## 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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

	Annual Repor								
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12/3	31/2014				
A This ret	turn/report is for:	a single-employer plan		ver plan (not multiemployer) ( mployer information in accord	_				
		a one-participant plan	a foreign plan			,			
<b>B</b> This retu	urn/report is	the first return/report	the final return/rep	oort					
	a,	return/report (less than 12 mo	months)						
		an amended return/report		otali, roport (1000 tilali 12 ili					
C Check I	box if filing under:	Form 5558	automatic extens	ion	DFVC pi	rogram			
		special extension (enter des	cription)						
Part II	Rasic Blan Inf	ormation—enter all requested i	nformation						
		offilation—enter all requested i	HIOHIAUOH		<b>1b</b> Three-digit				
1a Name of plan EDGEWATER CONSULTING GROUP, LLC 401(K) PROFIT SHARING PLAN					plan numbe				
					(PN) ▶	001			
					1c Effective da	ate of plan 01/01/2012			
2a Plan sp EDGEWATE	ponsor's name and a	ddress; include room or suite num	ber (employer, if for a si	ngle-employer plan)	, ,	dentification Number			
		,			(=)				
37459 18TH	AVENUE SOUTH				<b>2c</b> Sponsor's telephone number 253-835-7341				
	'AY, WA 98003				2d Business code (see instructions)				
					541990				
<b>3a</b> Plan a	dministrator's name	and address XSame as Plan Spo	nsor.		<b>3b</b> Administrat	or's EIN			
					<b>3c</b> Administrat	or's telephone number			
						,			
		ne plan sponsor has changed sinc	e the last return/report fil	led for this plan, enter the	4b EIN				
name		ne plan sponsor has changed sincumber from the last return/report.	e the last return/report fil	led for this plan, enter the	4b EIN 4c PN				
name, <b>a</b> Spons	, EIN, and the plan n or's name			·		15			
a Sponso	, EIN, and the plan n or's name number of participan	umber from the last return/report.			4c PN	15 15			
a Sponso 5a Total r b Total r	, EIN, and the plan n or's name number of participant number of participant	s at the beginning of the plan years at the end of the plan year			4c PN 5a 5b	15			
a Sponso  5a Total r  b Total r  C Numb comple	, EIN, and the plan nor's name number of participant number of participant er of participants witl ete this item)	umber from the last return/report.  s at the beginning of the plan year s at the end of the plan year n account balances as of the end of	of the plan year (defined	benefit plans do not	4c PN 5a 5b 5c				
a Sponso  5a Total r  b Total r  C Numb comple	, EIN, and the plan nor's name number of participant number of participant er of participants witl ete this item)	umber from the last return/report.  s at the beginning of the plan year s at the end of the plan year n account balances as of the end of	of the plan year (defined	benefit plans do not	4c PN 5a 5b	15			
a Sponse  5a Total r  b Total r  c Numb comple  d(1) Total	, EIN, and the plan nor's name number of participant number of participant er of participants with ete this item)	umber from the last return/report.  s at the beginning of the plan year s at the end of the plan year n account balances as of the end of	of the plan year (defined	benefit plans do not	4c PN 5a 5b 5c	15 15			
name, a Sponso 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe	EIN, and the plan nor's name number of participant number of participant er of participants with ete this item)	umber from the last return/report.  Is at the beginning of the plan year at the end of the plan year  In account balances as of the end of the plan year articipants at the beginning of the larticipants at the end of the plan year terminated employment during the	of the plan year (defined plan yeare	benefit plans do not	4c PN 5a 5b 5c 5d(1)	15 15 15			
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 nor's name number of participant er of participants with ete this item) al number of active p al number of active p er of participants that an 100% vested	s at the beginning of the plan years at the end of the plan year	of the plan year (defined plan year	benefit plans do not benefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	15 15 18 18			
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 nor's name number of participant er of participants with ete this item) al number of active p al number of active p er of participants that an 100% vested a penalty for the late alties of perjury and o	s at the beginning of the plan year at the end of the plan year	plan year (defined plan yeareareaplan year with accrued plan year will be asses uctions, I declare that I h	benefit plans do not  benefits that were  sed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established out, including, if a	15 15 18 18 18 18			
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 SB or Sche	p. EIN, and the plan nor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year at the end of the plan year	plan year (defined plan yeareareaplan year with accrued plan year will be asses uctions, I declare that I h	benefit plans do not  benefits that were  sed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established out, including, if a	15 15 18 18 18 18			
name, a Sponso 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th  Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nor's name number of participant number of participant er of participants witl ete this item) al number of active p al number of active p er of participants that an 100% vested A penalty for the late alties of perjury and of edule MB completed true, correct, and cor	s at the beginning of the plan year at the end of the plan year	plan year (defined plan yeareareaplan year with accrued plan year will be asses uctions, I declare that I h	benefit plans do not  benefits that were  sed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established out, including, if a	15 15 18 18 18 18			
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 SB or Sche	p. EIN, and the plan nor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year at the end of the plan year	plan year (defined plan yeareare plan year with accrued plan year will be asses uctions, I declare that I has well as the electronic	benefit plans do not  benefits that were  sed unless reasonable cau have examined this return/report,	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ont, including, if a part of the best of the second of	15 15 15 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19			
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 Sche belief, it is to	EIN, and the plan nor's name number of participant number of participant er of participants witl ete this item) al number of active p al number of active p er of participants that an 100% vested A penalty for the late alties of perjury and of edule MB completed true, correct, and cor	s at the beginning of the plan year at the end of the plan year	plan year (defined plan yeareareaplan year with accrued plan year will be asses uctions, I declare that I h	benefit plans do not  benefits that were  sed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ont, including, if a part of the best of the second of	15 15 15 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19			
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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 sign HERE	p. EIN, and the plan nor's name number of participant number of participant er of participants with the et this item)	s at the beginning of the plan year is at the end of the plan year	plan year (defined plan year with accrued plan year with accrued plan year will be assessuctions, I declare that I has well as the electronic plate	benefit plans do not  benefits that were  sed unless reasonable causave examined this return/report,  c version of this return/report,  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established out, including, if a a, and to the best of a gradual signing as planual signing as emplanual signing as empl	15 15 15 15 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19			
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 sign HERE	p. EIN, and the plan nor's name number of participant number of participant er of participants with the et this item)	s at the beginning of the plan year at the end of the plan year	plan year (defined plan year with accrued plan year with accrued plan year will be assessuctions, I declare that I has well as the electronic plate	benefit plans do not  benefits that were  sed unless reasonable causave examined this return/report,  c version of this return/report,  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established out, including, if a a, and to the best of a gradual signing as planual signing as emplanual signing as empl	15 15 15 15 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19			
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 sign HERE	p. EIN, and the plan nor's name number of participant number of participant er of participants with the et this item)	s at the beginning of the plan year at the end of the plan year	plan year (defined plan year with accrued plan year with accrued plan year will be assessuctions, I declare that I has well as the electronic plate	benefit plans do not  benefits that were  sed unless reasonable causave examined this return/report,  c version of this return/report,  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established out, including, if a a, and to the best of a gradual signing as planual signing as emplanual signing as empl	15 15 15 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18			

