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

. 0.10.011		Complete all entries in a	accordance with the instru	ctions to the Form 550)0-SF.		
Part I	Annual Report	Identification Information	n				
For caler	dar plan year 2013 or fi	scal plan year beginning 01/0	1/2013	and ending	12/31/	2013	
A This r	eturn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	pant plan
B This r	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	rn/report (less than 12 m	onths)	
C Chec	k box if filing under:	X Form 5558	automatic extension			DFVC progra	am
• Onco	C DOX II IIIIII G UIIGCI.	special extension (enter des					•••
David III	Desir Diese leste	<u> </u>	. ,				
Part II		rmation—enter all requested i	nformation		1 41		T
1a Nam					1b	Three-digit plan number	
COLUMBIA	A ASPHALT & GRAVEL	INC PROFIT SHARING PLAN				(PN)	002
					10	Effective date o	
					.0	05/01	•
2a Plan	sponsor's name and ad	dress; include room or suite num	ber (employer if for a single	-employer plan)	2h	Employer Identi	
	A ASPHALT & GRAVEL		zer (empleyer, miler a emigle	ompreyer plant,			36466
					2c	Sponsor's telep	
	ER BRIDGE ROAD WA 98939-0000				24		(see instructions)
, , , , ,					Zu	23731	,
3a Plan	administrator's name ar	nd address Same as Plan Spor	nsor Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
							·
4 If the	e name and/or EIN of the	e plan sponsor has changed since	e the last return/report filed f	or this plan, enter the	4b	EIN	
		e plan sponsor has changed since mber from the last return/report.	e the last return/report filed f	or this plan, enter the	4b	EIN	
nam a Spor	e, EIN, and the plan nul sor's name	mber from the last return/report.				EIN PN	
nam a Spor	e, EIN, and the plan nul sor's name						93
nam	e, EIN, and the plan nur sor's name I number of participants I number of participants	at the beginning of the plan year at the end of the plan year			4c 5a		93 62
nam	e, EIN, and the plan nur sor's name I number of participants I number of participants sber of participants with	mber from the last return/report.	f the plan year (defined ben	efit plans do not	4c 5a		
nam a Spor 5a Tota b Tota c Num com	e, EIN, and the plan nursor's name I number of participants I number of participants ber of participants with plete this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end of	of the plan year (defined ben	efit plans do not	4c 5a 5b 5c	PN	62
 nam spor tota Tota Num com We 	e, EIN, and the plan number's name I number of participants I number of participants ber of participants with plete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined benderal)	efit plans do not	4c 5a 5b 5c	PN	55
 nam a Spor b Tota c Num com 6a We b Are 	e, EIN, and the plan number of participants. I number of participants with plete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined bence) eligible assets? (See instruction or of an independent qualificibility and conditions.)	efit plans do not ctions.)ed public accountant (IC	4c 5a 5b 5c 2PA)	PN	55
 nam a Spor b Tota c Num com 6a We b Are 	e, EIN, and the plan number of participants. I number of participants with plete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined bence) eligible assets? (See instruction or of an independent qualificibility and conditions.)	efit plans do not ctions.)ed public accountant (IC	4c 5a 5b 5c 2PA)	PN	55 No
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nam a Spor 5a Tota b Tota c Num com 6a We b Are und if yo c If the	e, EIN, and the plan number of participants I number of participants with plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and representation of the annual examination and representation of the end of the annual examination and representation of the plan it plan, is it covered under the PET or incomplete filing of this return the penalties set forth in the instru	eligible assets? (See instruction of an independent qualification of an independent of	efit plans do not ctions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca	4c 5a 5b 5c Form	PN 1 5500. Yes No established. Including, if applic	55 X Yes No X Yes No Not determined able, a Schedule
nam a Spor 5a Tota b Tota c Num com 6a We b Are und if yo c If the	e, EIN, and the plan number of participants I number of participants with plete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year	eligible assets? (See instruction of an independent qualification of an independent of	efit plans do not ctions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca	4c 5a 5b 5c Form	PN 1 5500. Yes No established. Including, if applic	55 X Yes No X Yes No Not determined able, a Schedule
nam a Spor 5a Tota b Tota c Num com 6a We b Are und if yo c If the	e, EIN, and the plan number of participants I number of participants I number of participants with plete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year	eligible assets? (See instruction of an independent qualification of an independent of	efit plans do not ctions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca	4c 5a 5b 5c Form	PN 1 5500. Yes No established. Including, if applic	55 X Yes No X Yes No Not determined able, a Schedule
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nam a Spor 5a Tota b Tota c Num com 6a We b Are und if yo c If the Caution: Under pe SB or Sc belief, it i	e, EIN, and the plan number of participants I number of participants I number of participants with plete this item)	at the beginning of the plan year at the end of the plan year	eligible assets? (See instruction of an independent qualification of an independent of	efit plans do not ctions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca	4c 5a 5b 5c Form	PN 5500. Yes No established. ncluding, if applic to the best of my	55 Yes No Yes No Not determined able, a Schedule knowledge and
