## 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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	port identification informatio				
For calendar plan year 201	4 or fiscal plan year beginning 07/01/	2014	and ending 00	6/30/2015	
<b>A</b> This return/report is for:	∡ a single-employer plan		er plan (not multiemployer) nployer information in acco		
	a one-participant plan	a foreign plan			
<b>B</b> This return/report is	the first return/report	the final return/rep	ort		
	an amended return/report	a short plan year r	eturn/report (less than 12 n	nonths)	
C Check box if filing under	_	automatic extensi	on	DFVC prog	gram
	special extension (enter des	· '			
	Information—enter all requested i	nformation			
<b>1a</b> Name of plan POTATO GROWERS OF W.	A, INC. 401(K) PLAN			<b>1b</b> Three-digit plan number (PN) ▶	001
				1c Effective date	e of plan /01/2007
<b>2a</b> Plan sponsor's name a POTATO GROWERS OF WA	nd address; include room or suite num SHINGTON, INC.	ber (employer, if for a sir	ngle-employer plan)	2b Employer Ide (EIN) 91-	ntification Number
1030 N. CENTER PARKWAY	′, STE 311			<b>2c</b> Sponsor's tel	ephone number 488-6688
KENNEWICK, WA 99336					e (see instructions) 5110
3a Plan administrator's na	me and address XSame as Plan Spo	nsor.		<b>3b</b> Administrator	's EIN
4 If the name and/or EIN	of the plan sponsor has changed sinc	e the last return/report fil	ed for this plan, enter the	4b EIN	
	an number from the last return/report.	J 11.0 1401 1014111110port 11.	ou los uno plan, emer une	4c PN	
5a Total number of partici	pants at the beginning of the plan year			. 5a	1
<b>b</b> Total number of partici	pants at the end of the plan year			. 5b	1
<b>c</b> Number of participants complete this item)	with account balances as of the end o	of the plan year (defined	•	. 5c	1
d(1) Total number of acti	ve participants at the beginning of the	plan year		5d(1)	1
d(2) Total number of acti	ive participants at the end of the plan y	ear		5d(2)	1
	that terminated employment during the	. ,		5e	(
Under penalties of perjury a	e late or incomplete filing of this retu and other penalties set forth in the instr sted and signed by an enrolled actuary, d complete.	uctions, I declare that I h	ave examined this return/re	eport, including, if app	
0.0.1	rized/valid electronic signature.				
HERE Signature of p	olan administrator	Date	Enter name of indivi	dual signing as plan a	administrator
SIGN					
HERE					
Signature of e	employer/plan sponsor firm name, if applicable) and address	Date		dual signing as emplo	oyer or plan sponsor ne number (optional)

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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 independe and condition	ent qualified public accounta	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		Not de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd o	Year		
a	Total plan assets	. 7a	5160	007					57	4639	1
b	Total plan liabilities	. 7b									
	Net plan assets (subtract line 7b from line 7a)	. 7c	5160	007					57	<b>'463</b> 9	1
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				<u>(</u>	o) To	tal		
	Contributions received or receivable from: (1) Employers	. 8a(1)	180	000							
	(2) Participants		225	00							
	(3) Others (including rollovers)			0							
b	Other income (loss)	. 8b	189	)41							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							Ę	9441	
	Benefits paid (including direct rollovers and insurance premiums	ا ا		0							
	to provide benefits)	. 8d . 8e		0							
	Administrative service providers (salaries, fees, commissions)		8	809							
	Other expenses										
	Total expenses (add lines 8d, 8e, 8f, and 8g)									809	)
	Net income (loss) (subtract line 8h from line 8c)								Ę	8632	)
	Transfers to (from) the plan (see instructions)	. 8i									
Par	t IV Plan Characteristics										
Part	If the plan provides welfare benefits, enter the applicable welfare f  V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	les in t	he instr	uctio	ns:		
10	During the plan year:				Yes	No		Α	mour	nt	
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		X					
С	Was the plan covered by a fidelity bond?				X					6	60000
d	· · · · · · · · · · · · · · · · · · ·			10c	^					•	10000
	or dishonesty?			10d		X					
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 benefi	ts under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
h	If this is an individual account plan, was there a blackout period?		,	iug							
	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								-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es )	× No
<u>11a</u>	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 >	× No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		•	41				-6.11	. la e		
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and e	enter ti Day			e lette ′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

