## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information						
For calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018			
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac				
		a one-participant plan	a foreign plan					
<b>B</b> This retu	urn/report is	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)			
C Check b	oox if filing under:	Form 5558	automatic extension	n	DFVC progra	m		
		special extension (enter descr	ription)					
Part II	Basic Plan Info	ormation—enter all requested inf	formation					
1a Name REINHARD	of plan DISTRIBUTING CO.,	INC. 401(K) PLAN			1b Three-digi plan numb (PN) ▶			
					1c Effective of	late of plan 01/01/1997		
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number		
	,	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post:	,	structions)	(EIN)	91-0793384		
-	DISTRIBUTING CO.,		ar codo (ii roroign, coo iii	on doublie,		telephone number 3-946-1110		
			2d Business code (see instructions)					
28727 PACIFIC HIGHWAY SOUTH FEDERAL WAY, WA 98003					447100			
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spor	nsor.		<b>3b</b> Administra	itor's EIN		
					3c Administra	tor's telephone number		
4 If the r	name and/or FIN of th	ne plan sponsor or the plan name ha	as changed since the last	t return/report filed for	<b>4b</b> EIN			
		onsor's name, EIN, the plan name a						
•	or's name				4d PN			
C Plan N	ame							
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			. 5a	37		
<b>b</b> Total r	number of participants	s at the end of the plan year			. 5b	40		
	· ·	account balances as of the end of		·	. 5c	18		
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the plant	an year		5d(1)	33		
		articipants at the end of the plan yea			5d(2)	37		
		o terminated employment during the			5e	0		
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca				
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and the control actuary, and the control actuary, and the control actuary.						
SIGN	Filed with authorized	d/valid electronic signature.	07/09/2019	JOHN D SUGG				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator		
SIGN	Filed with authorized	d/valid electronic signature.	07/09/2019	JOHN D SUGG				
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor		

Form 5500-SF (2018) Page **2** 

b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (ICPA)		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No No		
If you answered "No" to either line is a or line 6b, the plan cannot use Form 5500. SF and must instead use Form 5500. Or If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b									. П Nо	
## "Ves" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)    Part III   Financial Information   Financial Information		· · · · · · · · · · · · · · · · · · ·									
Part III Financial Information 7 Plan Assets and Liabilities 8 (a) Beginning of Year 6 F67881 6 77857 6 Total plan assets 6 F67881 6 77857 6 No. 1 Plan Assets and Liabilities 7 Ph	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not dete	ermined	
7 Plan Ássets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 677957  8 Total plan issets (subtract line 7b from line 7a) 7c 67891 677957  8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or receivable from: (1) Employers 84(1) 16201 (2) Participants (3) General Plan Year (a) Amount (b) Total (b) Total (c) Participants (b) Employers 84(1) 16201 (2) Participants (3) General Including rollowers) 84(1) 16201 (2) Participants (3) Other Income (loss) 84(1) 84(2) 84(3) and 8b) 8b -47923 (2) Formal Plan Year (b) Employers (a) General Including rollowers) 8b -47923 (2) Formal Plan Year (b) Employers (a) General Including rollowers) 8c (c) Total Income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c (c) Formal Income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c (c) Formal Income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c (c) Formal Income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c (c) Formal Income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c (d) Formal Income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c (d) Formal Income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c (d) Formal Income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c (d) Formal Income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c (d) Formal Income (dot lines 8a(1), 8a(2), 8a(3), and 8b) 8c (d) Formal Income (dot lines 8a(1), 8a(2), 8a(3), and 8a(3), 8a(4) 8c (d) Formal Income (dot lines 8a(4), 8a		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instru	ıctions.)	
a Total plan assets	Pa	rt III   Financial Information									
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	d of Year		
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	60	67881			` '			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Participants. (6) Other income (loss). (8) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (9) Other expenses. (1) Net income (loss) (subtract line 8h from line 8c). (1) Transfers to (from) the plan (see instructions). (8) Other expenses (line) other income (loss) (subtract line 8h from line 8c). (9) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (1) Part V Plan Characteristics. (1) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) A EE ST 20 20 20 20 20 20 20 20 20 20 20 20 20	b		7b								
a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c	60	67881		677957				
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
(2) Participants	а				10001						
(3) Others (including rollovers)			` '								
b Other income (loss)				;	56599						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,			47000						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		\ /		-4	47923				04077		
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses			80						24077		
f Administrative service providers (salaries, fees, commissions)		. , .	8d		1637						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)  8h  14801  i Net income (loss) (subtract line 8h from line 8c)  8i  10076  j Transfers to (from) the plan (see instructions)  8j  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year: Yes No Amount  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  10b X  c Was the plan covered by a fidelity bond?  10c X 100000  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  10d X  e 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).  10d X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.)  10d X	f	dministrative service providers (salaries, fees, commissions) 8f 13164									
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						14801		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2A 2E 2F 2G 2J 2K 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  f Has the plan failed to provide any benefit when due under the plan?  9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						10076		
9a	j	j Transfers to (from) the plan (see instructions)									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions	Pa	rt IV Plan Characteristics									
Part V   Compliance Questions	9a		feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	structions:		
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b		eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the inst	ructions:		
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)											
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V   Compliance Questions				I					
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		<u> </u>				Yes	No		Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions	10b		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the					10c	Χ			1000	)00	
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	·	-		10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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			10e	X			64	<del>1</del> 75	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
2520.101-3.)	9		•		10g		X				
	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X				
	i				10i						

