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 Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report le	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	urn/report is for:			an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	님 ' 님	he final return/report				
				n/report (less than 12 mo	onths)		
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
Part II	Rasic Plan Infor	mation—enter all requested informat	,				
1a Name		mation—enter all requested informati	1011		1h	Three-digit	
	& HASHIMOTO SAFE	HARBOR PLAN			טו	plan number	
OAIVAIIAIVA	WHACHING TO CALE	HARDORTEAN				(PN) ▶	001
					1c	Effective date o	f plan
						01/01	
	ponsor's name and add & HASHIMOTO, L.L.C.	ress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-17	fication Number 18842
1620 COLITI	LI IACKSON STREET				2c	Sponsor's telep	
SEATTLE, V	H JACKSON STREET VA 98144				2d	Business code ((see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	52421 Administrator's	
					3c	Administrator's	telephone number
4 1611							
		plan sponsor has changed since the last ber from the last return/report.	st return/report filed to	or this plan, enter the	4b	EIN	
a Sponse		ber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a	T	3
_		at the end of the plan year			5b		2
		ccount balances as of the end of the pla	• `	•	5c		2
	,	during the plan year invested in eligible					X Yes No
		the annual examination and report of ar					V vos □ No
		(See instructions on waiver eligibility ar her line 6a or line 6b, the plan canno					X Yes No
		•			_	. – –	1
C If the p	plan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	penalty for the late or	r incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.	
SB or Sche		er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.					
SIGN	Filed with authorized/v	alid electronic signature.	10/08/2014	ROBERT K. HASHIMO	OTO		
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ministrator
SIGN							
HERE	Signature of employ	er/nian snonsor	Date	Enter name of individu	ıal ein	ning as employs	er or plan enoneor
Preparer's		me, if applicable) and address; include					number (optional)
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Form 5500-SF 2013 Page **2**

Do	t III Financial Information						
	t III Financial Information	<u> </u>	I		T		
7_	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	. 7a	29434				234503
	Total plan liabilities	. 7b		1	-		1
	Net plan assets (subtract line 7b from line 7a)	- 7c	29434	.4			234502
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)	255	6			
	(2) Participants	8a(2)	1523	2			
	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	5019	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					67982
	Benefits paid (including direct rollovers and insurance premiums	- 00					3.332
	to provide benefits)	. 8d	12773	4			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0			
f	Administrative service providers (salaries, fees, commissions)	. 8f	9	0			
g	Other expenses	. 8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					127824
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-59842
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics	<u> </u>					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Par	V Compliance Questions						T
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X	
—е							
_	insurance service, or other organization that provides some or all	of the ben	nefits under the plan? (See			X	
	instructions.)			10e			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		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			10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes " see instructions and com	nlete	Scher	lule SF	R (Form
	5500) and line 11a below)	······			<u>.</u>		
	Enter the unpaid minimum required contribution for current year fr		,			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(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 beir granting the waiver.	-			, and 6	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	rm 5500), and skip to line 13.				
b	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).

2013

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information 12/31/2013 For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Sakahara & Hashimoto Safe Harbor Plan (PN) ▶ 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 91-1718842 Sakahara & Hashimoto, L.L.C. 2c Sponsor's telephone number (206) 328-1555 1629 South Jackson Street 2d Business code (see instructions) 524210 98144 WA 3a Plan administrator's name and address Same as Plan Sponsor Name 3b Administrator's EIN Same as Plan Sponsor Address 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year 5a b Total number of participants at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) Yes 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... 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.)..... 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.

Robert K. Hashund	10.8-14	Robert K. Hashimoto
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
Robert K. Hashunt	10-8-14	Robert K. Hashimote
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of plan administrator Robert K. Hauffundt Signature of employer/plan sponsor	Signature of plan administrator Date Nobel K. Hashart 10-8-14

