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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti		t identification information				
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/0	1/2014 and 6	ending 12/31/20	014	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer plan (not mul of participating employer informat		-	
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
2 11113 1010		an amended return/report	a short plan year return/report (les	ss than 12 months)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter de	escription)			
Part II	Basis Blan Inf		d to form a city o			
		ormation—enter all requested	information	146	There is all all	
1a Name	•	ROFIT SHARING PLAN		10	Three-digit plan number	
WKW ADVIS	50K1, LLC 401(K) P	ROFII SHARING FLAN			(PN) ▶	001
				10	Effective date of p	
				.0	01/01/2	
2a Plan s	ponsor's name and a	ddress; include room or suite nu	mber (employer, if for a single-employer p	lan) 2b	Employer Identification	ation Number
MRW ADVIS	ORY, LLC	·		,	(EIN) 26-0242	
				2c	Sponsor's telepho	
901 FIFTH A' SEATTLE, W	VENUE, SUITE 3320 /A 98164)		24	206-515-2	
				Zu	Business code (se 523900	e instructions)
3a Plan a	dministrator's name a	and address XSame as Plan Sp	oonsor.	3b	Administrator's Elf	N
		<u> </u>				
		Ц '		0-		
				3c	Administrator's tel	ephone number
				Зс	Administrator's tel	ephone number
				Зс	Administrator's tele	ephone number
				3c	Administrator's tele	ephone number
A Malana	anna an dan FIN af d	L				ephone number
		he plan sponsor has changed sin	nce the last return/report filed for this plan,		Administrator's tele	ephone number
name		L	nce the last return/report filed for this plan,	enter the 4b		ephone number
name, a Sponse	, EIN, and the plan no or's name	he plan sponsor has changed sin umber from the last return/report	nce the last return/report filed for this plan,	enter the 4b	EIN PN	ephone number
a Sponso	, EIN, and the plan noor's name number of participant	he plan sponsor has changed sin umber from the last return/report is at the beginning of the plan yea	nce the last return/report filed for this plan,	enter the 4b 4c	EIN	
a Sponso 5a Total r b Total r	, EIN, and the plan noor's name number of participant number of participant	the plan sponsor has changed sin umber from the last return/report is at the beginning of the plan yea is at the end of the plan year	nce the last return/report filed for this plan,	enter the 4b 4c 5	EIN PN 5a 5b	9
a Sponso 5a Total r b Total r C Numb	, EIN, and the plan no or's name number of participant number of participant er of participants with ete this item)	he plan sponsor has changed sin umber from the last return/report is at the beginning of the plan year a account balances as of the end	ard of the plan year (defined benefit plans do	enter the 4b 4c 5 not 5	EIN PN 5a 5b 5c	9
name, a Sponse 5a Total r b Total r c Numb comple d(1) Total	, EIN, and the plan no or's name number of participant number of participant er of participants with ete this item)	the plan sponsor has changed sin umber from the last return/report. Its at the beginning of the plan year In account balances as of the end	ard of the plan year (defined benefit plans do	enter the 4b 4c	EIN PN 5a 5b 5c (1)	9
name, a Sponso 5a Total r b Total r c Numb comple d(1) Tota d(2) Total	, EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	the plan sponsor has changed sin umber from the last return/report as at the beginning of the plan year account balances as of the end articipants at the beginning of the	ard of the plan year (defined benefit plans do	enter the 4b 4c 5 not 5 5de 5de	EIN PN 5a 5b 5c	9 9
name, a Sponso 5a Total r b Total r c Numb comple d(1) Tota d(2) Total e Numbe	, EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report as at the beginning of the plan year	ard of the plan year (defined benefit plans do	enter the 4b 4c 5 not 5 cond 5d re 4b	EIN PN 5a 5b 5c (1)	9988
name, a Sponse 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th	, EIN, and the plan noor's name number of participant number of participants with ete this item)	he plan sponsor has changed sin umber from the last return/report. Is at the beginning of the plan year In account balances as of the end articipants at the beginning of the participants at the end of the plan terminated employment during the	ard of the plan year (defined benefit plans do	enter the 4b 4c	EIN PN 5a 5b 5c (1) I(2)	9 9 8 8 8 8
name, a Sponse 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A	EIN, and the plan noor's name number of participant number of participants with ete this item)	the plan sponsor has changed sin umber from the last return/report. Its at the beginning of the plan year In account balances as of the end articipants at the beginning of the varticipants at the end of the plan terminated employment during the	ar	enter the 4b 4c	EIN PN 5a 5b 5c (1) 8(2) 5e sestablished. Including, if applicab	9 9 8 8 8 0
name, a Sponse 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena	p. EIN, and the plan nor's name number of participant number of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report. It is at the beginning of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the penalties set forth in the instand signed by an enrolled actuar.	ard of the plan year (defined benefit plans do e plan year	enter the 4b 4c	EIN PN 5a 5b 5c (1) 8(2) 5e sestablished. Including, if applicab	9 9 8 8 8 0
name, a Sponse 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena	, EIN, and the plan nor's name number of participant number of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report. It is at the beginning of the plan year In account balances as of the end	ar	enter the 4b 4c	EIN PN 5a 5b 5c (1) 8(2) 5e sestablished. Including, if applicab	9 9 8 8 8 0
name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Schebelief, it is th	, EIN, and the plan nor's name number of participant number of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report. It is at the beginning of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the penalties set forth in the instand signed by an enrolled actuar.	ar	enter the 4b 4c	EIN PN 5a 5b 5c (1) 8(2) 5e sestablished. Including, if applicab	9 9 8 8 8 0
name, a Sponso 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena SB or Schebelief, it is to	, EIN, and the plan nor's name number of participant number of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report its at the beginning of the plan year is at the end of the plan year account balances as of the end articipants at the beginning of the plan terminated employment during the plan terminated empl	ar	enter the 4b 4c 5 not 5 construction 5 sonable cause is his return/report, and	EIN PN 5a 5b 5c (1) 8(2) 5e sestablished. Including, if applicab	9 8 8 8 0 0 lle, a Schedule nowledge and
name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Schebelief, it is th	p. EIN, and the plan nor's name number of participant number of participant er of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report its at the beginning of the plan year is at the end of the plan year account balances as of the end articipants at the beginning of the plan terminated employment during the plan terminated empl	ar	enter the 4b 4c 5 not 5 construction 5 sonable cause is his return/report, and	EIN PN 5a 5b 6c (1) 8(2) 6e 6 established. Including, if applicable to the best of my kr	9 8 8 8 0 0 lle, a Schedule nowledge and
name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Schebelief, it is to	EIN, and the plan nor's name number of participant number of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report its at the beginning of the plan years at the end of the plan year account balances as of the end articipants at the beginning of the plan terminated employment during the plan terminated employ	ar	enter the 4b 4c 5 not 5 mot 5 sonable cause is his return/report, and me of individual signal and the solution of the solution	EIN PN 5a 5b 6c (1) 8(2) 6e 6 established. Including, if applicab to the best of my kr gning as plan admin	9 8 8 8 0 lle, a Schedule nowledge and
name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Schebelief, it is total SIGN HERE	, EIN, and the plan nor's name number of participant number of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report as at the beginning of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the cor incomplete filling of this return as and signed by an enrolled actuar inplete. In administrator	ar	enter the 4b 4c 55 not 5 sonable cause is his return/report, in return/report, and me of individual signer of indi	EIN PN 5a 5b 6c (1) 8(2) 6e 8 established. ncluding, if applicab to the best of my kr gning as plan admir	9 8 8 8 8 0 lle, a Schedule nowledge and nistrator
name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Schebelief, it is total SIGN HERE	, EIN, and the plan nor's name number of participant number of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report as at the beginning of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the cor incomplete filling of this return as and signed by an enrolled actuar inplete. In administrator	ar	enter the 4b 4c 55 not 5 sonable cause is his return/report, in return/report, and me of individual signer of indi	EIN PN 5a 5b 6c (1) 8(2) 6e 6 established. Including, if applicab to the best of my kr gning as plan admin	9 8 8 8 8 0 lle, a Schedule nowledge and nistrator
name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Schebelief, it is total SIGN HERE	, EIN, and the plan nor's name number of participant number of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report as at the beginning of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the cor incomplete filling of this return as and signed by an enrolled actuar inplete. In administrator	ar	enter the 4b 4c 55 not 5 sonable cause is his return/report, in return/report, and me of individual signer of indi	EIN PN 5a 5b 6c (1) 8(2) 6e 8 established. ncluding, if applicab to the best of my kr gning as plan admir	9 8 8 8 8 0 lle, a Schedule nowledge and nistrator
name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Schebelief, it is total SIGN HERE	, EIN, and the plan nor's name number of participant number of participants with ete this item)	the plan sponsor has changed sinumber from the last return/report as at the beginning of the plan year In account balances as of the end articipants at the beginning of the plan terminated employment during the cor incomplete filling of this return as and signed by an enrolled actuar inplete. In administrator	ar	enter the 4b 4c 55 not 5 sonable cause is his return/report, in return/report, and me of individual signer of indi	EIN PN 5a 5b 6c (1) 8(2) 6e 8 established. ncluding, if applicab to the best of my kr gning as plan admir	9 8 8 8 8 0 lle, a Schedule nowledge and nistrator

