Form 5500-SF Department of the Treasury Short Form Annual Return/Report of Small Emp Benefit Plan						•	OMB Nos. 1210-0110 1210-0089		
Inter	rnal Revenue Service	This form is required to be filed ur	nder sections 104 and 4				2014		
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (ER	RISA), and sections 605 evenue Code (the Code		Interna	This F	Form is Open to lic Inspection		
	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instr	uctions to the Form 55	500-SF		iic inspection		
For calend	Annual Report Ic ar plan year 2014 or fisc	dentification Information cal plan year beginning 01/01/2014		and ending 12/	/31/201	4			
		X a single-employer plan	a multiple-employer pl	lan (not multiemployer) (yer information in accord	(Filers	checking this bo			
		a one-participant plan	a foreign plan				situationsy		
B This retu	urn/report is	the first return/report	the final return/report						
	l	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension		[DFVC progra	am		
	[special extension (enter description	on)						
Part II	Basic Plan Infor	mation—enter all requested inform	nation				-		
1a Name	-	YEE 401K PROFIT SHARING PLAN	1			Three-digit plan number			
UNIVERSAL	- ALKOSFACE LIMPLO	TEL 40TK FROM SHARING FLAN	I			(PN)	001		
					1c	Effective date of 10/01	f plan I/1994		
	ponsor's name and addr	ress; include room or suite number (e	employer, if for a single-	employer plan)			fication Number		
						Sponsor's telep			
18640 59TH ARLINGTON					24		85-9577		
AREINGTON	, WA 30223				20	Business code 5191	(see instructions) 00		
3a Plan a	dministrator's name and	l address XSame as Plan Sponsor.			3b	Administrator's	EIN		
							telephone number		
		plan sponsor has changed since the l ber from the last return/report.	last return/report filed fo	or this plan, enter the	4b				
· · · ·	or's name	t the beginning of the plan year			4c		400		
		it the end of the plan year			5a 5k		109		
		ccount balances as of the end of the			50				
	,	icipants at the beginning of the plan y					47		
· · /			·		5d(1	-	99		
		icipants at the end of the plan year minated employment during the plan			5d(-	92		
					5e	9	0		
		r incomplete filing of this return/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/reperturn/rep					able a Schodula		
SB or Sche		d signed by an enrolled actuary, as w							
SIGN	Filed with authorized/va	alid electronic signature.	05/27/2015	ASHLEY HOLDEN					
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signing as plan administrator					
SIGN HERE									
	Signature of employed		ponsor Date Enter name of individ			vidual signing as employer or plan sponsor Preparer's telephone number (optional)			

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann		,					X	Yes	No
c	If the plan is a defined benefit plan, is it covered under the PBGC in							Not	determi	ned
		isurance p	Togram (see LINDA section 40	21):		163		NOL	uetenni	neu
7							<i>4</i> \ -			
<u> </u>	Plan Assets and Liabilities	7.	(a) Beginning of Yea				(b) End	1 Of Ye	ear 855454	1
 b	Total plan assets	. 7a	7040						000404	,
	Total plan liabilities	. 7b . 7c	7549	74					855454	
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	. 70	(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(0)	Totai		
	(1) Employers	. 8a(1)		0						
	(2) Participants	. 8a(2)	561	75						
	(3) Others (including rollovers)	. 8a(3)		0						
b	Other income (loss)	. 8b	614	71						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			_				117646	6
d	Benefits paid (including direct rollovers and insurance premiums	. 8d	141	20						
-	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	1		0						
f	Administrative service providers (salaries, fees, commissions)	. 8e . 8f		0						
	Other expenses	. 8g	30)46						
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)								17166	;
	Net income (loss) (subtract line 8h from line 8c)						100480			
÷	Transfers to (from) the plan (see instructions)									
, Dai	t IV Plan Characteristics	. 8j								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instru	ictions	-	
	2E 2F 2G 2J 2K 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instruc	tione		
						.00				
Dor	V Compliance Questions									
Par					ľ					
10	During the plan year:	itions withi	n the time period described in		Yes	No		Amc	ount	
10				10a	ľ				ount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	uciary Corr t? (Do not	rection Program) include transactions reported	10a 10b	ľ	No			ount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr t? (Do not	rection Program)	10b	ľ	No X				00000
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Corr t? (Do not	rection Program) include transactions reported nd, that was caused by fraud		Yes	No X				00000
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	uciary Corr (Do not fidelity bo	rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier,	10b 10c	Yes	No X X				
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	t? (Do not fidelity bo her person of the ben	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c	Yes	No X X				00000
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	t? (Do not fidelity bo her person of the ben	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	Yes	No X X				
10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	iciary Corr t? (Do not fidelity bo her person of the ben	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e	Yes	No X X X				
10 a b c d d f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	in? (See instruction of the second se	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR	10b 10c 10d 10e 10f	Yes	No X X X X X				
10 a b c d d f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	in construction of the ben in construction of th	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g	Yes	No X X X X X X X				
10 a b c d d f g h	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided tf exceptions to providing the notice applied under 29 CFR 2520.10	in construction of the ben in construction of th	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X				
10 a b c d d e f f h i	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	iner person (See instru- the required 1-3	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Yes X X	No X X X X X X X	3 (Form			1183
10 a b c d d f g h i l Part	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	in contraction of the ben in contraction of	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	No X X X X X X X	3 (Form		1(1183
10 a b c d d f g h i l Part	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	in construction of the ben in construction of th	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	No X X X X X X Jule SI	3 (Form		1(1183

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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	

