_	m 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed			2017				
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 55	500-SF.	Public Inspection			
Part I		dentification Information							
For calenda	ar plan year 2017 or fise	cal plan year beginning 01/01/2			2/31/2017				
A This ret	urn/report is for:	X a single-employer plan	list of participating er			king this box must attach a vith the form instructions.)			
P This rate	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	he first return/report the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
			—						
Part II	Basic Plan Infor	mation—enter all requested inf	ormation						
1a Name	•				1b Thre				
KOMBI COR	P. RETIREMENT PLAI	N			pian (PN)	number 001			
					1c Effect	tive date of plan 07/01/2014			
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						oyer Identification Number 27-0480967			
City or KOMBI COR		, country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)	(EIN) 2c Spor	nsor's telephone number 206-780-4163			
					2d Busir	ness code (see instructions)			
	N AVE. N., SUITE 250 E ISLAND, WA 98110					541519			
DAINDRIDG	L ISLAND, WA 90110								
3a Plan a	dministrator's name and	d address 🗙 Same 🛛 as Plan Spon	isor.		<b>3b</b> Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN				
	or's name	sor s hame, Lin, the plan hame a	na the plan number nom		<b>4d</b> PN				
C Plan N	lame								
5a Total r	number of participants a	at the beginning of the plan year			5a	5			
<b>b</b> Total r	number of participants a	at the end of the plan year			5b	5			
		ccount balances as of the end of t			5c	3			
<b>d(1)</b> Tota	al number of active part	icipants at the beginning of the pla	an year		5d(1)	2			
• • •	•	icipants at the end of the plan yea		-	5d(2)	2			
		erminated employment during the			5e	0			
Caution: A	penalty for the late o	r incomplete filing of this return	/report will be assessed	l unless reasonable cau					
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a							
SIGN		valid electronic signature.	04/16/2018	JOHN A. EISENHAUE	R				
HERE	Signature of plan ad	Ŭ	Date	Enter name of individu		as plan administrator			
SIGN	<b>U D D D D D D D D D D</b>								
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor			
		· · · · · · · · · · · · · · · · · · ·		-	<u> </u>				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	•			•	,		X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann		,					
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)
Do	rt III Financial Information							
га 7				-f V				f Veen
<u></u>	Plan Assets and Liabilities	70	(a) Beginning (	or rear 39819			(b) End o	268244
<u>a</u> b	Total plan assets Total plan liabilities	7a 7b	,	39019				200244
	Net plan assets (subtract line 7b from line 7a)	70 70		39819				268244
8	Income, Expenses, and Transfers for this Plan Year	70					(b) To	
 	Contributions received or receivable from:		(a) Amoun				(0) 10	Jiai
	(1) Employers	8a(1)						
	(2) Participants	8a(2)		12600				
	(3) Others (including rollovers)	8a(3)	23	34799				
b	Other income (loss)	8b		13261				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						260660
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		360				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32235
i	Net income (loss) (subtract line 8h from line 8c)	8i						228425
j	Transfers to (from) the plan (see instructions)	8j						
Ра	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E $2G$ 2J 2K 2T 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	es in the instru	ctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Α	mount
	Was there a failure to transmit to the plan any participant contribu	tions with	in the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a	х			12600
b	<ul> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>	? (Do not	include transactions	10b		x		12000
C				10D	Х			46000
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			100		Х		-0000
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persor ne or all of	is by an insurance the benefits under	10e	x			51
f	Has the plan failed to provide any benefit when due under the pla			10f		X		

Х

Х

10g

10h

10i

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

 ${f h}$  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

2520.101-3.) ......