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a sec	an independe and condition	ent qualified public accountans.)	nt (IQ	PA)				ш П	es [No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .	[Yes	No		lot de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Eı	nd of			
<u>a</u>	Total plan assets	. 7a	11933	32					140	4252	-
	Total plan liabilities	. 7b	44000	200	_				4.40	4050	
	Net plan assets (subtract line 7b from line 7a)	. 7с	11933	32	-					4252	-
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tot	al		
	(1) Employers	. 8a(1)	544	00							
	(2) Participants	. 8a(2)	1064	100							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b	501	20							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							21	0920)
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
1	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
	Other expenses										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								C)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							21	0920)
j	Transfers to (from) the plan (see instructions)	· 8j									
b	If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Coc	les in t	he instru	uctior	s:		
10	During the plan year:				Yes	No		A	moun	t	
а	Was there a failure to transmit to the plan any participant contribu					.,					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	•	<u> </u>	10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					11	19333
d											
e	or dishonesty?	her persons b of the benefi	by an insurance carrier, ts under the plan? (See	10d		X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla			10f		X					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		,	10g		Χ					
n	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i		X					
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es)	X No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedule	e SB (Form 5500) line 39			11a		,			
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?		Y	es)	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			41				- £ · · ·	la.		
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and 6 	enter ti Day			letter ear _	ruiin	y

