## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	<ul> <li>Complete all entries in accorda</li> </ul>	nce with the instruc	tions to the Form 5500	0-SF.		
Part I		dentification Information					
For calend	lar plan year 2013 or fisc	cal plan year beginning 10/01/2013		and ending 0	9/30/20	)14	
A This re	turn/report is for:	X a single-employer plan	ı multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
<b>B</b> This re	turn/report is:	the first return/report t	he final return/report				
		an amended return/report a	short plan year return	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	utomatic extension			DFVC progra	am
		special extension (enter description	)				
Part II	Basic Plan Infor	mation—enter all requested informat	ion				
1a Name	of plan				1b <sup>-</sup>	Three-digit	
DM2 SOFT\	WARE, INC. 401(K) PRO	OFIT SHARING PLAN AND TRUST				olan number	
						(PN) •	001
					1C E	Effective date of	
20 Dian s			mlassas if far a aireala		Ol- r	10/01	
	WARE, INC.	lress; include room or suite number (em	ployer, if for a single-	employer plan)			fication Number 73531
					2c 5	Sponsor's telep	
7700 NE GI VANCOUVI	REENWOOD DR., SUIT ER, WA 98662	E 200			2d [		(see instructions)
					Zu E	54151	,
3a Plan a	administrator's name and	d address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b /	Administrator's I	EIN
					3c /	Administrator's t	telephone number
							·
		plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b [	EIN	
name		plan sponsor has changed since the last plan from the last return/report.	st return/report filed fo	or this plan, enter the	4b 6		
name <b>a</b> Spons	e, EIN, and the plan num sor's name		·	·	4c		51
a Spons 5a Total	e, EIN, and the plan num sor's name number of participants a	nber from the last return/report.					51
<ul><li>name</li><li>a Spons</li><li>5a Total</li><li>b Total</li><li>c Numb</li></ul>	e, EIN, and the plan num sor's name number of participants a number of participants a per of participants with a	at the beginning of the plan year	an year (defined bene	fit plans do not	4c   5a   5b		53
name a Spons 5a Total b Total c Numb	e, EIN, and the plan number of participants a number of participants a number of participants apper of participants with a plete this item)	at the beginning of the plan year	an year (defined bene	fit plans do not	4c   5a   5b   5c	PN	
name a Spons 5a Total b Total c Numb comp 6a Were b Are y	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)e all of the plan's assets ou claiming a waiver of the plan's assets.	at the beginning of the plan year	an year (defined bene assets? (See instruc n independent qualifie	fit plans do not tions.)d public accountant (IQI	4c F 5a 5b 5c	PN	53 42 X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are y under	e, EIN, and the plan number of participants a number of participants a number of participants with a plete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruc independent qualifie d conditions.)	fit plans do not tions.)d public accountant (IQI	4c F 5a 5b 5c	PN	53
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruc independent qualifie d conditions.)	fit plans do not tions.)d public accountant (IQI	4c F 5a 5b 5c PA)	PN	53  42  X Yes No  X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruc independent qualifie d conditions.)	fit plans do not tions.)d public accountant (IQI	4c F 5a 5b 5c PA)	PN	53 42 X Yes No
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name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the	e, EIN, and the plan number of participants a number of participants are per of participants with a plete this item)	at the beginning of the plan year	assets? (See instruction independent qualifier assets) assets? (See instruction independent qualifier assets) assets of the conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	4c F 5a 5b 5c PA) Form 5 se is e	PN  5500.  Yes No stablished.	42  X Yes  No  X Yes  No  Not determined
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: A Under pen SB or Sch	e, EIN, and the plan number of participants a number of participants are per of participants with a plete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier id conditions.)	fit plans do not  tions.) d public accountant (IQI  and must instead use  ERISA section 4021)? .  unless reasonable cau examined this return/rep	4c F 5a 5b 5c	PN  5500.  Yes No stablished.	42  X Yes No  X Yes No  Not determined  Able, a Schedule
