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).

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in accord 	ance with the instruc	ctions to the Form 5500	0-SF.		•
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/20	013	
A This ret	turn/report is for:	X a single-employer plan ☐	a multiple-employer p	an (not multiemployer)		a one-particip	pant plan
B This ret	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:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	۱)				
Part II	Basic Plan Infor	mation—enter all requested informa	tion				
1a Name					1b	Three-digit	
	ESS PUBLISHING, INC	. RETIREMENT PLAN				plan number	
						(PN) ▶	001
					1c	Effective date of	f plan
						01/01/	/1999
	ponsor's name and add ESS PUBLISHING, INC	lress; include room or suite number (er	nployer, if for a single-	employer plan)			fication Number 09143
4.405 W DOG	SE ST				2c	Sponsor's telep	
1425 W ROS WALLA WAI	LLA, WA 99362-1645				2d	Business code ((see instructions)
3a Plan a	dministrator's name and	d address Same as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b /	32220 Administrator's I	
OLOR PRES	SS PUBLISHING, INC.	1425 W ROSE					009143
		WALLA WALLA	, WA 99362-1645		3c /	Administrator's t	telephone number
						509-528	0-0030
1 If the n	nama and/ar FINI of the	nlan anapaar has abanged since the la	est return/report filed fo	or this plan anter the	415	FINI	
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
name,		plan sponsor has changed since the laber from the last return/report.	st return/report filed fo	or this plan, enter the	4b 4c		
name, a Sponse	, EIN, and the plan num or's name			·	4c		43
name, a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	ber from the last return/report.					43
name, a Sponso 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	at the beginning of the plan year	lan year (defined bene	fit plans do not	4c 5a 5b		45
name, a Sponso 5a Total r b Total r c Numbo	, 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	lan year (defined bene	fit plans do not	4c 5a 5b 5c	PN	
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name, a Sponso 5a Total r b Total r C Numbo comple 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	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	39 X Yes No
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name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p	EIN, and the plan numor's name number of participants and participants are reflected by the plan's assets and compart of the plan's assets are planting a waiver of the plan's assets and compared "No" to eithe plan is a defined benefit a penalty for the late of the plan's assets and compared "No" to eithe plan is a defined benefit a penalty for the late of the plan's assets and compared "No" to eithe plan is a defined benefit a penalty for the late of the planting and the planting t	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c PA) Form 9	PN 5500. Yes No established.	39 X Yes ☐ No X Yes ☐ No Not determined
name, a Sponse 5a Total r b Total r 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	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c Form 9 se is e soort, income 10 se	PN 5500. Yes No established. Cluding, if applica	39 X Yes No X Yes No Not determined able, a Schedule
name, a Sponse 5a Total r b Total r 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	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c Form 9 se is e soort, income 10 se	PN 5500. Yes No established. Cluding, if applica	39 X Yes No X Yes No Not determined able, a Schedule
name, a Sponse 5a Total r b Total r c Number comple 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to	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	lan year (defined bene- e assets? (See instruction independent qualified not conditions.)	tions.)	4c 5a 5b 5c PA) Form 9 see is eport, income, and to	PN 5500. Yes No established. Cluding, if application the best of my	39 X Yes No X Yes No Not determined able, a Schedule knowledge and
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name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t 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	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form 9 see is eport, inco, and to	PN 5500. Yes No Established. Cluding, if applicate the best of my ning as plan admining as employe	39 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t 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	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form 9 see is eport, inco, and to	PN 5500. Yes No Established. Cluding, if applicate the best of my ning as plan admining as employe	39 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t 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	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form 9 see is eport, inco, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	39 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t 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	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c 5a 5b 5c PA) Form 9 see is eport, inco, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	39 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator

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Pa	rt III Financial Information									—	
7	Plan Assets and Liabilities		(a) Beginning of Yea		T		(b) End o	f Voor		_	
	Total plan assets	7a	(a) Degining of Tea		+		(b) Lilu c	9964	33		_
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	80993	4				9964	33		_
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) To				
	Contributions received or receivable from:		(a) Amount				(6) 10	ıtaı			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	4491	0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	16381	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2087	26		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2182	2							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	40	5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						222	27		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						1864	99		
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 2E 2G 2J 2K 3D 2F	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amoun			
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
					X				6	201	00
d	• • • • • • • • • • • • • • • • • • • •			10c					0	380	JU
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					\ \ \					
	instructions.)			10e		X					
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 a	s of year e	end.)	10g	X				1	131	12
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							ı			_	_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П ү	es C	— 7 r	No
11:	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>	-	<u> </u>	_
12	· · · · · · · · · · · · · · · · · · ·		,		-		EDISV3	☐ Ye	s V		No
	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			oi se	CHUII	JUZ 01	LNIOM!	<u>''</u>	,	<u>1 ''</u>	•0
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		, and e	_			rulino		
	granting the waiver.			th		Day		Year		—	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				12b				_	
n	Enter the minimum required contribution for this plan year				[IZU	Ī				

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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	

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OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Employee Benefits Security Marris	TISH AUCH	50 50 504		CC	NAME OF THE PROPERTY OF THE PR
Pension Benefit Guaranty Cor	Complete all entries in ac	cordance with the instruction	ns to the Form 5500-	SF.	
Part I Annual R	Report Identification Information		and ending	12/31/20)13
or calendar plan year 20	013 or fiscal plan year beginning	01/01/2013			ticipant plan
A This return/report is fo	or: X a single-employer plan	a multiple-employer plan the final return/report	(not multiemployer)	Паонара	
B This return/report is:	the first return/report	a short plan year return/re	port (less than 12 mor	nths)	
	an amended return/report	automatic extension		□ DFVC pro	ogram
C Check box if filing un-	der: X Form 5558				
	special extension (enter desc				
Part II Basic Pla	an Information—enter all requested in	nformation		1b Three-digit	
1a Name of plan	THE PRESENTATION	מגדמ י		plan numbe	001
COLOR PRESS PU	BLISHING, INC. RETIREMENT	LIPIA		(PN) >	001
				1c Effective da 01/01/1	
2a Plan sponsor's nam	ne and address; include room or suite numb	ber (employer, if for a single-en	nployer plan)		dentification Number 1909143
COLOR PRESS PU					telephone number
1425 W ROSE ST					ode (see instructions)
	WA 99362-16	345		322200	, and the second
WALLA WALLA	***		Sponsor Address	3b Administral	
3a Plan administrators	s name and address Same as Plan Spo	lisor Hame Double of Hame	S. English term (1995) N	91-1909	
COLOR PRESS PL	JELISHING, INC.			The second secon	tor's telephone number
1425 W ROSE ST	c	·		509-525	-6030
WALLA WALLA	WA 99362-1645			44	
4 If the name and/or	EIN of the plan sponsor has changed sind	e the last return/report filed for	this plan, enter the	4b EIN	•
	ne plan number from the last return/report.			4c PN	
a Sponsor's name	in a fibracian version of the plan vers				43
5a Total number of pa	articipants at the beginning of the plan yea	II , , , , , , , , , , , , , , , , , ,		5b	45
b Total number of pa	articipants at the end of the plan year		t plane do not	35	
complete this item	pants with account balances as of the end		.,	. 5c	39 X Yes No
6a Were all of the pla	an's assets during the plan year invested in	n eligible assets? (See instructi	ons.)		🛅 , 🕶 📋
	a walver of the annual examination and rel 20.104-46? (See instructions on walver eli-	dibility and conditions I		***************************************	X Yes No
under 29 CFR 25	"No" to either line 6a or line 6b, the pla	n cannot use Form 5500-SF	and must instead use	e Form 5500.	
If you answered	fined benefit plan, is it covered under the P	BGC insurance program (see I	ERISA section 4021)?	' Yes N	Not determined
	or the late or incomplete filing of this ret				
Under penalties of per SB or Schedule MB co belief, it is true, correc	ompleted and signed by an enrolled actual	y, as well as the electronic vers	sion of this return/repo	rt, and to the best	of my knowledge and
Deller, it is true, correc	200		Rob Ferguson		
SIGN MAL	in Deleguer _			· · · · · · · · · · · · · · · · · · ·	administrator
HERE Signatur	e of plan administrator	Date 0 13 14	Enter name of indivi	idual signing as pl	an administrator
SIGN		**			
HERE	re of employer/plan sponsor	Date		idual signing as er	mployer or plan sponsor
Preparer's name (incli	uding firm name, if applicable) and address	s; include room or suite numbe	r (optional)	Preparer's fele	phone number (optional)
					The second
		E=			
		CEOO	CE		Form 550D-SF (2013

