## 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

		<ul> <li>Complete all entries in acco</li> </ul>	ruance with the motivo	chons to the Form 550	U-3F.		
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 10/01/20	13	and ending 1	2/31/2	2013	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
	turn/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 I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	_	special extension (enter descript	•				
Part II	Basic Plan Infor	mation—enter all requested inforr	nation				
1a Name		01(K) PROFIT SHARING PLAN			1b	Three-digit plan number	
	, -					(PN) <b>▶</b>	001
					1c	Effective date of	f plan
<u> </u>						10/01/	
	ponsor's name and add E TRANSPORT, LLC	ress; include room or suite number (	employer, if for a single-	employer plan)	2b	Employer Identification (EIN) 43-19	fication Number 60197
D.O. DOV 44					2c	Sponsor's telep	
P.O. BOX 18 100 2ND AV ZILLAH, WA	Έ				2d		(see instructions)
			_			49221	
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the	last ratura/rapart filed for		4.		
			Hasi return/report med id	or this plan, enter the	4h	⊢INI	
		ber from the last return/report.	last return/report med to	or this plan, enter the	4b	EIN	
name			riast return/report filed to	or this plan, enter the	4b 4c		
name	, EIN, and the plan num or's name			· 			9
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c		9
a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	ber from the last return/report.	plan year (defined bene	efit plans do not	4c 5a		
name, a Spons 5a Total r b Total r c Numb compl	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the	plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	8
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligithe annual examination and report o	plan year (defined bene ble assets? (See instruc f an independent qualifie	efit plans do not ctions.)	4c 5a 5b 5c	PN	2 X Yes No
name, a Spons 5a Total r b Total r C Numb compl 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligithe annual examination and report o (See instructions on waiver eligibility	plan year (defined bene ble assets? (See instruc f an independent qualifie y and conditions.)	efit plans do not etions.)ed public accountant (IQI	4c 5a 5b 5c	PN	8
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as we	plan year (defined beneather the plan year) ble assets? (See instruction of an independent qualifier and conditions.)	efit plans do not  ctions.)	4c 5a 5b 5c PA) Form see is	PN  5500.  Yes No established.  Including, if applic	2  X Yes No  X Yes No  Not determined
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as we	plan year (defined beneather the plan year) ble assets? (See instruction of an independent qualifier and conditions.)	efit plans do not  ctions.)	4c 5a 5b 5c PA) Form see is	PN  5500.  Yes No established.  Including, if applic	2  X Yes No  X Yes No  Not determined
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is for	p. EIN, and the plan numor's name number of participants and number of participants are reflected by the plan's assets ou claiming a waiver of the plan's assets ou claiming a waiver of the plan's assets of the plan's assets ou claiming a waiver of the plan is a defined benefit to plan is a defin	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/re er penalties set forth in the instructio d signed by an enrolled actuary, as velete.  alid electronic signature.	plan year (defined bene- ble assets? (See instruct f an independent qualifier and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ns, I declare that I have well as the electronic ver	efit plans do not etions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c 5a 5b 5c Form part is se is port, in , and t	PN  5500.  Yes No  established.  icluding, if applic to the best of my	X Yes No X Yes No Not determined  Able, a Schedule knowledge and
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/re er penalties set forth in the instructio d signed by an enrolled actuary, as velete.  alid electronic signature.	plan year (defined beneather the plan year) ble assets? (See instruction of an independent qualifier and conditions.)	efit plans do not  ctions.)	4c 5a 5b 5c Form part is se is port, in , and t	PN  5500.  Yes No  established.  icluding, if applic to the best of my	X Yes No X Yes No Not determined  Able, a Schedule knowledge and
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name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filling of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as well ete.  alid electronic signature.	plan year (defined bene- ble assets? (See instruct f an independent qualifier and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ns, I declare that I have vell as the electronic ver	efit plans do not etions.)	4c 5a 5b 5c PA) Form see is port, in, and t	PN  5500.  Yes No established.  Icluding, if applic to the best of my  uning as plan adm	2  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ministrator
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name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filling of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as well ete.  alid electronic signature.	plan year (defined bene- ble assets? (See instruct f an independent qualifier and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ns, I declare that I have vell as the electronic ver	efit plans do not etions.)	4c 5a 5b 5c PA) Form see is port, in, and t	PN  5500.  Yes No established.  Icluding, if applic to the best of my  uning as plan adm	2  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ministrator
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name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filling of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as well ete.  alid electronic signature.	plan year (defined bene- ble assets? (See instruct f an independent qualifier and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ns, I declare that I have vell as the electronic ver	efit plans do not etions.)	4c 5a 5b 5c PA) Form see is port, in, and t	PN  5500.  Yes No established.  Icluding, if applic to the best of my  uning as plan adm	2  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ministrator

