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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		Identification Information					
For calend	lar plan year 2013 or f	iscal plan year beginning 01/01/201	3	and ending 1	12/31/	2013	
A This re	turn/report is for:	X a single-employer plan ☐	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This re	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 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
special extension (enter description)							
Part II	Basic Plan Info	prmation —enter all requested inform	·				
1a Name			adon		1b	Three-digit	
	CE INTERIORS 401(K) PLAN				plan number	
						(PN) •	001
					1C	Effective date o	•
2a Plan s	nonsor's name and a	ddress; include room or suite number (e	mnlover if for a single-	-employer plan)	2h	Employer Identi	
	ICE INTERIORS, INC		impleyer, in fer a enrigie	omployor plany	25		20997
					2c	Sponsor's telep	hone number
2125 WEST	ERN AVENUE, SUIT	E 488				206-38	
SEATTLE, \	WA 98121				2d	Business code ((see instructions)
						56179	
		ind address Same as Plan Sponsor N	<u> </u>	n Sponsor Address	3b	Administrator's	EIN 820997
ANG OFFIC	E INTERIORS, INC.	2125 WESTER SEATTLE, WA	RN AVENUE, SUITE 48	38	3c		telephone number
		<u> </u>				206-388	
1 15 11		and an arrange of the state of		andida nian andandia	41		
		ne plan sponsor has changed since the lamber from the last return/report.	ast return/report filed to	or this plan, enter the	4b	EIN	
	sor's name	and a more than the fact of the management of the fact			4c	PN	
5a Total	number of participants	s at the beginning of the plan year			5a		13
b Total	number of participants	s at the end of the plan year			5b		12
C Numb	per of participants with	account balances as of the end of the	olan year (defined bene	efit plans do not			
comp	lete this item)				5c		12
		ts during the plan year invested in eligib					X Yes No
		of the annual examination and report of a contraction of the contractions on waiver eligibility and the contractions on the contractions of the contractions of the contractions of the contractions of the contraction of the					X Yes □ No
		either line 6a or line 6b, the plan cann					M 100 [] 110
		efit plan, is it covered under the PBGC in					Not determined
	•	•		·		<u> </u>	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	or incomplete filing of this return/rep					abla a Cabadula
		ther penalties set forth in the instruction and signed by an enrolled actuary, as we					
	true, correct, and con			·		•	, and the second
SIGN	Filed with authorized	/valid electronic signature.	10/14/2014	CHAD SMED			
HERE		-					
	Signature of plan	aummistrator	Date	Enter name of individ	uai Si(guing as pian adr	ministrator
SIGN HERE							
	Signature of empl		Date	Enter name of individ			
rieparers	name (including tim	name, if applicable) and address; includ	e room of suite numbe	α (υμιιστιαί)	riek	varer s rereprione	number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Vos	or.		
	Total plan assets	7a	(a) Beginning of Tea				(b) Liid (2155		
	Total plan liabilities	7b	•	0	1						
	Net plan assets (subtract line 7b from line 7a)	29771	3				40	2155			
	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	Amount			(b) Total				
	Contributions received or receivable from:		(a) Amount				(6) 10	rtai			
	(1) Employers	8a(1)	1307	0							
	(2) Participants	8a(2)	4102	23							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	5545	0							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						109	9543		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	510	1							
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							5101		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						10	4442		
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 3D 2T	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amou	ınt		
a				10a		X	<u>'</u>	-11100	4111		
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions reported			X					
	on line 10a.)			10b		X					
				10c		^					
d	Did the plan have a loss, whether or not reimbursed by the plan's 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			10f		Χ					
g						X					
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X					
i	2520.101-3.)	ne required	d notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	<u> </u>										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction (302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day		e lette Year	er ruli	ng	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
h	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

Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Emplo

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).

