Part II         Department of Labor         2014           This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act 01574 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act 01574 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act 01574 (ERISA), and sections 6057(b) and 6058(a) of the Internal Income Security Act 01574 (ERISA), and sections 50 the Form 5500-SF.         This form is togen to Public Inspection           Part II         Annual Report Identification Information         and ending         12/31/2014         This form is togen to Public Inspection           Part II         Annual Report Identification Information         and ending         12/31/2014         Image:		m 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan			oyee	OMB Nos. 1210-0110 1210-0089			
Dispetie beefs beefs beefs beefs beefs         This Form is open to Public Part John States         This Form is open to Public Part John States           Part L         Annual Report Identification Information         Complete all antries in accordance with the instructions to the Form 5500-SF.         This Form is open to Public Part John States           For calendar plan year beginning 0.001/2014         and undirg         1/201/2014         and undirg         1/201/2014           A This return/report is for:         a one-participant plan         a torraign plan         a torraign plan         a torraign plan           B This return/report is         a one-participant plan         a torraign plan         in form store one with the form instructions)           C Check box if filing under:         Porm 5558         automatic extension         DFVC program           a special extension (enter description)         Part II         Basic Plan Information—enter all requested information         1         The report edition (MIL2003)           2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         2b Employer Identification Number (EMP on States)         2b Employer Identification Number (EMP on States)           3a Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan)         3b Administrator's telephone number (EMP on States)         2b EMP on Coll 201/201/201/201/201/201/201/201/201/201/			This form is required to be filed under				2014			
Part L Annual Report Learning during the provide set of the plan spansor between the set of the plan	Employee Benefits Security Administration Revenue Code (the Code).					Internal	-			
For calendar plan year 2014 or lise at plan year beginning       0.01/2014       and ending       122/14/14/14/14/14/14/14/14/14/14/14/14/14/	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5						r ubic inspection			
A This return/report is for: <ul> <li>a smalple-employer plan ( or multiserployer) (Files checking this box must attach a lite of participating employer information in accordance with the form instructions) is a toreign plan a fine final return/report (less than 12 months)</li> <li>C Check box if filing under:</li> <li>Form 558 ( automatic extension )</li> <li>DFVC program ( point extension )</li> <li>DFVC program (</li></ul>					and anding 10/	24/2044				
A This return/report is for:       a one-participant plan       of participant gengloyer information in accordance with the Torm instructions)         B This return/report is       a one-participant plan       a foreign plan         B This return/report is       a one-participant plan       a foreign plan         C Check box if filing under:       Form 5558       a subort plan year return/report         Second Extension (enter description)       DFVC program         Part II       Basic Plan Information—enter all requested information         1a Name of plan       An PARTY RENTALS 401(K) PLAN         AA PARTY RENTALS 401(K) PLAN       1b Three-digit plan paperois name and address; include room or suite number (employer, if for a single-employer plan)         AA PARTY RENTALS       22 Employer Identification Number (PN) × 1001/2003         AD Part II.       Basic Plan Johnson on a suite number (employer, if for a single-employer plan)         AAN PARTY RENTALS       22 Employer Identification Number (PN) × 1001/2003         23 Plan administrator's name and address       ISame as Plan Sponsor.         34 If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report.       3b Administrator's telephone number (SG)         55 Total number of participants at the beginning of the plan year.       5b       5c         C Number of participants at the beginnin	For calenda	ar plan year 2014 of fis			6		alving this hav must attach a list			
• Ottoor box himing under.			of a one-participant plan a the the first return/report the	of participating employer information in accordance with the form instructions)         a one-participant plan         the first return/report         X         the final return/report						
Part III       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (PN) = 001         1C       Effective date of plan only (PN) = 001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) (PN) = 001       1c         ANNEXE RENTS, INC.       2b Employer Identification Number (EN) 91-0831263       2c         AMANEXE RENTS, INC.       2c       Sponsor's telephone number (2c) 40-6847         OUNT LAKE TERRACE, WA 98043       2c       Sponsor's telephone number 42c-640-8647         2d       Business code (see instructons) s32280       532280         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number 42c-640-8647         2d       Business code (see instructons) s32280       Signame as Plan Sponsor.       3c         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number 42c-640-8647         2d       Business code (see instructons) s32280       Signame as Plan Sponsor.       3c         3b Administrator's telephone number 42c-640-8647       Signame as Plan Sponsor.       3c         3c       Administrator's telephone number 42c-640-8647       Signame as Plan Sponsor.       3c         3c       Administrator's telephone number 42c-640-8647       S	C Check b	box if filing under:	X Form 5558	tomatic extension	on DFVC program					