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection** 

Part I			_		500-SF.					
		Identification Information scal plan year beginning 07/01	1/2014	and ending	06/30/2015					
_ ror calenda	ar plan year 2014 or ii					1 1 1 1				
A This ret	urn/report is for:		of participating employ	an (not multiemployer) ver information in accor		s box must attach a list n instructions)				
		a one-participant plan	a foreign plan							
B This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	/report (less than 12 m	months)					
C Chack I	box if filing under:	Form 5558	automatic extension		☐ DFVC pro	ogram				
CHECK	oox ii iiiiiig urioer.	special extension (enter desc								
D=+4 II	Paris Dian Info									
Part II		rmation—enter all requested in	nformation		1 db Thank diale					
1a Name	The state of the s	Dian			1b Three-digit plan numbe	ir .				
Potato Grow	vers of WA, Inc. 401(k	Plan			(PN) Þ	001				
					1c Effective da	ite of plan				
0					01/01/2007					
The second of th	ponsor's name and ad ers of Washington, In	ldress; include room or suite numb c.	ber (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-1477218					
					Total 12:5	elephone number				
1030 N. Cer	nter Parkway, Ste 311				(509) 488-6688					
Kennewick.	WA 99336				2d Business code (see instructions) 115110					
	Contract Con	nd address X Same as Plan Spon	nsor.		3b Administrator's EIN					
		_								
					3c Administrator's telephone number					
4 If the r	name and/or FIN of the				<del> </del>					
		a plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4h FIN					
name	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed for	or this plan, enter the	4b EIN					
	, EIN, and the plan nu or's name		e the last return/report filed fo	or this plan, enter the	4c PN					
a Spons	or's name		*	* *	4c PN	1				
a Spons	or's name number of participants	mber from the last return/report.			4c PN 5a	1				
a Spons 5a Total r b Total r c Numb	or's name number of participants number of participants er of participants with	at the beginning of the plan year at the end of the plan year	f the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c					
a Spons 5a Total r b Total r c Numb comple	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year.	f the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	1				
a Spons  5a Total r  b Total r  c Numb comple d(1) Total	or's name number of participants number of participants er of participants with ete this item) al number of active pa	at the beginning of the plan year at the end of the plan year	f the plan year (defined bene plan year	fit plans do not	4c PN 5a 5b 5c	1				
a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe	or's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa er of participants that to	at the beginning of the plan year at the end of the plan year	f the plan year (defined bene plan yearearearplan year with accrued bene	fit plans do not	4c PN 5a 5b 5c 5d(1)	1 1 1				
a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less th	or's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa er of participants that to an 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the beginning of the participants at the end of the plan year minated employment during the	f the plan year (defined bene plan year earplan year with accrued bene	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	1 1 1 1 0				
a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A	or's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa er of participants that to an 100% vested	at the beginning of the plan year at the end of the plan year	f the plan year (defined bene plan year plan year with accrued bene rn/report will be assessed	fit plans do not fits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	1 1 1 1 0				
a Sponsi 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pens SB or Sche	or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year accounts at the beginning of the pricipants at the end of the plan year minated employment during the cor incomplete filing of this return her penalties set forth in the instrument signed by an enrolled actuary,	f the plan year (defined bene plan year plan year with accrued bene profreport will be assessed actions, I declare that I have	fit plans do not  fits that were  unless reasonable care examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ag	1 1 1 1 0 Indicable, a Schedule				
a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is i	number of participants or of participants or of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of tricipants at the beginning of the participants at the beginning of the participants at the end of the plan yearminated employment during the cor incomplete filing of this returned signed by an enrolled actuary, pleter	f the plan year (defined beneated by the plan year with accrued beneated beneated by the plan year will be assessed uctions, I declare that I have as well as the electronic ver	fit plans do not  fits that were  unless reasonable cal examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ag	1 1 1 1 0 Indicable, a Schedule				
a Sponsi 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pens SB or Sche	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the plan year account balances as of the end of the plans at the beginning of the participants at the end of the plan year minated employment during the cor incomplete filing of this returned signed by an enrolled actuary, plete.	olan year (defined beneated by the plan year with accrued beneated by the plan year will be assessed actions, I declare that I have as well as the electronic ver	fit plans do not  fits that were  unless reasonable care examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if and to the best of	1 1 1 0 I. oplicable, a Schedule f my knowledge and				
a Spons  5a Total n  b Total n  c Numb comple d(1) Tota  d(2) Tota  e Numbe less th  Caution: A  Under pens SB or Sche belief, it is n  SIGN HERE	number of participants or of participants or of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the plan year account balances as of the end of the plans at the beginning of the participants at the end of the plan year minated employment during the cor incomplete filing of this returned signed by an enrolled actuary, plete.	f the plan year (defined beneated by the plan year with accrued beneated beneated by the plan year will be assessed uctions, I declare that I have as well as the electronic ver	fit plans do not  fits that were  unless reasonable cal examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if and to the best of	1 1 1 0 I. oplicable, a Schedule f my knowledge and				
a Sponsi  5a Total i  b Total i  c Numb comple d(1) Tota d(2) Tota e Numbe less th  Caution: A  Under pens SB or Sche bellief, it is i  SIGN	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of tricipants at the beginning of the participants at the end of the plan year tricipants at the end of the plan year.	f the plan year (defined beneated by the plan year with accrued beneated by the plan year will be assessed uctions, I declare that I have as well as the electronic verification.	fit plans do not  fits that were  unless reasonable carexamined this return/repore  Dale Lathim  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	1 1 1 1 0 i. oplicable, a Schedule f my knowledge and				
a Spons  5a Total n  b Total n  c Numb comple d(1) Tota d(2) Tota e Numbe less th  Caution: A  Under pens SB or Sche belief, it is n  SIGN HERE	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances at the beginning of the pricipants at the end of the plan year minated employment during the cor incomplete filing of this return her penalties set forth in the instrument signed by an enrolled actuary, plete.  I would be account to the plan year account to the plan year.	f the plan year (defined beneated by the plan year with accrued beneated by the plan year will be assessed uctions, I declare that I have as well as the electronic verification.	offit plans do not  offits that were  unless reasonable calle examined this return/repore this return/repore the plant of	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the best	1 1 1 0 I. oplicable, a Schedule f my knowledge and				
a Spons  5a Total n  b Total n  c Numb comple d(1) Tota d(2) Tota e Numbe less th  Caution: A  Under pens SB or Sche belief, it is n  SIGN HERE	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of tricipants at the beginning of the participants at the end of the plan year tricipants at the end of the plan year.	f the plan year (defined beneated by the plan year with accrued beneated by the plan year will be assessed uctions, I declare that I have as well as the electronic verification.	offit plans do not  offits that were  unless reasonable calle examined this return/repore this return/repore the plant of	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the best	1 1 1 1 0 i. oplicable, a Schedule f my knowledge and administrator				
a Spons  5a Total n  b Total n  c Numb comple d(1) Tota d(2) Tota e Numbe less th  Caution: A  Under pens SB or Sche belief, it is n  SIGN HERE	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances at the beginning of the pricipants at the end of the plan year minated employment during the cor incomplete filing of this return her penalties set forth in the instrument signed by an enrolled actuary, plete.  I would be account to the plan year account to the plan year.	f the plan year (defined beneated by the plan year with accrued beneated by the plan year will be assessed uctions, I declare that I have as well as the electronic verification.	offit plans do not  offits that were  unless reasonable calle examined this return/repore this return/repore the plant of	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the best	1 1 1 1 0 i. oplicable, a Schedule f my knowledge and administrator				
a Spons  5a Total n  b Total n  c Numb comple d(1) Tota d(2) Tota e Numbe less th  Caution: A  Under pens SB or Sche belief, it is n  SIGN HERE	number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances at the beginning of the pricipants at the end of the plan year minated employment during the cor incomplete filing of this return her penalties set forth in the instrument signed by an enrolled actuary, plete.  I would be account to the plan year account to the plan year.	f the plan year (defined beneated by the plan year with accrued beneated by the plan year will be assessed uctions, I declare that I have as well as the electronic verification.	offit plans do not  offits that were  unless reasonable calle examined this return/repore this return/repore the plant of	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the best	1 1 1 1 0 i. oplicable, a Schedule f my knowledge and administrator				

