For							OMB Nos. 1210-0110 1210-0089			
	artment of the Treasury rnal Revenue Service	This form is required to			065 of the Employee R					
	epartment of Labor Benefits Security Administration	Income Security Act o	of 1974 (ERIS) Reve	7(b) and 6058(a) of the).	Intern	Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entr	ies in accord	Jance with the instru	uctions to the Form 5	500-SF		lic Inspection		
Part I		dentification Inform								
For calend	lar plan year 2014 or fisc)1/01/2014		ŭ	/31/20				
	turn/report is for:	 a single-employer plan a one-participant plan the first return/report an amended return/rep 	of a the	f participating employ foreign plan e final return/report	an (not multiemployer) er information in accord n/report (less than 12 m	dance	with the form in			
	box if filing under:	Form 5558 special extension (ente	er description)	utomatic extension			DFVC progr	am		
Part II		mation—enter all reques	sted information	on		41		1		
1a Name H & H ENTE	of plan ERPRISES PROFIT SHA	ARING PLAN				16	Three-digit plan number (PN) ►	001		
						1c	Effective date o	of plan 1/1992		
2a Plan s H & H ENTE		ress; include room or suite	number (emp	bloyer, if for a single-e	employer plan)	2b	Employer Ident	ification Number 481745		
206 SOUTH	77TH AVE.					2c	Sponsor's telep 509-96	ohone number 66-3788		
YAKIMA, WA	A 98908-1512					2d	Business code 4411	(see instructions) 20		
3a Plan a H & H ENTE	administrator's name and		•			3b	Administrator's	EIN 481745		
		W	06 SOUTH 771 A AKIMA, WA 98			3c		telephone number 56-3788		
		plan sponsor has changed ber from the last return/rep		t return/report filed fo	r this plan, enter the	4b	EIN			
a Spons	sor's name					4c	PN			
5a Total	number of participants a	at the beginning of the plan	year			5	a	1		
b Total	number of participants a	at the end of the plan year.				5	b	1		
		ccount balances as of the	•			5	c	1		
		icipants at the beginning of				5d(1)				
• •		icipants at the end of the p				5d	(2)	1		
		minated employment durin				5	e	0		
Caution: A Under pena SB or Sche	A penalty for the late or alties of perjury and othe	r incomplete filing of this er penalties set forth in the d signed by an enrolled act	s return/repor	rt will be assessed ι I declare that I have e	unless reasonable cau examined this return/re	port, in	cluding, if applie			
SIGN		alid electronic signature.		01/30/2015	PATRICK HUNTER					
HERE	Signature of plan ad	ministrator		Date	Enter name of individ	ual sig	ning as plan ad	ministrator		
SIGN HERE										
	Signature of employ		<u> </u>	Date	Enter name of individ					
Preparer's	name (including firm na	me, if applicable) and add	ress (include r	room or suite number	r) (optional)	Prep	arer's telephone	e number (optional)		

-	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not deter	mined
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year	
а	Total plan assets	7a	3372					3526	69
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	3372	246				3526	69
_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)			_				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)	154	122	_				
	Other income (loss)	8b	154	+23	_			454	00
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			154	23
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	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							0
i	Net income (loss) (subtract line 8h from line 8c)	8i						154	23
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a b	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2R$ $3B$ $3D$ If the plan provides welfare benefits, enter the applicable welfare features and the plan provides welfare benefits.								
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	ection Program)	10a		Х			
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	X				50000
d	or dishonesty?			10d		Х			
е	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			10f		Х			
g				10a		Х			
	If this is an individual account plan, was there a blackout period? (-		TUg		~			
	2520.101-3.)	•		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
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	e or se	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
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 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	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 Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		· 🗆 ۲	Yes 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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