	t III Financial Information				$\overline{}$		COCKE TORRESTOR	
7	Plan Assets and Liabilities	100	(a) Beginning of Year	r	_	(1	o) End of Year	F 0.0
a	Total plan assets	. 7a	294	,34	5		234	,503
	Total plan liabilities	. 7b	0.50V.S		1			1
С	Net plan assets (subtract line 7b from line 7a)	7c	- 294	,34	4		234	,502
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total	
	Contributions received or receivable from:	0-(4)	2	,55	6			
	(1) Employers	8a(1)		,23	_			
	(2) Participants	8a(2)	20	,,	0	5 550		
	(3) Others (including rollovers)	8a(3)	5.0	,19	4			2771.1
	Other income (loss)	8b					67	,982
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+	ile.		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	127	7,73	4			
	Certain deemed and/or corrective distributions (see instructions)	8e			0			
		8f		9	0	W 44_415		
	Administrative service providers (salaries, fees, commissions)				0		- J.F-VI	
	Other expenses	. 8g					127	7,824
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					(59,	842)
	Net income (loss) (subtract line 8h from line 8c)	. 8i			0			
J	Transfers to (from) the plan (see instructions)	- 8j			0			
Par	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H						Service Street and Service Ser	
Part 10								
	During the plan year:				Yes	No	Amount	
а	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and policy voluntary Fid. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)	utions within uciary Corre	the time period described in ction Program)	10a	Yes	No X	Amount	
	Was there a failure to transmit to the plan any participant contribu	uciary Corre t? (Do not in	ction Program) clude transactions reported	10a 10b	Yes		Amount	
b	Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest	uciary Corre t? (Do not in	clion Program)	OARS.	Yes	Х		5,00
b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre t? (Do not in	clude transactions reported	10b		Х		5,00
b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ther persons	clude transactions reported d, that was caused by fraud by an insurance carrier,	10b 10c		X		5,00
b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bone ther persons of the benef	cliude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c		X		5,00
b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all	uciary Corre t? (Do not in s fidelity bone ther persons of the benef	cliude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d		x x		5,00
b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	uciary Corre t? (Do not in s fidelity bone ther persons of the benef	clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d		x x x		5,00
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b c d e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period?	s fidelity bond ther persons of the benefinan? as of year er (See instructions)	ction Program)	10b 10c 10d 10e 10f 10g		X X X X X		5,00
b c c d e e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.	s fidelity bond ther persons of the benefinan? as of year er (See instructions)	ction Program)	10b 10c 10d 10e 10f 10g 10h		X X X X X		5,00
b c c d e e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ther persons of the benefular? (See instruction of the required to 1-3	clion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X X X X X X X X X X X	-orm \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
b c d e f g h i	Was there a failure to transmit to the plan any participant contribution CPR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a fit fithis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10. If Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	s fidelity bone ther persons of the benef as of year er (See instruction	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X X X X X X X X X X X	Form Yes	□ No
b c d e f g h i	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a fit this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	s fidelity bone ther persons of the benef an? (See instruc- the required 01-3 ments? (If "Y	ction Program)	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X X A X A A A A A A A A A A A	Form Yes	□ No
b c d e f g h i Part 11 11a 12	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a 1f 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. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	the required 01-3	clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See ad.) tions and 29 CFR notice or one of the les," see instructions and complete SB (Form 5500) line 39 ats of section 412 of the Code ble.)	10b 10c 10d 10e 10f 10g 10h 10i	X Schecotion	X X X X X X X Iule SB (F	Form Yes	☐ No
b c d e e f g h i 111111111111111111111111111111111	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	s fidelity bone ther persons of the benef an? as of year er (See instruction the required 01-3 from Schedu g requiremer v, as applicating amortize	clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See ad.) tions and 29 CFR notice or one of the es," see instructions and complete SB (Form 5500) line 39 ats of section 412 of the Code ble.) d in this plan year, see instructions and complete SB (Form 5500) line 39 Mon	10b 10c 10d 10e 10f 10g 10h 10i	X Schecotion	X X X X X X X Iule SB (F	Form Yes	
b c d e e f g h i 111111111111111111111111111111111	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.)	s fidelity bone ther persons of the benef an? as of year er (See instruction the required 01-3 from Schedu g requiremer v, as applicating amortize	clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See ad.) tions and 29 CFR notice or one of the es," see instructions and complete SB (Form 5500) line 39 ats of section 412 of the Code ble.) d in this plan year, see instructions and complete SB (Form 5500) line 39 Mon	10b 10c 10d 10e 10f 10g 10h 10i	X Schecotion	X X X X X X X A X A A A A A A A A A A A	Form Yes RISA? Yes date of the letter ruli	☐ No
b c c d e e f g h i i Part 11 11a 12 a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	s fidelity bonders s fidelity bo	clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) tions and 29 CFR notice or one of the es," see instructions and complete SB (Form 5500) line 39 this of section 412 of the Code ble.) d in this plan year, see instructions and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schection , and d	X X X X X X X A X A A A A A A A A A A A	Form Yes RISA? Yes date of the letter ruli	□ No

14a	Name of trust	14b Tru	ust's EIN
Part	VIII Trust Information (optional)		
	oo y name or panjoj.	50(2)	100(0)
-	3c(1) Name of plan(s):	3c(2) EIN	N(s) 13c(3) PN
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	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		Yes X
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No
Part	VII Plan Terminations and Transfers of Assets		
_ е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No 1
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	
c	Enter the amount contributed by the employer to the plan for this plan year	12c	