Form 5500-SF 2013 Page **2** 

Do	t III   Financial Information									
Pa	rt III Financial Information		I							
	Plan Assets and Liabilities	_	(a) Beginning of Yea	(a) Beginning of Year (b) End of Yea						
	Total plan assets	7a	2				6474			
	Total plan liabilities	7b						0	C474	
	Net plan assets (subtract line 7b from line 7a)	7c					26474			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from:  (1) Employers	8a(1)	446	9						
	(2) Participants	8a(2)	2198	7						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	1	8						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						20	6474	
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						2	6474	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instructi	ons:		
Par	t V   Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary 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					4500
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 instructions.)			10e	X					7
f	Has the plan failed to provide any benefit when due under the pla					Χ				
	· · · · · · · · · · · · · · · · · · ·			10f		Χ				
g		-		10g						
h ————————————————————————————————————	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	<u> </u>									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	<b>N</b> o
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			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	< No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon		, and e	enter th Day	ne date of th	ne lette Year	er rulin	g 
	you completed line 12a, complete lines 3, 9, and 10 of Schedule				Т		1			
h	Enter the minimum required contribution for this plan year					12b	I			

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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Trust'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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				-			
SH 57 W. C. S. F. SH	The All Control of the Control of th	scal plan year beginning 10/01/2013		and ending 1	2/31/2	2013			
A Thin ro	turn/report is for:	a single-employer plan ar	multiple-employer pla	an (not multiemployer)		a one-particir	nant nlan		
			e final return/report	arr (not maidemployer)	oyer) a one-participant plan				
<b>b</b> This re	turn/report is:			7					
10-0 Person 2			\$ 62	/report (less than 12 m	ontns)				
C Check	box if filing under:	Form 5558	tomatic extension			DFVC progra	ım		
		special extension (enter description)							
Part II	Basic Plan Info	rmation—enter all requested informatio	n						
1a Name	of plan				1b	Three-digit			
Advantage	Transport, LLC 401(k)	Profit Sharing Plan				plan number	001		
					10	(PN) ▶ Effective date o	f plan		
					10	10/01/2			
2a Plans	sponsor's name and ad	dress; include room or suite number (emp	lover, if for a single-	emplover plan)	2h	Employer Identi	fication Number		
Advantage	Transport, LLC	( )	, , , , , , , , , , , , , , , , , , , ,	,		(EIN) 43-196			
					2c	Sponsor's telep	hone number		
P.O. Box 18	378					(509) 82			
100 2nd Av					2d		see instructions)		
Zillah, WA 9	A STATE OF THE STA					492210	)		
3a Plan a	administrator's name ar	nd address 🏿 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
					30	Administrator's	telephone number		
					30	Administrators	elephone number		
		e plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN			
	ta - Afficación - Acetario - Caracar I Maria Calabrata.	mber from the last return/report.			4-	DN			
	sor's name	at the hadisping of the plan year			4c	PN	9		
35 5050 USA 550000		at the beginning of the plan year			5a				
	Ti	at the end of the plan year			5b		8		
	C	account balances as of the end of the plan	-		5c		2		
		during the plan year invested in eligible a					X Yes ☐ No		
	period of the contract of the	the annual examination and report of an i	- A CONTRACTOR OF THE PROPERTY	CHENTIL - STAND COLORON DATA CONTROL CONTROL DE CONTROL					
		? (See instructions on waiver eligibility and	contract of the contract of th				X Yes ∐ No		
755		ther line 6a or line 6b, the plan cannot i					Tarre is the are so as		
C If the	plan is a defined benef	it plan, is it covered under the PBGC insur	rance program (see	ERISA section 4021)?.		Yes No	Not determined		
Caution:	A penalty for the late	or incomplete filing of this return/report	t will be assessed u	ınless reasonable cau	ise is	established.			
		ner penalties set forth in the instructions, I							
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as well a	as the electronic vers	sion of this return/report	, and t	o the best of my	knowledge and		
bellet, it is	true, correct, and comp	olete.							
SIGN	Street	2006	10/13/14	Steven K. Fletcher					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator		
SIGN	J. J	CO 000 000 1 000 100 100 100 100 100 100	1000 5775 50		9	, , , , , , , , , , , , , , , , , , ,	9001100 SHEDHEDET ( )		
HERE			Bar	H-12					
Dronaror's	Signature of emplo	yer/plan sponsor ame, if applicable) and address; include ro	Date	Enter name of individ			number (optional)		
1 ichaici s	mane (moduling mill) ii	arrie, ii applicable/ ariu address, include re	com or suite number	(optional)	ιτερ	arer a telepriorie	Trainber (optional)		