i,

Page 3- 1

Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

1	Form 5500-SF	Short Form Ann	ual Return/Repo Benefit Pla	ort of Small Employee	OMB Nos. 1210-0110 1210-0089
	Internal Revenue Service	This form is required to be fil	ed under sections 104 a	nd 4065 of the Employee Retirement	2017
Emplo	Department of Labor yee Benefits Security Administratio	n	4 (ERISA), and sections Revenue Code (the C	6057(b) and 6058(a) of the Internal	This Form is Open to
Pens	ion Benefit Guaranty Corporation	Complete all entries in		Istructions to the Form 5500-SF.	Public Inspection
Part	I Annual Repor	t Identification Information	1		
For ca	endar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending 12/	31/2017
	- 11 - 20 He Marsan 20	X a single-employer plan	a multiple-employe	r plan (not multiemployer) (Filers cheo	
A Thi	s return/report is for:	a one-participant plan	list of participating a foreign plan	employer information in accordance	with the form instructions.)
<b>B</b> This	return/report is	the first return/report	the final return/repo	t	
		an amended return/report			
C ob	als have if fills and a			turn/report (less than 12 months)	
C Che	eck box if filing under:	Form 5558	automatic extensio	n DFVC I	orogram
		special extension (enter desc		_	
Part	II Basic Plan Infe	ormation-enter all requested in	formation		
1a Na	me of plan			1b Three	e-digit
KOMBI	CORP. RETIREME	NT PLAN		plan	number 001
				(PN)	
					ctive date of plan
2a Pla	n sponsor's name (emplo	oyer, if for a single-employer plan)			loyer Identification Number
Ma	ling address (include roc	om, apt., suite no, and street, or P.C	D. Box)	100	)27-0480967
KOMBI	CORP.	ce, country, and ZIP or foreign post	al code (if foreign, see ir	ISTFUCTIONS)	nsor's telephone number
					780-4163
403 M	ADISON AVE. N.	, SUITE 250		2d Busi	ness code (see instructions)
				5415	19
BAINB	RIDGE ISLAND	WA 98110			
3a Plan	n administrator's name a	nd address 🛛 Same as Plan Spor	nsor.	3b Adm	inistrator's EIN
				22	
				SC Adm	nistrator's telephone number
4 If th	e name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the las	return/report filed for 4b EIN	
this	plan, enter the plan spo	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	
<b>a</b> Spo	nsor's name			<b>4d</b> PN	
<b>c</b> Plan	Name				
5a Tota	I number of participants	at the beginning of the plan year		Fo	
		at the beginning of the plan year			5
C Num	ber of participants with	at the end of the plan year account balances as of the end of t	ha nlan yoar (anly dafin	od contribution plane	5
com	plete this item)			5c	
		ticipants at the beginning of the pla			2
		ticipants at the end of the plan yea			
e Nun	nber of participants who	terminated employment during the	plan year with accrued I	penefits that were less	
Caution:	A penalty for the late of	r incomplete filing of this return	/report will be accessed	d unless reasonable cause is estal	C
Under pe SB or Sch	nalties of perjury and oth	er penalties set forth in the instructed actuary, as a signed by an enrolled actuary, as	tions. I declare that I have	e examined this return/report, includiersion of this return/report, and to the	na if applicable a Schodulo
SIGN		C	4/11/14	John A. Eisenhauer	
IERE	Signature of plan ac	Iministrator			
	Congriature of plan ac	initiator	Date	Enter name of individual signing a	as plan administrator
SIGN					
IERE	Signature of employ		Date	Enter name of individual signing a	

Pa	rt III Financial Information	
		Not determined
	in you unowered not to enter line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500	
	under 29 of (2020, 104-407 (See instructions on waiver eligibility and conditions)	X Yes 🗌 No
oa b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA)	X Yes No
60	Steve all fill to the second	