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
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)			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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

2014

This Form is Open to

Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number MRW Advisory, LLC 401(k) Profit Sharing Plan 001 (PN) > 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number MRW Advisory, LLC (EIN) 26-0242071 2c Sponsor's telephone number (206) 515-2381 901 Fifth Avenue, Suite 3320 2d Business code (see instructions) 523900 Seattle, WA 98164 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 9 **b** Total number of participants at the end of the plan year..... 5b 9 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 8 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 8 d(2) Total number of active participants at the end of the plan year..... 5d(2) 8 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e 0 less than 100% vested..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct and complete. Ron Maus SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

v. 140124

Form 5500-SF 2014 Page **2**

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	ent qualified public accountans.)	nt (IC	PA) Form	5500.		X Yes N X Yes N Not determined
Par		F	y	/-		,	Ц Ц	Trot dotornimod
_	Plan Assets and Liabilities	F(0, 45, 15)	(a) Beginning of Yea		T	-	(b) End o	of Voor
-	Total plan assets	7a	119333		+	-	(b) End C	1404252
-	Total plan liabilities	7b		=	+			110 1202
_	Net plan assets (subtract line 7b from line 7a)	7c	119333	2	\top			1404252
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b) To	
	Contributions received or receivable from:		(a) Alloune			71	(8) 10	
	(1) Employers	8a(1)	5440	0				
	(2) Participants	8a(2)	10640	0				
y-	(3) Others (including rollovers)	8a(3)		0				
b_	Other income (loss)	8b	5012	0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						210920
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	i	0				
	Certain deemed and/or corrective distributions (see instructions)	8e		0	- 1			
	Administrative service providers (salaries, fees, commissions)	8f		0				
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			3			0
	Net income (loss) (subtract line 8h from line 8c)	8i						210920
	Transfers to (from) the plan (see instructions)	8i				LET (A. C.	210020
Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan pro	eature codes	from the List of Plan Charac	cterist	ic Cod	les in th	ne instructio	ns:
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 Fidu			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			11933
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 benefit	ts under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the plan					×		
				10f				
g h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		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 n	otice or one of the	10h 10i		Х		
Part								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	s," see instructions and com	plete	Sched	lule SB	(Form	Yes X N
11a	Enter the unpaid minimum required contribution for current year fr				$\neg \neg$	11a		
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes X N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized	in this plan year, see instruc		and e	nter th		e letter ruling Year

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Scheo	dule MB (Form 5500), and skip to line 13	10.7				
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for the	nis plan year	DANSON CONTRACTOR ACTOR	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Er negative amount)	nter the result (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 Asset	s					
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?		\prod	Yes X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the	ne employer this year		13a			
b	Were all the plan assets distributed to participants or beneficial of the PBGC?	ries, transferred to another plan, or brought	under the	control		Ye	s X No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		•				
14a	Name of trust			14b ⊤	rust's EIN		