1a Name of plan       1b Three-digit plan number (PN) ▶       001         1c Effective date of plan (PN) ▶       001       1c Effective date of plan (PN) ▶         1a Names entrins. Inc.       001       1c Effective date of plan (PN) ▶         ANNEXE KENTS. INC.       2b Employer Identification Number (EN) 91-0831283         AANNEXE KENTS. INC.       2c Sponsor's telephone number (A25-640-5647         2d Plan administrator's name and address @Barne as Plan Sponsor.       3b Administrator's telephone number (A25-640-5647         3a Plan administrator's name and address @Barne as Plan Sponsor.       3b Administrator's telephone number (A25-640-5647         3c Administrator's name and address @Barne as Plan Sponsor.       3b Administrator's telephone number (A25-640-5647         3c Administrator's name and address @Barne as Plan Sponsor.       3b Administrator's telephone number (A25-640-5647         3c Administrator's name and address @Barne as Plan Sponsor.       3b Administrator's telephone number (A25-640-5647         3c Administrator's telephone number (A25-640-5647       3c Administrator's telephone number (A25-640-5647         3c Administrator's telephone number (A25-640-5647       3c Administrator's telephone number (A25-640-5647         3c Administrator's telephone number (A25-640-5647       3c Administrator's telephone number (A25-640-5647         3c Names efficient the address as of the end of the plan year.       5a / 5b / 5c			special extension (enter description)	special extension (enter description)						
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2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         AANNEX RENTS, INC.       2b       Employer identification Number (EUN)         AANNEX RENTS, INC.       2c       Sponsor's talephone number         4404 216TH STREET SW       2c       Sponsor's talephone number         900UNT LAKE TERRACE, WA 98043       2c       Sponsor's talephone number         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         5a       5a       5a       5a       5a         5a Total number of participants at the beginning of the plan year       5a       5b       5c         5a       5b       5c       5c       5c       5c         5a total number of participants at the end of the plan year.       5c       5c       5c       5c         61(1)       5d(2)       5e       5c       5c       5c       5c       5c       5c       5c	1a Name of plan					pla (Pl	n number N) ► 001			
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640 216TH STREET SW MOUNT LAKE TERRACE, WA 99043       2C Sponsor's telephone number 425-640-5547         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number name, EIN, and the plan number from the last return/report.       4b EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants at the ed of the plan year.       5b         c Number of participants at the beginning of the plan year.       5d(1)         d(1) Total number of active participants at the ed of the plan year.       5d(2)         e Number of participants at the ed of the plan year.       5d(2)         c Number of participants at the ed of the plan year.       5d(2)         d(2) Total number of active participants at the ed of the plan year.       5d(2)         c Rumber of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5d(2)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of prijury and other	AANNEX RE	NTS, INC.	dress; include room or suite number (emp	loyer, if for a single-	employer plan)					
MOUNT LAKE TERRACE, WA 98043       Zd Business code (see instructions) 532290         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report.       4b EIN         3 Total number of participants at the beginning of the plan year.       5a         5 Total number of participants at the end of the plan year.       5b         c Number of participants at the end of the plan year.       5d(1)         d(1) Total number of active participants at the beginning of the plan year.       5d(2)         e Number of active participants at the end of the plan year.       5d(2)         e Number of active participants at the end of the plan year with accrued benefits that were       5e         Inder participants that terminated employment during the plan year with accrued benefits that were       5d(2)         e Number of participants that terminated employment during the plan year well as the electronic version of this return/report, including, if applicable, a Schedule BS or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule BS or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule BS or Schedule MB completed						2c Sp				
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5a       Total number of participants at the beginning of the plan year       5a         b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         d(1)       Total number of active participants at the beginning of the plan year       5d(1)         d(2)       Total number of active participants at the end of the plan year       5d(2)         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of 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.         Sign       Filed with authorized/valid electronic signature.       10/15/2015       NANCY SHAW         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor					<b>4b</b> EIN					