			and the second						
_7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar		(b) End of	Year	
	a Total plan assets	. 7a			,819	[	(2) 2.10 01	268,24	
	b Total plan liabilities	7b			······				
(	C Net plan assets (subtract line 7b from line 7a)	7c		39	,819			268,24	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amor				(b) Tot		
	Contributions received or receivable from:     (1) Employers	8a(1)						ai	
	(2) Participants	8a(2)		12	,600			a a contra a contra de la contra En la contra de la co	
	(3) Others (including rollovers)	8a(3)			,799				
t	Other income (loss)	8b		13	261				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			14 B B B			260,66	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		31,	, 875		260,		
e	under dendende distributions (see instructions)	8e				S. 25.			
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f			360				
g		8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32,23	
I	Net income (loss) (subtract line 8h from line 8c)	8i						228,42	
			L				220,42		
	Transfers to (from) the plan (see instructions)         If IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension of the plan provides pension benefits.	8j			T				
9a b	If the plan provides pension benefits, enter the applicable pension to 2E         2G         2J         2K         2T         3D         If the plan provides welfare benefits, enter the applicable welfare fer	feature co							
9a b Pa	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare fe         If the plan provides welfare benefits, enter the applicable welfare fe         If two plan provides welfare benefits, enter the applicable welfare fe         If the plan provides welfare benefits, enter the applicable welfare fe         If the plan provides welfare benefits, enter the applicable welfare fe	feature co			acteris				
9a b Pa 10	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare fe         If the plan provides welfare benefits, enter the applicable welfare fe         t V       Compliance Questions         During the plan year:	feature co	les from the List of Pla				des in the instruction		
9a b Pa 10 a	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension f         2E       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare fe         tV       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage)	feature cod	les from the List of Pla n the time period iduciary Correction		acteris	tic Co	des in the instruction	ons: Dunt	
9a b Pa 10 a	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension f         2E       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare fe         tV       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program)         Were there any nonexempt transactions with any party-in-interest?	feature cod eature cod ions within pluntary F	les from the List of Pla n the time period iduciary Correction	in Char	acteris Yes	tic Cor	des in the instruction	ons: Dunt	
9a b Pa 10 a b	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare feed on provides welfare benefits, enter the applicable welfare feed on the plan provides welfare benefits, enter the applicable welfare feed on the plan provides welfare benefits, enter the applicable welfare feed on the plan provides welfare benefits, enter the applicable welfare feed on the plan provides welfare benefits, enter the applicable welfare feed on the plan provides welfar	feature cod eature cod ions within pluntary F	les from the List of Pla n the time period iduciary Correction include transactions	in Char	acteris Yes	tic Co	des in the instruction	ons: Dunt	
9a b Pai 10 a b c	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension f         2E       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare fe         tV       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program)         Were there any nonexempt transactions with any party-in-interest?         reported on line 10a.)         Was the plan covered by a fidelity bond?	feature cod eature cod ions within pluntary F	les from the List of Pla n the time period iduciary Correction include transactions	n Char 10a	acteris Yes	tic Cor	des in the instruction	ons: Dunt 12,600	
9a b Pai 10 a b c d	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension f         2E       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare fe         tV       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vor Program)         Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?	feature cod eature cod ions within pluntary F ? (Do not i idelity bor	les from the List of Pla n the time period iduciary Correction include transactions nd, that was caused	n Char 10a 10b	Yes X	tic Cor	des in the instruction	ons: Dunt 12,600	
9a b Pa 10 a b c d	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension f         2E       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare fe         tV       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vole Program)         Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	feature cod eature cod ions within pluntary F ? (Do not i idelity bor	les from the List of Pla n the time period iduciary Correction include transactions nd, that was caused s by an insurance	10a 10b 10c 10d	Yes X	No X	des in the instruction	ons: Dunt 12,600 46,000	
9a b Pa 10 a b c d	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension f         2E       2G       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare fe         tV       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vor Program)         Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	feature cod eature cod ions within pluntary F ? (Do not i idelity bor idelity bor er persons or all of t	les from the List of Pla n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes X X	No X X	des in the instruction	ons: Dunt 12,600 46,000	
9a b Pa 10 a b c d d c f g	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as	feature cod eature cod ions within pluntary F ? (Do not i idelity bor er persons or all of t ? of year-ei	les from the List of Pla n the time period iduciary Correction include transactions nd, that was caused the benefits under the benefits under	10a 10b 10c 10d	Yes X X	No X	des in the instruction	ons: Dunt 12,600 46,000	
9a b Pa 10 a b c d d e f	It IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 2T 3D         If the plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan provides welfare benefits, enter the applicable welfare ferent is plan failed to provide any benefit when due under the plan?         Did the plan have any participant loans? (If "Yes," enter amount as	feature cod eature cod ions within pluntary F ? (Do not i delity bor er persons or all of t ? of year-ea Gee instruct	les from the List of Pla n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under nd.)	10a 10b 10c 10d 10e 10f	Yes X X	x x x	des in the instruction	ons: Dunt 12,600	

Form 5500-SF 2017

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Part	VI Pension Funding Compliance	••••••				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule	SB		Yes 🗌	No
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		1	1		******
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 /	of		Yes X	No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver.	d enter Da		of the lei Yea		
if	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					H
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	1			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part \						
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 to another plan, or brought under the control of the PBGC?			] Yes	X No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1:	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c	(3) PN(s)	