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
D	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	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								
Pai	t III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End of Year		
а	Total plan assets								
	Total plan liabilities	7b			$\top$				
	Net plan assets (subtract line 7b from line 7a)         7c         516007         574639								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	18000	)					
	(2) Participants	8a(2)	2250	0	Ī				
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	1894	1					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			$\top$		59441		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	. (	)					
е	Certain deemed and/or corrective distributions (see instructions)	8e		)					
f	Administrative service providers (salaries, fees, commissions)	8f	808	3					
g	Other expenses	8g		-110-1					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					809		
_i_	Net income (loss) (subtract line 8h from line 8c)	8i					58632		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:		
	2E 2J 2K 3E			-					
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in th	ne instructions:		
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a		tions withi	n the time period described in		100	110	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			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		60000		
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			40		x			
	instructions.)			10e	_				
f	movament of the control of the contr		10	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a		2011 J. C. S. C. S. C. L. S. C. S. C	10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Pari	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and corr	plete	Sched	dule SB	(Form Yes X No		
11a	Enter the unpaid minimum required contribution for current year fi					11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru	Charles of Chinase	and e	enter th	e date of the letter ruling Year		

	Form 5500-SF 2014	Page 3 -	1					
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and	d skip to line 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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	Particulation of the Administration			12d			
	Will the minimum funding amount reported on line 12d be met by the funding					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 th	nis year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another	plan(s), identify the p	olan(s) to	0	4		
1:	3c(1) Name of plan(s):			13	c(2) Ell	V(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)							
14a N	Name of trust			1	14b Tr	ust's EIN		