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: A Under pen SB or Sch belief, it is	e, EIN, and the plan number of participants a number of participants are per of participants with a plete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier id conditions.)	fit plans do not  tions.) d public accountant (IQI  and must instead use  ERISA section 4021)? .  unless reasonable cau examined this return/rep	4c F 5a 5b 5c	PN  5500.  Yes No stablished.	42  X Yes No  X Yes No  Not determined  Able, a Schedule
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: A Under pen SB or Sch	e, EIN, and the plan number of participants a number of participants are of participants with a plete this item)	at the beginning of the plan year	assets? (See instruct independent qualifier independent qualifier independent structions.)	fit plans do not  tions.)	4c F 5a 5b 5c PA) Form 5 se is e eort, inc., and to	PN  5500.  Yes No stablished.  Stablished.  Studing, if applic of the best of my	42  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and
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name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan number of participants a number of participants are of participants with a plete this item)	at the beginning of the plan year	assets? (See instruct independent qualifier independent some set in use Form 5500-SF urance program (see in interest in interest independent in independent indepe	fit plans do not  tions.) d public accountant (IQI  and must instead use  ERISA section 4021)?.  unless reasonable cau  examined this return/report  SCOTT BURKARD  Enter name of individu	4c F 5a 5b 5c	PN  5500.  Yes No stablished.  Eluding, if applice the best of my	42  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ministrator
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan number of participants a number of participants are of participants with a plete this item)	at the beginning of the plan year	assets? (See instruct independent qualifier independent some set in use Form 5500-SF urance program (see in interest in interest independent in independent indepe	fit plans do not  tions.) d public accountant (IQI  and must instead use  ERISA section 4021)?.  unless reasonable cau  examined this return/report  SCOTT BURKARD  Enter name of individu	4c F 5a 5b 5c	PN  5500.  Yes No stablished.  Eluding, if applice the best of my	42  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan number of participants a number of participants are of participants with a plete this item)	at the beginning of the plan year	assets? (See instruct independent qualifier independent some set in use Form 5500-SF urance program (see in interest in interest independent in independent indepe	fit plans do not  tions.) d public accountant (IQI  and must instead use  ERISA section 4021)?.  unless reasonable cau  examined this return/report  SCOTT BURKARD  Enter name of individu	4c F 5a 5b 5c	PN  5500.  Yes No stablished.  Eluding, if applice the best of my	42  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ministrator
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan number of participants a number of participants are of participants with a plete this item)	at the beginning of the plan year	assets? (See instruct independent qualifier independent some set in use Form 5500-SF urance program (see in interest in interest independent in independent indepe	fit plans do not  tions.) d public accountant (IQI  and must instead use  ERISA section 4021)?.  unless reasonable cau  examined this return/report  SCOTT BURKARD  Enter name of individu	4c F 5a 5b 5c	PN  5500.  Yes No stablished.  Eluding, if applice the best of my	42  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ministrator
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plan number of participants a number of participants are of participants with a plete this item)	at the beginning of the plan year	assets? (See instruct independent qualifier independent some set in use Form 5500-SF urance program (see in interest in interest independent in independent indepe	fit plans do not  tions.) d public accountant (IQI  and must instead use  ERISA section 4021)?.  unless reasonable cau  examined this return/report  SCOTT BURKARD  Enter name of individu	4c F 5a 5b 5c	PN  5500.  Yes No stablished.  Eluding, if applice the best of my	42  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ministrator