b       Total number of participants at the end of the plan year.       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         d(1)       Total number of active participants at the beginning of the plan year.       5d(1)         d(2)       Total number of active participants at the end of the plan year.       5d(2)         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e         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.         SIGN       Filed with authorized/valid electronic signature.       10/15/2015       NANCY SHAW         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor										
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complete this item)       3C         d(1) Total number of active participants at the beginning of the plan year.       5d(1)         d(2) Total number of active participants at the end of the plan year.       5d(2)         e Number of participants that terminated employment during the plan year with accrued benefits that were       5e         e Number of participants that terminated employment during the plan year with accrued benefits that were       5e         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.         SIGN       Filed with authorized/valid electronic signature.       10/15/2015       NANCY SHAW         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor						5b	0			
d(2) Total number of active participants at the end of the plan year						5c	0			
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less than 100% vested	d(2) Total number of active participants at the end of the plan year				5d(2)	0				
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.         SIGN HERE       Filed with authorized/valid electronic signature.       10/15/2015       NANCY SHAW         SIGN HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor				5e	0					
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.          SIGN       Filed with authorized/valid electronic signature.       10/15/2015       NANCY SHAW         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor						se is est	ablished.			
SIGN HERE         Filed with authorized/valid electronic signature.         10/15/2015         NANCY SHAW           Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	Under pena SB or Sche	alties of perjury and oth dule MB completed an	ner penalties set forth in the instructions, I ad signed by an enrolled actuary, as well a	declare that I have e	examined this return/rep	ort, inclu	ding, if applicable, a Schedule			
HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor				10/15/2015	NANCY SHAW					
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor		Signature of plan ad	dministrator	Date	Enter name of individual signing as plan administrator					
Signature of employer/plan sponsor Date 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	HERE	Signature of employ	ployer/plan sponsor Date Enter name of individ				dual signing as employer or plan sponsor			
	Preparer's	name (including firm n	ame, if applicable) and address (include r	oom or suite number	r ) (optional)	Prepare	's telephone number (optional)			

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	<b>b</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.)									
	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.									
С	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	t III Financial Information		<b>J</b>	,		1				
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	Т		(b) End of Year			
a	Total plan assets	7a	(a) Beginning of Tea 11091							
	Total plan liabilities	7u 7b	6	619			0			
	Net plan assets (subtract line 7b from line 7a)	70 70	11085	525			0			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
-	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	119	940						
	(3) Others (including rollovers)	8a(3)			_					
b	Other income (loss)	8b	171	57						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					29097			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11376	622						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1137622			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-1108525			
j	Transfers to (from) the plan (see instructions)	8i								
-	t IV Plan Characteristics	0)								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:			
	2E 2F 2G 2J 2K 3D 2T									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in tl	he instructions:			
Daw	V Compliance Orestians									
Part					Vac	Na	• •			
10	During the plan year:	tiono withi	a the time period described in		Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contribut 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	C Was the plan covered by a fidelity bond?				Х		111000			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					X				
	or dishonesty?			10d		Х				
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See										
	instructions.)			10e	Х		1030			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						0			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				10g		х				
2520.101-3.)			10h		^					
i	exceptions to providing the notice applied under 29 CFR 2520.101-3									
Part	Part VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes       No									
<u>11a</u>	1a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a									
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling									

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
<b>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						
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	a 	12d						
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s	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?		XY	res 🗌	No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					X Yes	No		
C 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.)								
13c(1) Name of plan(s):	13	13c(2) EIN(s)			<b>13c(3)</b> PN(s)			
Part VIII Trust Information (optional)				I				
14a Name of trust			14b Trust's EIN					