	·····	1								
	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0 1210-0 Department of the Treasury Benefit Plan 0MB Nos. 1210-0									
Inte	emal Revenue Service	This form is required to be filed to	inder sections 104 and	4065 of the Employee R	etirement	2014				
Employee I	Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).								
Part I	Complete all entries in accordance with the instructions to the Form 5500.SE									
For colondar plan year 2014 or final plan which is the										
		X a single-employer plan		and ending	12/	31/2014				
A This re	turn/report is for:	a one-participant plan	a multiple-employer r of participating emplo a foreign plan	olan (not multiemployer) oyer information in accor	(Filers check dance with th	king this box must attach a list he form instructions)				
B This return/report is										
an amended return/report a short plan year return/report (less than 12 months)										
C Check	box if filing under:	Form 5558	automatic extension			FVC program				
	[special extension (enter descript	on)		U	e program				
Part II	Basic Plan Infor	mation-enter all requested inforr	action							
1a Name	of plan	interiori-enter all'requested inform	nation							
		FIT SHARING PLAN			1b Three plan (PN)	number 001				
					1c Effec	tive date of plan				
2a Plan s	ponsor's name and addr	ess; include room or suite number (employer, if for a single	-employer plan)		01/1992				
п∝п.	ENTERPRISES UTH 77TH AVE.		- optoyor, a for a onigic	employer plany	(EIN)	oyer Identification Number 91-1481745				
					2c Spon 509-	sor's telephone number - 966 - 3788				
YAKIMA		WA 98908-1512			2d Busin	ess code (see instructions)				
	dministrator's name and	20200 7072			4411					
	ENTERPRISES				91-:	nistrator's EIN 1481745				
		35			3c Admir	nistrator's telephone number				
	JTH 77TH AVE.				509-	966-3788				
WA YAKIMA		17D 00000			. 3					
	ame and/or EIN of the n	WA 98908-1512 lan sponsor has changed since the	last voture has and file of f							
name	, EIN, and the plan numb or's name	er from the last return/report.	ast return/report filed f	or this plan, enter the	4b EIN					
		the beginning of the plan year			4c PN					
b Total r	number of participants at	the end of the plan year			5a	1				
c Numb	er of participants with acc	count balances as of the end of the	nlan vear (defined here	afit plans do pot		1				
comple	ete this item)	ipants at the beginning of the plan			5c	1				
					5d(1)	1				
e Numbe	r of participants that term	ipants at the end of the plan year inated employment during the plan		·····	5d(2)	1				
less that	an 100% vested				5e	0				
Caution: A	penalty for the late or	incomplete filing of this return/re	nort will be accessed		se is establ	**************************************				
	nies of benury and other	Denaities set forth in the instruction	n I doolore that I have			and the second				
	rue, correct, and comple		ell as the electronic ver	sion of this return/report	, and to the b	best of my knowledge and				
SIGN	patrick Z	lancer	1-26-15	Patrick Hunter	<u> </u>					
HERE	Signature of plan adm	inistrator	Date	Enter name of individu	ual signing as	s plan administrator				
Signature of plan administrator Date Enter name of individual signing as plan administrator										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual signing as	s employer or plan sponsor				
rteparers I	name (including firm nam	ne, if applicable) and address (inclue	le room or suite numbe	er) (optional)	Preparer's t	elephone number (optional)				
		M2								
For Paperwo	ork Reduction Act Notice a	nd OMB Control Numbers, see the ins	tructions for Form 5500-	-SF.		Form 5500-SF (2014)				
		and a state of the				v. 140124				