Short Form Annual Return/Report of Small Employee

OMB Nos 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pens	sion Benefit Guaranty Corporatio	Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.	1111	spection
Part	I Annual Repo	rt Identification Information					
For ca			/01/2013	and ending	12/	31/201	3
	is return/report is for:	a single-employer plan	, , , ,	lan (not multiemployer)	а	one-partici	ipant plan
B Th	is return/report is:	the first return/report	the final return/report				
		그 그	a short plan year retur	n/report (less than 12 m			
C Ch	eck box if filing under:	X Form 5558	automatic extension			FVC progra	am
		special extension (enter description	n)				
Part	II Basic Plan In	formation—enter all requested information	ation				
	ame of plan				1b Thre	-	
BANG	G OFFICE INTERI	ORS 401(K) PLAN			pian (PN	number	001
					-	ctive date c	of plan
						01/2009	
2a Pl	an sponsor's name and	address; include room or suite number (e	mployer, if for a single	employer plan)	2b Emp	loyer Identi	ification Number
BANG	OFFICE INTERI	ORS, INC.			(EIN	20-382	20997
							phone number
2125	WESTERN AVENU	E, SUITE 488			206	5-388-2	599
		0.04.04			1		(see instructions)
SEAT		WA 98121	D			790	
	an administrator's name	La constitute	ame Same as Plar	Sponsor Address		inistrator's -382099	
BANG	OFFICE INTERI	ORS, INC			3c Adm	inistrator's	telephone number
2125	GEOGRANI AUGMI	E CUITE AGO			206	-388-25	599
2125	WESTERN AVENU	E, SUITE 488					
CEAM	mi c	WA 98121					
SEAT	115	WA 30121			1		
4 If I		he plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b EIN		
4 If I		he plan sponsor has changed since the la umber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN 4c PN		
4 If I na a Sp	ame, EIN, and the plan n onsor's name						13
4 If I na a Sp	ame, EIN, and the plan nonsor's name onsor's name otal number of participant	umber from the last return/report.		437	4c PN		13
4 If I na a Sp 5a To b To	ame, EIN, and the plan n onsor's name otal number of participan otal number of participan	umber from the last return/report.		497	4c PN 5a 5b		12
4 If I na a Sp 5a To b To c Nu	ame, EIN, and the plan nonsor's name otal number of participant otal number of participant umber of participants with omplete this item)	umber from the last return/report. Its at the beginning of the plan year Its at the end of the plan year It at the end of the plan year	lan year (defined bene	fit plans do not	4c PN 5a 5b 5c		12
4 If I na a Sp 5a To b To c Nu co 6a W	ame, EIN, and the plan nonsor's name otal number of participant otal number of participant umber of participants with omplete this item)	ts at the beginning of the plan year	lan year (defined bene e assets? (See instruc	fit plans do not	4c PN 5a 5b 5c		12
4 If I na a Sp 5a To b To c Nu co 6a W b Ar	ame, EIN, and the plan nonsor's name otal number of participant otal number of participant umber of participants with omplete this item) fere all of the plan's asserte you claiming a waiver	ts at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie	fit plans do not tions.)	4c PN 5a 5b 5c		12
4 If I na a Sp 5a To b To c Nu co 6a W b Ar un	ame, EIN, and the plan nonsor's name otal number of participant otal number of participant umber of participants with omplete this item) fere all of the plan's asset the you claiming a waiver other 29 CFR 2520,104-4	ts at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie ind conditions.)	fit plans do not tions.)d public accountant (IQ	4c PN 5a 5b 5c	***********	12 12 X Yes No
4 If I na a Sp 5a To b To c Nu co 6a W b Ar un If 1	ame, EIN, and the plan nonsor's name stal number of participant stal number of participant sumber of participants with sumplete this item) /ere all of the plan's asse se you claiming a waiver sider 29 CFR 2520,104-4 you answered "No" to	ts at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie ind conditions.) ot use Form 5500-SF	fit plans do not tions.) d public accountant (IQ and must instead use	4c PN 5a 5b 5c PA)	·························	12 12 X Yes No
4 If I na a Sp 5a To b To c Nu co 6a W b Ar un If I	ame, EIN, and the plan nonsor's name stal number of participant stal number of participant umber of participants with simplete this item) fere all of the plan's asset to you claiming a waiver after 29 CFR 2520,104-4 you answered "No" to the plan is a defined bent	ts at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie ind conditions.) ot use Form 5500-SF surance program (see	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500 Yes). No	12 12 X Yes No Yes No
4 If I na a Sp 5a To b To c Nu co 6a W b Ar un If I c If I Caution	ame, EIN, and the plan nonsor's name otal number of participant otal number of participant otal number of participant otal number of participants with omplete this item) fere all of the plan's asset to you claiming a waiver other 29 CFR 2520,104-4 you answered "No" to the plan is a defined benome: A penalty for the late	ts at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie ind conditions.) ot use Form 5500-SF surance program (see ort will be assessed	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500 Yes se Is estate	No [12 12 X Yes No X Yes No Not determined
4 If I na a Sp 5a To b To c Nu co 6a W b Aru If C let Caution Under s	ame, EIN, and the plan nonsor's name otal number of participant otal number of participant umber of participants with omplete this item) fere all of the plan's asset to you claiming a waiver other 29 CFR 2520.104-4 you answered "No" to the plan is a defined benote the plan is of periury and of	ts at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie ind conditions.) ot use Form 5500-SF surance program (see ort will be assessed	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500 Yes se Is estate ort, including	No Dished.	12 X Yes No X Yes No Not determined
4 If I na a Sp 5a To b To c Nu co 6a W b Ar u If I C If I Caution Under p SB or S	ame, EIN, and the plan nonsor's name otal number of participant otal number of participant umber of participants with omplete this item) fere all of the plan's asset to you claiming a waiver other 29 CFR 2520.104-4 you answered "No" to the plan is a defined benote the plan is of periury and of	ts at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie ind conditions.) ot use Form 5500-SF surance program (see ort will be assessed	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500 Yes se Is estate ort, including	No Dished.	12 X Yes No X Yes No Not determined
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4 If I na a Sp 5a To b To c Nu co 6a W b Ar un If C lift Caution Under I SB or S belief, if	ame, EIN, and the plan nonsor's name otal number of participant otal number of participant umber of participants with omplete this item) fere all of the plan's asset to you claiming a waiver other 29 CFR 2520.104-4 you answered "No" to the plan is a defined benote t	ts at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie ind conditions.) ot use Form 5500-SF surance program (see ort will be assessed	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c PN 5a 5b 5c PA) Form 5500 Yes se Is estate port, including, and to the	No Dished. Ing, if applic best of my	12 X Yes No X Yes No Not determined able, a Schedule knowledge and
4 If I na a Sp 5a To b To C Nu occ 6a W b Ar un If I SB or S belief, if SIGN HERE	ame, EIN, and the plan nonsor's name otal number of participant otal number of participant otal number of participant otal number of participants with omplete this item)	ts at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie and conditions.) ot use Form 5500-SF surance program (see ort will be assessed i, I declare that I have ill as the electronic ver	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500 Yes se Is estate port, including, and to the	No Dished. Ing, if applic best of my	12 X Yes No X Yes No Not determined able, a Schedule knowledge and
4 If I na a Sp 5a To C Nu co C	ame, EIN, and the plan nonsor's name otal number of participant otal number of participants with omplete this item)	ts at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Chad Smed Enter name of individu	4c PN 5a 5b 5c PA) Form 5500 Yes se Is estable ort, including and to the	olished. ng, if applic best of my as plan adr	12 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
4 If I na a Sp 5a To C Nu co C	ame, EIN, and the plan nonsor's name otal number of participant otal number of participants with omplete this item)	ts at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Chad Smed Enter name of individu	4c PN 5a 5b 5c PA) Form 5500 Yes se Is estable ort, including and to the	olished. ng, if applic best of my as plan adr	12 X Yes No X Yes No Not determined able, a Schedule knowledge and
4 If I na a Sp 5a To C Nu co C	ame, EIN, and the plan nonsor's name otal number of participant otal number of participants with omplete this item)	ts at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Chad Smed Enter name of individu	4c PN 5a 5b 5c PA) Form 5500 Yes se Is estable ort, including and to the	olished. ng, if applic best of my as plan adr	12 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
4 If I na a Sp 5a To C Nu co C	ame, EIN, and the plan nonsor's name otal number of participant otal number of participants with omplete this item)	ts at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Chad Smed Enter name of individu	4c PN 5a 5b 5c PA) Form 5500 Yes se Is estable ort, including and to the	olished. ng, if applic best of my as plan adr	12 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
4 If I na a Sp 5a To C Nu co C	ame, EIN, and the plan nonsor's name otal number of participant otal number of participants with omplete this item)	ts at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Chad Smed Enter name of individu	4c PN 5a 5b 5c PA) Form 5500 Yes se Is estable ort, including and to the	olished. ng, if applic best of my as plan adr	12 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator

Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a		771	3		402155
b	Total plan liabilities	7b			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	29	771	3		402155
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:			L307			
	(1) Employers	8a(1)		_	+		
	(2) Participants	8a(2)		1102	3		
	(3) Others (including rollovers)	8a(3)		5545	0		
	Other income (loss)	8b		3343	U		109543
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_	+		109545
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		510	1		
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					5101
i_	Net income (loss) (subtract line 8h from line 8c)	8i			\perp		104442
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D 2T	feature co	odes from the List of Plan Chara	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	des from the List of Plan Chara	cteristi	c Cod	les in t	he instructions:
	The first provided visital a solution, since the approximation						
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
- 0	Was the plan covered by a fidelity bond?			10c		Х	
C	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 oth	ner person	ns by an insurance carrier,				
	insurance service, or other organization that provides some or all instructions.)			10e		Х	
f				10f		Х	
_				10g		Х	
<u>c</u>				iog			
	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			
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
118	Enter the unpaid minimum required contribution for current year for					11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X 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.		Mor	th	and e	enter tl Day	ne date of the letter ruling Year
I	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.				
					- 1	12b	P. Control of the Con

Form 5500-SF 201	3
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Page	3 -	١.

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)					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					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	lo
-	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?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	an(s) to	0		
1	13c(1) Name of plan(s):	13	c(2) El	N(s)	13c(3) PN(s)
-					
Part	VIII Trust Information (optional)				<u>'</u>
14a	Name of trust	1	14b T	rust's EIN	