	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						2014		
Employee B	epartment of Labor Benefits Security Administration	e).	Internal	This Form is Open to Public Inspection				
F	enefit Guaranty Corporation	Complete all entries in		ructions to the Form 5	500-SF.			
For calend		Identification Information scal plan year beginning	01/01/2014	and ending	12	/31/2014		
	<u></u>	a single-employer plan				ting this box must attach a list		
A This ref	turn/report is for:	a one-participant plan		yer information in accor				
D This rate	un (na na nt ia	the first return/report						
	urn/report is	an amended return/report	the final return/report	rn/report (less than 12 n	nonths)			
_		Form 5558	automatic extension		, 	- VC program		
						vo program		
		special extension (enter descr	· · ·					
Part II		rmation—enter all requested int	ormation		1			
1a Name	of plan				1b Three	\$ I		
UNIVER	SAL AEROSPACE	EMPLOYEE 401K PROFIN	ſ		(PN)	number 001		
SHARIN	G PLAN					tive date of plan		
22 Dian o	noncor's nome and as	ldress; include room or suite numb	or (omployor if for a cingle)1/1994		
	SAL AEROSPACE		er (employer, mor a single-	-employer plan)	2b Employer Identification Number (EIN) 91-1579121			
					2c Spon	sor's telephone number		
18640	59TH DR NE)) <u>435-9577</u>		
ARLING	TON		WA	98223	20 Bus in 5191	ess code (see instructions)		
Contraction of the second se		nd address $\overline{\mathrm{X}}$ Same as Plan Spons			Construction of the Constr	nistrator's EIN		
		e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN			
	, EIN, and the plan nu isor's name	mber from the last return/report.			4c PN			
		at the beginning of the plan year			5a	100		
		at the end of the plan year				109		
		account balances as of the end of				105		
comple	ete this item)				5c	47		
a(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	99		
d(2) Tota	al number of active pa	rticipants at the end of the plan yea	ır		5d(2)	92		
		erminated employment during the p			5e	0		
		or incomplete filing of this return						
SB or Sche	alties of perjury and ot dule MB completed an true, correct, and com	her penalties set forth in the instruc nd signed by an enrolled actuary, a lote	tions, I declare that I have s well as the electronic ver	examined this return/re sion of this return/repor	port, includin t, and to the l	g, if applicable, a Schedule best of my knowledge and		
SIGN	ROHIAR	dstal	7115	Talitha B	dn + d	e e e e e e e e e e e e e e e e e e e		
HERE								
01011	Signature of plan a	unninstrator	Date	Enter name of individ	uai signing a	s plan administrator		
SIGN HERE								
Preparer's	Signature of emplo name (including firm n	ame, if applicable) and address (in	Date clude room or suite numbe	r) (optional)	ual signing a Preparer's	s employer or plan sponsor telephone number (optional)		
For Paperwo	ork Reduction Act Notic	e and OMB Control Numbers, see the	instructions for Form 5500-	SF.		Form 5500-SF (2014)		

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Yes [

X Yes 🗌 No

No

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....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.).....

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Part	III Financial Information								
7 F	Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of Year			
a	otal plan assets	. 7a	754	4,97	4	470701011110	855,454		
b -	otal plan liabilities	. 7b							
CI	let plan assets (subtract line 7b from line 7a)	. 7c	75	4,97	4	855,4			
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from: 1) Employers	8a(1)			0				
	2) Participants.	8a(2)	linderen verste linne seisen nichten seinem 51	6 , 17	5				
· · ···· · · · · · · · · · · · · · · ·	3) Others (including rollovers)	8a(3)	n an an Anna an Anna an Anna Anna Anna		0				
b	Other income (loss)	. 8b	6	1,47	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					117,646		
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d	14	4,12	20				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		 	0				
f /	Administrative service providers (salaries, fees, commissions)	. 8f		*****	0				
g	Other expenses	. 8g		3,04	6				
h ·	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				-	17,166		
i	Net income (loss) (subtract line 8h from line 8c)	8i				10000000000000000000000000000000000000	100,480		
j .	Fransfers to (from) the plan (see instructions)	8j							
Parl	IV Plan Characteristics	เรยิเมรรรณระสมกับรายสมกับร			********				
Part	V Compliance Questions				1				
10	During the plan year:			-	Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b	ļ	Х			
С	Was the plan covered by a fidelity bond?	•••••		10c	X		100,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo	ond, that was caused by fraud	10d		X			
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	l of the ber	nefits under the plan? (See	10e	X				
f	Has the plan failed to provide any benefit when due under the pla	an?	<u>a an an</u>	10f		X	a Na sa		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Х	n an		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		X			
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i	n National National National				
Part	VI Pension Funding Compliance		an a	, se què	en servere L	a per d			
11	Is this a defined benefit plan subject to minimum funding requirer 5500 and line 11a below)					ule SB	(Form		
11a	Enter the unpaid minimum required contribution for current year f	from Schee	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No		
and and a second se	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)			****			
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ing amortiz	zed in this plan year, see instru	ictions hth	s, and e	enter tl Day			

	Form 5500-SF 2014	Page 3 -					
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line	13.			345-868-84-968-84-84-84-84-84-84-84-84-84-84-84-84-84	
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c	T	1879 (1892) - Calabra (1992)	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resu negative amount).	It (enter a minus sign to the	left of a	12d		anan an	
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?			Yes	No 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 🛛	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year		13a	1		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brou	-	control		Ye	es 🛛 No
c	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), iden	tify the plan(s)	to			
1	3c(1) Name of plan(s):		·	13c(2) E	IN(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)		<u>B</u>			I	
14a	Name of trust			14b T	rust's EIN		