Page **2**

6a b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								Yes Yes	No No
And the second se	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)? .		Yes	No 🗌	Not o	letern	nined
Pa	t III Financial Information									·
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	nr	
a	Total plan assets	7a	33	3724	6					52669
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	33	3724	6				3	52669
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from:	0-14								
	(1) Employers	8a(1)		*******						
	(2) Participants (3) Others (including rollovers)	8a(2)				·····			timest your	
b	Other income (loss)	8a(3)		1542			•			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		1342	<u></u>					<u>-</u>
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d								15423
e	Certain deemed and/or corrective distributions (see instructions)	8e			+					
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g			+				······	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	81								15423
j	Transfers to (from) the plan (see instructions)	81								13423
Par	t IV Plan Characteristics	j	I						•	
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2R 3B 3D	feature co	des from the List of Plan Chara	acteris	tic Cod	les in the	e instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	atura cod	es from the List of Plan Charge	toriati	Cada	- I- 11-				
			control and east of Filan Onlarad	ACTINE.		s in the	Instructio	ons:		
Part	V Compliance Questions									
10	During the plan year:		****		Yes	No		Amou	int	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iclary Con	ection Program)	10a		x		Amor		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		x				
C	Was the plan covered by a fidelity bond?			10c	x			******		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x		***		
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person	s by an insurance carrier,							
	instructions.)			10e		x				
f			· · · · · · · · · · · · · · · · · · ·	10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		x				
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	ne require 1-3	d notice or one of the	101						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Schedu	ile SB (F	orm	П	Yes	 Π Νο
11a	Enter the unpaid minimum required contribution for current year fr					1a				
12	Is this a defined contribution plan subject to the minimum funding						1842	Π	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
a	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instruc	ctions,	and er	nter the o	date of th	e lette	er ruli	ng
	granting the waiver.			th		Day		Year		

Page 3 -			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.		
b Enter the minimum required contribution for this plan year		12b	
c Enter the amount contributed by the employer to the plan for this plan year		12c	
G Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minute sign to the			
negative amount)		12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets		Yes	No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?		T-1	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		Yes X	No
D Were all the plan assets distributed to participants or beneficiaries transferred to another plan, or here	walsh was done it		
of the FBGC ?			Yes X No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idenly which assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to	
13c(1) Name of plan(s):			
	1	3c(2) EIN(s)	13c(3) PN(s)
	1		I.
art VIII Trust Information (optional)			
4a Name of trust			*
		14b Trust's EIN	1
2 · · · · · · · · · · · · · · · · · · ·	0		
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	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0 1210-0 Department of the Treasury Benefit Plan 0MB Nos. 1210-0									
Inte	emal Revenue Service	This form is required to be filed to	inder sections 104 and	4065 of the Employee R	etirement	2014				
Employee I	Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).								
Part I	Complete all entries in accordance with the instructions to the Form 5500.SE									
For colondar plan year 2014 or final plan which is the										
		X a single-employer plan		and ending	12/	31/2014				
A This re	turn/report is for:	a one-participant plan	a multiple-employer r of participating emplo a foreign plan	olan (not multiemployer) oyer information in accor	(Filers check dance with th	king this box must attach a list he form instructions)				
B This return/report is										
an amended return/report a short plan year return/report (less than 12 months)										
C Check	box if filing under:	Form 5558	automatic extension			FVC program				
	[special extension (enter descript	on)		U	e program				
Part II	Basic Plan Infor	mation-enter all requested inforr	action							
1a Name	of plan	interiori-enter all'requested inform	nation							
		FIT SHARING PLAN			1b Three plan (PN)	number 001				
					1c Effec	tive date of plan				
2a Plan s	ponsor's name and addr	ess; include room or suite number (employer, if for a single	-employer plan)		01/1992				
п∝п.	ENTERPRISES UTH 77TH AVE.		- optoyor, a for a onigic	employer plany	(EIN)	oyer Identification Number 91-1481745				
					2c Spon 509-	sor's telephone number - 966 - 3788				
YAKIMA		WA 98908-1512			2d Busin	ess code (see instructions)				
	dministrator's name and	20200 7072			4411					
	ENTERPRISES				91-:	nistrator's EIN 1481745				
		35			3c Admir	nistrator's telephone number				
	JTH 77TH AVE.				509-	966-3788				
WA YAKIMA		17D 00000			. 3					
	ame and/or EIN of the n	WA 98908-1512 lan sponsor has changed since the	last voture has and file of f							
name	, EIN, and the plan numb or's name	er from the last return/report.	ast return/report filed f	or this plan, enter the	4b EIN					
		the beginning of the plan year			4c PN					
b Total r	number of participants at	the end of the plan year			5a	1				
c Numb	er of participants with acc	count balances as of the end of the	nlan vear (defined here	afit plans do pot		1				
comple	ete this item)	ipants at the beginning of the plan			5c	1				
					5d(1)	1				
e Numbe	r of participants that term	ipants at the end of the plan year inated employment during the plan		·····	5d(2)	1				
less that	an 100% vested				5e	0				
Caution: A	penalty for the late or	incomplete filing of this return/re	nort will be accessed		se is establ	**************************************				
	nies of benury and other	Denaities set forth in the instruction	n I doolore that I have			and the second				
	rue, correct, and comple		ell as the electronic ver	sion of this return/report	, and to the b	best of my knowledge and				
SIGN	patrick Z	lancer	1-26-15	Patrick Hunter	<u> </u>					
HERE	Signature of plan adm	inistrator	Date	Enter name of individu	ual signing as	s plan administrator				
Signature of plan administrator Date Enter name of individual signing as plan administrator										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual signing as	s employer or plan sponsor				
rteparers I	name (including firm nam	ne, if applicable) and address (inclue	le room or suite numbe	er) (optional)	Preparer's t	elephone number (optional)				
		M2								
For Paperwo	ork Reduction Act Notice a	nd OMB Control Numbers, see the ins	tructions for Form 5500-	-SF.		Form 5500-SF (2014)				
		and a state of the				v. 140124				