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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 independ and conditio	ent qualified public accounta	nt (IQ	PA)					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		Not de	termi	ned
Par	t III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd o	Year		
	Total plan assets	. 7a	472						6	8131	
	Total plan liabilities	. 7b	472	0					6	0 8131	
	Net plan assets (subtract line 7b from line 7a)	. 7c		.23	-					0131	—
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(1	b) To	tai		
	(1) Employers	. 8a(1)	452	236							
	(2) Participants	. 8a(2)	53	318							
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)		34	99							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							5	4053	1
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	317	93							
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	13	352							
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							3	3145	j
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							2	0908	}
j	Transfers to (from) the plan (see instructions)	· 8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare f  V Compliance Questions	eature codes	s from the List of Plan Charac	cterist	ic Cod	des in t	the instr	uctio	ns:		
10	During the plan year:				Yes	No		Α	mour	ıt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ					
С	Was the plan covered by a fidelity bond?			10c	X					5	50000
d	or dishonesty?	·······		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 instructions.)	of the benef	its under the plan? (See	10e	X						1352
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 a	as of year en	d.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided t 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)								Y	es >	× No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedul	e SB (Form 5500) line 39			11a		- 1			
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA	?	Y	es >	× No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							-1::	. 1. 0	11	
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and e	enter tl Dav			e letter ′ear	rulin	g