Form 5500-SF (2018)	Page <b>3</b> - 1
---------------------	-------------------

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a 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 granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and 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					
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					
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?		Ye	s 🔀 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 control of the PBGC?	the		Yes X No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to					
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)			

## 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Pension Benefit Guaranty Corporation

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

Part I Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

or calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/20	18	
A This return/report is for:			plan (not multiemployer) employer information in			
3 This return/report is:	the first return/report	the final return/repor		months)		
	an amended return/report	a short plan year rei	urn/report (less than 12 r	nonins)		
Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		☐ DFVC ₽	orogram	
Part II Basic Plan In	formation enter all requested	<u>.ii</u>				
a Name of plan	ilomiation enter an requested	imormation		1b Three-digi	t	
	ating Co., Inc. 401(k) PJ	lan		plan numb (PN) ▶		
				1c Effective of 01/01/1	•	
Mailing Address (include	ployer, if for a single-employer plan) room, apt., suite no. and street, or P vince, country, and ZIP or foreign pos	.O. Box)	etructions)	15 150 L	Identification Number 0793384	
Reinhard Distribu	Structions)	2c Sponsor's telephone number (253) 946-1110				
28727 Pacific Hig	2d Business 447100	code (see instructions)				
US Federal Way WA 9800						
a Plan administrator's name	e and address X Same as Plan Sp	oonsor		3b Administra	ator's EIN	
				3c Administra	ator's telephone number	
	the plan sponsor or the plan name h			4b EIN		
<ul><li>a Sponsor's name</li><li>c Plan Name</li></ul>	, , , , , , , , , , , , , , , , , , , ,			4d PN		
a Total number of participal	nts at the beginning of the plan year			5a	37	
<b>b</b> Total number of participa	nts at the end of the plan year			5b	40	
	th account balances as of the end o			5с	18	
d(1) Total number of active p	participants at the beginning of the p	lan year		5d(1)	33	
	participants at the end of the plan ye		anofita that wara	5d(2)	37	
less than 100% vested	no terminated employment during the			5e	0	
Jnder penalties of perjury and	ate or incomplete filing of this return d other penalties set forth in the instr d and signed by an enrolled actuary complete.	uctions, I declare that I ha	ve examined this return/r	report, including, it	applicable, a Schedule	
SIGN	Alexander -	7-9-19	John D Sugg			
HERE Signature of plan a	dministrator	Date	Enter name of individu	ıal signing as plan	administrator	
SIGN		1-4-19	John D Sugg			
HERE Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ial signing as emp	loyer or plan sponsor	

Form	5500-	SF	201	18

Page 2	2	Pag
--------	---	-----

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (	See instructions.)	*******	1111111111	*******	1515500115001		XYes	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 If you answered "No" to either line 6a or line 6b, the plan cannot		•					********	x Yes	]No
c	If the plan is a defined benefit plan, is it covered under the PBGC in								□ Not de	termined
·	If "Yes" is checked, enter the My PAA confirmation number from the		-						See instruc	
- Control	11 Tes 15 Glecked, effect the My FAA Committation homber from the	r BGC pi	emium ming for this year						See msnuc	
P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	Т			(b) End	of Year	
а	Total plan assets	7a	66	67,8	81				677,	957
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	{	57,8	81	_			677,	957
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	1	6,2	01					
	(2) Participants	8a(2)		6,5						
	(3) Others (including rollovers)	8a(3)							Business.	
b	Other income (loss)	8b	(47	, 92	3)					ne en en
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				24554			24,	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1,6	37				-,	
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1	3,1	64					
g	Other expenses	8g			· · · · · · · · · · · · · · · · · · ·					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14,	301
i	Net income (loss) (subtract line 8h from line 8c)	81							10,0	
j	Transfers to (from) the plan (see instructions)	8j		<u> </u>						
Pa	art IV Plan Characteristics				<del></del>	1 2 1111				***
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan C	harac	teristi	c Co	des in t	he instruc	ions:	
	2A 2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	lure code	s from the List of Plan Ch	aract	eristic	Code	es in th	e instruction	ns:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribute	lions within	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fic	fuciary Correction							
	Program)		<u> </u>	10a		Х				
h	Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)			10b		x				
				10c	x				1.0	0,000
d		***************************************		100						0,000
	by fraud or dishonesty?	•	•	10d		х				
е	the state of the s								·	
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e	х					6,475
f		·····		10f						
g				10r 10g		x				
9		***************************************	· · ·	, vg		Α.				
	2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
	overbles to brosiding the holice applied diliger 25 Or K 2020, 101	· · · · · · · · · · · · · · · · · · ·	••••••••••	101		L				

	Form 5500-SF 2018 Page 3				
Par	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)	chedule	SB	☐ Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?			☐ Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a				ruling
15	granting the waiver	Da	ıy	Year	
ir y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and 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 the plan year	12c			
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			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗌	No 🔲	N/A
Parl	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 to another plan, or brought under the control of the PBGC?		\	es 🗓	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	s) to			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):