Page **2**

6a b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								Yes Yes	No No
And the second se	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)? .		Yes	No 🗌	Not o	letern	nined
Pa	t III Financial Information									·
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	nr	
a	Total plan assets	7a	33	3724	6					52669
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	33	3724	6				3	52669
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from:	0-14								
	(1) Employers	8a(1)		*******						
	(2) Participants (3) Others (including rollovers)	8a(2)				·····			timest your	
b	Other income (loss)	8a(3)		1542			•			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		1342	<u></u>					<u>-</u>
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d								15423
e	Certain deemed and/or corrective distributions (see instructions)	8e			+					
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g			+				······	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	81								15423
j	Transfers to (from) the plan (see instructions)	81								13423
Par	t IV Plan Characteristics	j	I						•	
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2R 3B 3D	feature co	des from the List of Plan Chara	acteris	tic Cod	les in the	e instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	atura cod	es from the List of Plan Charge	toriati	Cada	- I- 11-				
			control and east of Filan Onlarad	ACTING (s in the	Instruction	ons:		
Part	V Compliance Questions									
10	During the plan year:		****		Yes	No		Amou	int	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iclary Con	ection Program)	10a		x		Amor		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		x				
C	Was the plan covered by a fidelity bond?			10c	x			******		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x		***		
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person	s by an insurance carrier,							
	instructions.)			10e		x				
f			· · · · · · · · · · · · · · · · · · ·	10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		x				
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	ne require 1-3	d notice or one of the	101						
Part	VI Pension Funding Compliance						· · · ·			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Schedu	ile SB (F	orm	П	Yes	 Π Νο
11a	Enter the unpaid minimum required contribution for current year fr					1a				
12	Is this a defined contribution plan subject to the minimum funding						1842	Π	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
a	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instruc	ctions,	and er	nter the o	date of th	e lette	er ruli	ng
	granting the waiver.			th		Day		Year		

Page 3 -			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.		
b Enter the minimum required contribution for this plan year		12b	
c Enter the amount contributed by the employer to the plan for this plan year		12c	
G Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minute sign to the			
negative amount)		12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets		Yes	No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?		T-1	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		Yes X	No
D Were all the plan assets distributed to participants or beneficiaries transferred to another plan, or here	walsh was done it		
of the FBGC ?			Yes X No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idenly which assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to	
13c(1) Name of plan(s):			
	1	3c(2) EIN(s)	13c(3) PN(s)
	1		I.
art VIII Trust Information (optional)			
4a Name of trust			*
		14b Trust's EIN	1
2 · · · · · · · · · · · · · · · · · · ·	0		
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