Da	rt III   Financial Information		<del>Ort</del>					
<u>га</u>	Plan Assets and Liabilities		/-\ D::	(23)	_		/L\ F. d -tV	
		_	(a) Beginning of Yea	ır	-	-	(b) End of Year 26474	
	Total plan assets	7a			+		20474	
	Total plan liabilities	7b			+		00474	
	Net plan assets (subtract line 7b from line 7a)	. 7c	21 2 W		-	26474		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	4469	9				
	(2) Participants	8a(2)	2198	7				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	. 8b	1	8				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	AFEX, CELLED GET				26474	
	Benefits paid (including direct rollovers and insurance premiums	00					20474	
	to provide benefits)	. 8d	į	0				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					0	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					26474	
丁	Transfers to (from) the plan (see instructions)	- 8j			163	N.		
Pa	rt IV Plan Characteristics	1 9 1						
2770-20	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D 3H	feature code	es from the List of Plan Char	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	naturo codos	from the List of Plan Chara	ctorist	ic Coo	los in t	ho instructions:	
D	The plant provides werrare benefits, enter the applicable werrare in	eature codes	s from the cist of Flan onara	Clerist	C COC	163 111 1	ne mandenona.	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
-	Was there a failure to transmit to the plan any participant contribu			10a	2012	X	Amount	
b	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)</li> <li>b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported</li> </ul>							
	어		The contract of the contract o	10b		X		
	on line 10a.)			10b	×	Х	4500	
	on line 10a.)			10b 10c	×		4500	
d	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?	fidelity bond	I, that was caused by fraud		X	X	4500	
-	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 oth insurance service, or other organization that provides some or all	fidelity bond	l, that was caused by fraud by an insurance carrier, its under the plan? (See	10c 10d	X			
e	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 oth insurance service, or other organization that provides some or all instructions.)	fidelity bond ner persons of the benef	l, that was caused by fraud by an insurance carrier, its under the plan? (See	10c 10d 10e		×	4500	
	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 oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plantage of the p	fidelity bond ner persons of the benef	l, that was caused by fraud by an insurance carrier, its under the plan? (See	10c 10d 10e 10f		X		
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f g h 11 11a 11a 12	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 oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plated the plan have any participant loans? (If "Yes," enter amount at 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 2520.10 (VI) Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fills this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being the plan's or other plan's and the plan's area.	fidelity bond ner persons of the benefiner. n? s of year end (See instruction he required r 1-3	tions and 29 CFR  as SB (Form 5500) line 39  ts of section 412 of the Code	10c 10d 10e 10f 10g 10h 10i	X Schec	X X X X A A A A A A A A A A A A A A A A	3 (Form Yes X No  ERISA? Yes X No	
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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	1102		
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X N	D
	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 X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			

14a Name of trust

14b Trust's EIN