\$\$\$ 3 00	(a) Amount				(b)	Total	******	A
a	Contributions received or receivable from:			116	7		1	4.70		
	(1) Employers	8a(1)			3000			r verk		美
	(2) Participants	8a(2)			- 222.00 2444			ar water	Contract	11
	(3) Others (including rollovers)	1		2007	000					
	Other income (loss)	8b			235 200		CERTICAL MARKET	angus.	300	36)) O C
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- 8c			325 225	312:30		N. 150	300	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. Bd				1				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e				11/100	**		A PROPERTY.	
f	Administrative service providers (salaries, fees, commissions)	. 8f				100			PM 1000	1
q	Other expenses	8g						Marie de		33
	Total expenses (add lines 8d, 8e, 8f, and 8g)				N.					0
1	Net Income (loss) (subtract line 8h from line 8c)	1		***	30	·			300	96
i	Transfers to (from) the plan (see instructions)	8i			19	1	MICRONIC		1	N
S11.80	Plan Characteristics	<u></u>	.l			SHED KEY	T TOTAL STATE			
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare								_	
2007020	(957-33)									
	Compliance Questions		······································		r.::	r	F	·		
10	During the plan year:			_	Yes	No	ļ	Amou	nt	
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)	uciery Con	rection Program)	10a		х				
	Were there any nonexempt transactions with any party-in-interes on line 10a.)	•		106		X				
				10c	Х				200	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			_	
	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х	·			
f	Has the plan failed to provide any benefit when due under the pla	in?	***************************************	10f		Х				
g	Did the plan have any participant loans? (if "Yes," enter amount a	as of year s	end.)	10g		х			-	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i				*	77. T. T. T.	N
	Pension Funding Compliance				***************************************		**********		-	-
11	Is this a defined benefit plan subject to minimum funding required 5500) and line 11g below)	nents? (If "	Yes," see instructions and con-	plete	Sched	lule SE	(Form	Ιπν	′es ∏ N	lo
11a	Enter the unpaid minimum required contribution for current year f					11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	iction :	302 of	ERISA?	<u> </u>	es X N	ю
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	ed in this plan year, see instru	ctions.	and e	enter the	e date of		r ruling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Jey		Year	·	
	Enter the minimum required contribution for this plan year					12b	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	and the internal response continuous not une plan you				 -	•••••	·			

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4.40	Trust Information (optional)		14b 7	rust's f	EIN		
(4)							
				· · · · · · · · · · · · · · · · · · ·			·····
	13c(1) Name of plan(s):	1	3c(2) E	IN(s)		130(3) PN(s)
C	if during this plan year, any assets or liabilities were transferred from this plan to another plan(s), Identify the which assets or liabilities were transferred. (See instructions.)	plan(s)	to				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unof the PBGC?	<u> </u>		<u> </u>		Ye	x X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			 			
	Has a resolution to terminate the plan been adopted in any plan year?			Yes [X No		
	Plan Terminations and Transfers of Assets						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	28	No	N/A
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		12d				
C	Enter the amount contributed by the employer to the plan for this plan year		12c	ļ			