nam a Spor 5a Tota b Tota c Num com 6a We b Are und if yo c If the Caution: Under pe SB or Sc belief, it i	e, EIN, and the plan number of participants. I number of participants with plete this item)	at the beginning of the plan year at the end of the plan year	eligible assets? (See instruction of an independent qualification of an independent of	efit plans do not ctions.) ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re rsion of this return/repor	4c 5a 5b 5c Form	PN 5500. Yes No established. ncluding, if applic to the best of my	55 Yes No Yes No Not determined able, a Schedule knowledge and
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nam a Spor 5a Tota b Tota c Num com 6a We b Are und If yo c If the Caution: Under pe SB or Sc belief, it i SIGN HERE	e, EIN, and the plan number of participants I number of participants with plete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year	eligible assets? (See instruction ort of an independent qualification in the properties of the propert	efit plans do not ctions.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No No No	55 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
nam a Spor 5a Tota b Tota c Num com 6a We b Are und If yo c If the Caution: Under pe SB or Sc belief, it i SIGN HERE	e, EIN, and the plan number of participants I number of participants with plete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year	eligible assets? (See instruction ort of an independent qualification in the properties of the propert	efit plans do not ctions.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No No No	55 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
nam a Spor 5a Tota b Tota c Num com 6a We b Are und If yo c If the Caution: Under pe SB or Sc belief, it i SIGN HERE	e, EIN, and the plan number of participants I number of participants with plete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year	eligible assets? (See instruction ort of an independent qualification in the properties of the propert	efit plans do not ctions.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No No No	55 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear	
a	Total plan assets	4507				2061444			ļ	
	Total plan liabilities	7b		0					()
	Net plan assets (subtract line 7b from line 7a)	7c	158779	9				2	061444	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total		
	Contributions received or receivable from:		(4) / 1110 4111				()			
	(1) Employers	8a(1)	22525	9						
	(2) Participants	8a(2)	2618	6						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	29027	6						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						į	541721	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6004	1						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	803	5						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							68076	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							473645	5
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 2G 2J 2K 2D 3H 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	S:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		7	-	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X				
С				100	X					200000
				10c						200000
	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		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		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	ne required	d notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No
110	5500) and line 11a below)							<u>·· </u>	1 63	^ INU
	Enter the unpaid minimum required contribution for current year fr					11a	EDIC : C	Тг	1 v	V NIc
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	∟KISA?	[<u> </u>	Yes	× No
a	(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 standard for a prior year.	ng amortize	ed in this plan year, see instru		, and e	_	ne date o			ling
	granting the waiver									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule 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)				
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 section 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

P	art Annual Report Identification Information								
	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/	31/2013				
Α	This return/report is for: x a single-employer plan a	a multiple-employer p	olan (not multiemployer)	iemployer) a one-participant plan					
В	This return/report is:	the final return/report							
	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
C	Check box if filing under:	automatic extension		П	DFVC program				
_	special extension (enter description)			L	. •				
Б	artil Basic Plan Information enter all requested inform								
*********	Name of plan	12(16)1		1b TI	hree-digit				
•-	•	n- 347		pl	an number				
	COLUMBIA ASPHALT & GRAVEL INC PROFIT SHARING	PLAN			PN) ► 002 ffective date of plan				
					5/01/1996				
2a		nployer, if for a single	e-employer plan)	2b E	mployer Identification Number				
	COLUMBIA ASPHALT & GRAVEL INC			1	IN) 91-1036466				
					ponsor's telephone number				
	377 PARKER BRIDGE ROAD				509) 453-2063				
	_ THE MADE WINDOWS.		•		usiness code (see instructions) 37310				
<u>us</u> 3a		Nome T Same as	Dien Spansor Address		dministrator's EIN				
Ja	Plan administrators hame and address	Name L Joanne as	Pidit opulisui Audiese	, US /	UIIIIIIISU ALUI S EIIV				
				30 /	desirated telephone number				
				36 A	dministrator's telephone number				
1	- daniel a Tanana a T								
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/report filed f	or this plan, enter the	4b E	IN .				