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	ear		
a	Total plan assets	7a	379894				(5) 2.10		448659	9	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	379894	2				4	148659	9	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		(a) Amount				(5)	Total			
	(1) Employers	8a(1)	5783	9							
	(2) Participants	8a(2)	22107	0							
	(3) Others (including rollovers)	8a(3)		9							
b	Other income (loss)	8b	47113	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	750055	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10019	8							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	14	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10033	8	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							64971	7	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature coo	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	3:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	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					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported	10b		X					
					Χ					4450	000
				10c						4430	J00
	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.)		. `	10e	X					138	897
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10q	Χ					40:	378
h		(See instru	ctions and 29 CFR	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	notice or one of the	10i							
Daw		1-3		101							
Part			(    in-turetions and		Cabaa	J. J. C.	) /Farms	1			
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 from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	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 beir granting the waiver.				, and e	enter th Day	ne date of	the le		ıling	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule  Enter the minimum required contribution for this plan year	•			1	12b	I				

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information	. /2212			
	1/2013	and ending	09/30/2	
		n (not multiemployer)	∐ a one-pa	rticipant plan
	e final return/report			
☐ an amended return/report ☐ a s	hort plan year return/	report (less than 12 mo		
C Check box if filing under: Form 5558 au	tomatic extension		☐ DFVC pr	rogram
special extension (enter description)				
Part II Basic Plan Information—enter all requested information	n			
1a Name of plan	N AND MDIIOM		1b Three-digit plan number	l l
DM2 SOFTWARE, INC. 401(k) PROFIT SHARING PLA	N AND IRUSI		(PN) ▶	001
		= = = = =	1c Effective da 10/01/1	
2a Plan sponsor's name and address; include room or suite number (emp	lover if for a single-e	molover plan)		dentification Number
DM2 SOFTWARE, INC.	oyer, ir ior a single-c	imployer plant		1473531
7700 NE GREENWOOD DR., SUITE 200			2c Sponsor's 360-574	telephone number L-6984
VANCOUVER WA 98662			2d Business c 541519	ode (see instructions)
3a Plan administrator's name and address Same as Plan Sponsor Nam	ne XSame as Plan	Sponsor Address	3b Administrat	tor's EIN
			3c Administrat	tor's telephone number
				•
4 If the name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b EIN	
name, ElN, and the plan number from the last return/report.	returnieport med to	tills plan, enter the	4D EIN	
a Sponsor's name			4c PN	
5a Total number of participants at the beginning of the plan year			5a	51
<b>b</b> Total number of participants at the end of the plan year			5b	53
Number of participants with account balances as of the end of the pla complete this item)		•	5c	42
6a Were all of the plan's assets during the plan year invested in eligible	assets? (See instruct	ions.)		X Yes No
<b>b</b> Are you claiming a waiver of the annual examination and report of an				X Yes ∏ No
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				X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC insu				o Not determined
Caution: A penalty for the late or incomplete filing of this return/repo				100000000000000000000000000000000000000
Under penalties of perjury and other penalties set forth in the instructions, SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true, correct, and complete.	I declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, including, if a t, and to the best	applicable, a Schedule of my knowledge and
SIGN AND POR	4-7-2018	Scott Burkard		
HERE Signature of plan administrator	Date	Enter name of individ	dual signing as pla	n administrator
SIGN				
HERE Signature of employer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include				phone number (optional)

Pa	rt III Financial Information										_
7		Tell Vit	(-) D11		Т		#1. F. J.				
<u> </u>	Plan Assets and Liabilities	Para Strant	(a) Beginning of Yea	894:	(b) End of Ye				444	06	<u>-</u>
<u>а</u> b	Total plan assets	7a	313	034	1				44.	.00	
	Total plan liabilities	7b	270	894:	_				444	0.6	<u> </u>
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		034.	4				444	00	
8	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount		ALC: U		(b) To	al	C4 1 11		
a	(1) Employers	8a(1)	5	783	9						
	(2) Participants	8a(2)	22	107	0	- Syrense					
	(3) Others (including rollovers)	8a(3)			9			-			
b		8b	47	7113	7			100	G TV		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10/75					7.	500	55
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	019	8						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					Te di I				
f	Administrative service providers (salaries, fees, commissions)	8f		14	0						
a	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)			123	3				1	003	38
T	Net income (loss) (subtract line 8h from line 8c)	<del>                                     </del>								497	
÷	Transfers to (from) the plan (see instructions)	8i			100	0.7cm			7	V.	
Po	rt IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature cod	des from the List of Plan Chara	cteris	tic Co	des in	the instruct	ons:			
b		eature code	es from the List of Plan Charac	cteristi	ic Cod	les in th	ne instructio	ns:			_
	rt V Compliance Questions										
10	During the plan year.				Yes	No		\mo	unt		
	Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid	uciary Corr	ection Program)	10a		х					
	Were there any nonexempt transactions with any party-in-interes on line 10a.)	•	· ·	10b		Х					
	Was the plan covered by a fidelity bond?			10c	х				4	45	000
	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 ot										
	insurance service, or other organization that provides some or al	l of the ben	efits under the plan? (See		х					12:	897
	instructions.)			10e							
	f Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
	g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g	Х					40	378
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х					
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i							
	rt VI Pension Funding Compliance				-						
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Yes		No
_11	a Enter the unpaid minimum required contribution for current year	from Sched	dule SB (Form 5500) line 39			11a					
12	ls this a defined contribution plan subject to the minimum fundin	g requirem	ents of section 412 of the Cod	e or se	ection	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 be granting the waiver.	ing amortiz	ed in this plan year, see instru		, and	enter ti		ne le Yea		ing	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedu										
	b Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2013	Page <b>3</b> -				
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 negative amount)	(enter a minus	sign to the left of a	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?				res X No	)
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another pla	an(s), identify the plan(s)	to		
1	3c(1) Name of plan(s):			3c(2) E	IN(s)	13c(3) PN(s)
						<del> </del>
Part	VIII Trust Information (optional)					.1

14a Name of trust

14b Trust's EIN