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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)	<b>13c(3)</b> 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

Part I

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For	calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/201	.4
	This return/report is for: This return/report is:	a single-employer plan  a one-participant plan the first return/report  an amended return/report	of participating employe a foreign plan the final return/report	n (not multiemployer) (Fil er information in accordar /report (less than 12 mon	ice with the fori	
С	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		☐ DFVC p	rogram
	art II Basic Plan Inf	formation enter all requested	f information			111
	Name of plan	ing Group, Llc 401(k) P			Three-digit plan numb (PN) ►  C Effective d 01/01/2	er 001. ate of plan
2a	Plan sponsor's name and Edgewater Consult:	-	nber (employer, if for a single-c		2b Employer I (EIN) 26 2c Sponsor's (253) 8 2d Business c	dentification Number -3944884 telephone number
3a	US Federal Way WA 9800 Plan administrator's name	and address X Same as Plan S	ponsor Name		541990  3b Administra  3c Administra	tor's EIN tor's telephone питрег
4		the plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed for	this plan, enter the	4b EIN	
_a	Sponsor's name				1c PN	
5a	Total number of participan	ts at the beginning of the plan year	***************************************		5a	15
þ	, ,	ts at the end of the plan year		<u>-</u>	5b	15
С	complete this item)	h account balances as of the end o		***************************************	5c	15
d(	<ol><li>Total number of active p</li></ol>	articipants at the beginning of the p	olan year		5d(1)	15
d(	(2) Total number of active p	articipants at the end of the plan ye	ear		5d(2)	15
е		it terminated employment during the			5e	0
Ur SE	nder penalties of perjury and	te or incomplete filing of this retu other penalties set forth in the instit I and signed by an enrolled actuary omplete.	ructions, I declare that I have to, as well as the electronic vers	examined this return/repo	rt, including, if	applicable, a Schedule
S	IGN Kolnit	Hoshin	6/22/15	ROBERT HOSKINS		
P	ERE Signature of plan ac	Iministrator	1 4 1	Enter name of individual s	igning as plan	administrator
	IGN Yout	Nosh	6/22/15 1	ROBERT HOSKINS		

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

HERE Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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6a '	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
	re you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						
	inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
	f you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must instead i				
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 402	1)? .	[	Yes	No Not determined
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
а	Total plan assets	7a	47,22	23	ļ		68,131
<u>b</u>	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7c	47,22	3	<u> </u>		68,131
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		MOTORIS	BRIGORIO	(b) Total
_	[1] Employers	8a(1)	45,23	36			
	(2) Participants	8a(2)	5,31	.8			
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	3,49	9			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				CIACSASSIA	54,053
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	31,79	3			
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	1,35	52			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		////	Š		33,145
i	Net income (loss) (subtract line 8h from line 8c)	8i					20,908
250000000	Transfers to (from) the plan (see instructions)	8j					
lasa: lassyca.	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charact	teristi	c Code	es in ti	he instructions:
_	2E 2G 2J 2T 3D						
р	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Codes	s in the	e instructions:
Pa	TW Compliance Questions						<u> </u>
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 Fiduc			10a		x	
þ	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x	
C	Was the plan covered by a fidelity bond?			10c	х		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		· ·	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier,				<u> </u>
	insurance service, or other organization that provides some or all		•	40-	х		1,352
	instructions.)			10e			1,302
	Has the plan failed to provide any benefit when due under the plan			10f		Х	
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	<del></del>		10g		х	
h 	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		x	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Par	YVI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
118	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or sec	tion 3	02 of 1	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						<u>.</u>
a 	If a waiver of the minimum funding standard for a prior year is beligranting the waiver	ng amortiz	ed in this plan year, see instruct	tions, nth	and e	nter th	ne date of the letter ruling y Year

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	500), and skip to line 13.	, , , , , , , , , , , , , , , , , , ,	
<b>b</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 (en	· ·	12d	
<b>c</b> Will the minimum funding amount reported on line 12d be met by the funding d	eadline?	🗀 🗅	/es □ 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?		☐ 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 of the PBGC?			☐ Yes 🗷 No
C If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	o another plan(s), identify the plan(s)	to	
13c(1) Name of plan(s):	13	<b>c(2)</b> EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			
14a Name of trust		1 <b>4b</b> Tru	st's EIN