	name, EIN, and the plan number from the last return/report.				*				
<u>_ a</u>				4C PI					
5a	• • • • • • • • • • • • • • • • • • • •			5a 5b	93				
b	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan	Provide to consider a New Stematic money, in some	Acceptable to the property of the control of the co	מכ	62				
C	complete this item)	•	·	5c	55				
6a	Were all of the plan's assets during the plan year invested in eligible				XYes No				
b	· · · · · · · · · · · · · · · · · · ·		A delicated with a second control of the second	A STATE OF THE STA	,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an		***************************************						
	If you answered "No" to either line 6a or line 6b, the plan cannot								
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No Not determined				
	aution: A penalty for the late or incomplete filing of this return/rep								
	nder penalties of perjury and other penalties set forth in the instructions								
	B or Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	Il as the electronic ve	rsion of this returnirepon	t, and to	the best of my knowledge and				
		10-10-14	Grants SALE						
	IGN CONTRACTOR OF THE PROPERTY	Date	Enter name of individua		os slan administrator				
	IERE Signature of pan administrator	Date	Ellici Ilanic oi morrodo	al signing	da pian aunimistrator				
	SIGN. HERE: Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								
	IEBS Signature of employer/plan sponsor eparer's name (including firm name, if applicable) and address; include	1 Acres 10 100 100 100 100 100 100 100 100 100	idual signing as employer or plan sponsor Preparer's telephone number (optional)						
1 reparer a manne (medically and radios) and address, medical room or date number (optional)									

Part III Financial Information				-1			
7 Plan Assets and Liabilities		(a) Beginning of Year		ļ		(b) End of Year	
a Total plan assets	7a	1,587,79	9			2,061,444	
b Total plan liabilities	7b		0			0	
C Net plan assets (subtract line 7b from line 7a)	7c	1,587,79	9		2,061,4		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		4		(b) Total	
a Contributions received or receivable from: (1) Employers	8a(1)	225,25	59			200	
(2) Participants	8a(2)	26,18	36	1.			
(3) Others (including rollovers)	8a(3)					1777	
b Other income (loss)	8b	290,2	76			127 A tj	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					541,721	
d Benefits paid (including direct rollovers and insurance premiums						2	
to provide benefits)	8d	60,04	11	-			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salarles, fees, commissions)	8f	8,03	35	-		12002	
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	4 1 E 34				68,076	
Net income (loss) (subtract line 8h from line 8c)	8i					473,645	
Transfers to (from) the plan (see instructions)	<u>8j</u>						
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension fe							
b If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instructions:	
Part V Compliance Questions		MANUAL AND	***************************************				
10 During the plan year:	<u> </u>			Yes	No	Amount	
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	itions withi	n the time period described in ection Program)	10a		х		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b	1	х		
C Was the plan covered by a fidelity bond?			10c	X	ļ	200,000	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		*************************************	10d		х		
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х		
f Has the plan failed to provide any benefit when due under the plan	n?		10f		х		
g Did the plan have any participant loans? (if "Yes," enter amount a	s of year	end.)	10g		х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		ж		
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	he require	d notice or one of the	101				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (if	"Yes," see instructions and com	plete	Sche	dule S	B (Form	
11a Enter the unpaid minimum required contribution for current year for	rom Sched	dule SB (Form 5500) line 39			11a		
12 Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes 🗷 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 bei granting the waiver	ing amortiz	zed in this plan year, see instruc	tions	, and e	enter t		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule							
II AND COLLEGION IIIIO 1995 CANADAM III.O AL	A						

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c 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 1:	2b. Enter the result (enter a minus sign to the left of	fa 12d			
e 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 A					
13a Has a resolution to terminate the plan been adopted in ar		🔲 үе	s 🗷 No		
If "Yes," enter the amount of any plan assets that reverte		13a			
b Were all the plan assets distributed to participants or ben of the PBGC?	eficiaries, transferred to another plan, or brought un	nder the control	☐ Yes 🗷 No		
C If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction	sferred from this plan to another plan(s), identify the	plan(s) to	j.		
13c(1) Name of plan(s):		13c(2) EIN(s) 13c(3) PN(s)		
Part VIII Trust Information (optional)					
14a Name of trust		14b ⊤	14b Trust's EIN		
14a Name of thest					
	•				