Form 5500-\$F 2013

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Dava	II Financial Information								
			(a) Beginning of Year				(b) End of		
	an Assets and Liabilities Ital plan assets	7a		9934				9	96433
	otal plan assets	7b							
b To	et plan assets (subtract line 7b from line 7a)	7c	80	9934	<u>L</u>			9	96433
		8 15	(a) Amount				(b) To	tal	
8 In	come, Expenses, and Transfers for this Plan Year ontributions received or receivable from:				125	11 1	11 V.11		
a C) Employers	Ba(1)			-			1 1 1	
) Participants	8a(2)	4	4910	-		-		
	Others (including rollovers)	Ba(3)			100	1.	7.00		<u> </u>
	ther income (loss)	86	16	3816	-	*.00			
	otal income (add lines 8a(1), 8a(2), 8a(3), and 6b)	8c			-			2	208726
d B	enefits paid (including direct rollovers and insurance premiums provide benefits)	Bd	2	1822	2	40			
e c	ertain deemed and/or corrective distributions (see instructions)	. 8e							1-
f A	dministrative service providers (salarles, fees, commissions)	. 8f		40!	1				
g	Other expenses	. 8g			+	-			00007
hΤ	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			+				22227
iN	Net Income (loss) (subtract line 8h from line 8c)	. Bi			1			-	186499
j 1	ransfers to (from) the plan (see Instructions)	8)						- 15as	
Part	IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F								
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan Charac	teristi	c Cod	es in th	ne instruction	ons:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
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	uclary Corr	ection Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	nclude transactions reported	10b		Х			
	Was the plan covered by a fidelity bond?			10c	Х				63800
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity ba	nd, that was caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	ther person Il of the ben	s by an insurance carrier, efits under the plan? (See	10e		х			
	Has the plan falled to provide any benefit when due under the pl			10f		Х			
-				1	Х				1131
$\frac{g}{h}$	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g	-23	x	1 .,		
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided	the require	d notice or one of the					Tr.	
	exceptions to providing the notice applied under 29 CFR 2520.1	01-3 ,		101					
Part	VI Pension Funding Compliance				0.1.	-1-1-01	2/5		
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)						3 (Form	Ye	s No
11a	Enter the unpaid minimum required contribution for current year	from Sched	dule SB (Form 5500) line 39			11a		Пу	s X No
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?	Ye	s X No
	(If "Vee " complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as applic	cable.)					the letter	ruling
	If a waiver of the minimum funding standard for a prior year is be	eing amortia	ted in this plan year, see instru	nu	, and	enter t Day	rie date of	Year_	uning
	you completed line 12a, complete lines 3, 9, and 10 of Sched				T	12b	1		
b	Enter the minimum required contribution for this plan year		·····			120			

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						т т	12c			
C	Enter	the amount contributed by the employer t	o the plan for this plan y	ear		left of o				
d	nenal	ract the amount in line 12c from the amountive amount)	*************************				12d		<u> </u>	
е	Will t	he minimum funding amount reported on I	ine 12d be met by the fu	nding deadline?.				Yes	No	N/A
Part		Plan Terminations and Transfe						-		
13a	Has a	e resolution to terminate the plan been adopte	ed in any plan year?				L),	res X	No	
	If "Ye	es." enter the amount of any plan assets the	at reverted to the emplo	yer this year			13a			
b	Were	e all the plan assets distributed to participa	ints or beneficiaries, tran	sferred to anothe	r plan, or brou	ght under the				res X N
С	If du	ring this plan year, any assets or liabilities in assets or liabilities were transferred. (Se	were transferred from the	nis plan to anothe	r plan(s), ident	ify the plan(s)	to			
		Name of plan(s):				1	3c(2) E	IN(s)	13	c(3) PN(s
	,									
,										
Par	VIII	Trust Information (optional)								
T. Congress	and the same	of trust					14b	rust's Ell	N	
1 10	110									