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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

1 011310	n Benefit Guaranty Corporation	 Complete all entries in ac 		ections to the Form 5500	-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part I	Annual Report	Identification Information						
For cale	ndar plan year 2013 or fis	scal plan year beginning 01/01	/2013	and ending 12	2/31/201	13		
A This	A This return/report is for:							
B This	return/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	1		
C Che	ck box if filing under:	Form 5558	automatic extension		Ц	DFVC progra	am	
	T	special extension (enter desc	· · · · · · · · · · · · · · · · · · ·					
Part I		rmation—enter all requested in	formation				T	
	ne of plan ONG CONSULTING ENG	GINEERS INC. EMPLOYEES' RET	FIREMENT PLAN		pl	hree-digit lan number PN)	001	
						ffective date o		
	n sponsor's name and add	dress; include room or suite numb GINEERS INC.	er (employer, if for a single	e-employer plan)		mployer Identi	fication Number 34699	
620 7TH	AVENUE				`	ponsor's telep		
	D, WA 98033				2d B	usiness code ((see instructions)	
3a Plai	n administrator's name an	nd address XSame as Plan Spons	sor Name Same as Pla	an Sponsor Address	3b A	dministrator's I		
				-	3c A	dministrator's t	telephone number	
4 If th	e name and/or FIN of the	plan sponsor has changed since	the last return/report filed t	for this plan, enter the	4h ⊨	IN		
nar	ne, EIN, and the plan nun	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b E 4c P			
nar a Spo	ne, EIN, and the plan nunnsor's name		·	·	4c P		31	
a Spo	ne, EIN, and the plan nur nsor's name al number of participants	mber from the last return/report.					31	
nar a Spo 5a Tot b Tot c Nur	ne, EIN, and the plan nunnsor's name al number of participants al number of participants mber of participants with a	at the beginning of the plan year	the plan year (defined ben	nefit plans do not	4c P 5a			
 nai a Spo 5a Tot b Tot c Nui cor 6a We 	ne, EIN, and the plan nur nsor's name al number of participants al number of participants mber of participants with a nplete this item)ere all of the plan's assets	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined ben	nefit plans do not	4c P 5a 5b 5c	N	31	
 nai a Spo 5a Tot b Tot c Nui cor 6a We b Are 	ne, EIN, and the plan nur nsor's name al number of participants al number of participants mber of participants with a nplete this item)ere all of the plan's assets by you claiming a waiver of	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined ben eligible assets? (See instru	uefit plans do not ctions.)	4c P 5a 5b 5c	N	28	
a Spot 5a Tot b Tot C Nuccor 6a We b Are	me, EIN, and the plan numerors name al number of participants al number of participants mber of participants with a mplete this item) ere all of the plan's assets by you claiming a waiver of der 29 CFR 2520.104-463	at the beginning of the plan year at the end of the plan year account balances as of the end of s during the plan year invested in each of the annual examination and report	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi bility and conditions.)	efit plans do not ctions.)	4c P 5a 5b 5c	N	31 28 X Yes No	
a Spo 5a Tot b Tot c Nuncor 6a We b Are	ne, EIN, and the plan numersor's name al number of participants al number of participants mber of participants with a nplete this item) ere all of the plan's assets you claiming a waiver of der 29 CFR 2520.104-46? ou answered "No" to ei	at the beginning of the plan year at the end of the plan year account balances as of the end of s during the plan year invested in each of the annual examination and report (See instructions on waiver eligib	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi ility and conditions.)	nefit plans do not ctions.) ied public accountant (IQF	4c P 5a 5b 5c PA)	500.	31 28 X Yes No	
a Spo 5a Tot b Tot c Nuncor 6a We b Are und If y	me, EIN, and the plan numersor's name all number of participants all number of participants with a supplete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBC	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi ility and conditions.) cannot use Form 5500-SF GC insurance program (see	nefit plans do not ctions.) ied public accountant (IQF and must instead use for the ERISA section 4021)?	4c P 5a 5b 5c 5c 7A)	500. /es \[\] No \[\]	31 28 X Yes No X Yes No	
a Spo 5a Tot b Tot c Nun cor 6a We b Are unc If y c If the	ne, EIN, and the plan numeror's name al number of participants al number of participants mber of participants with a nplete this item) ere all of the plan's assets e you claiming a waiver of der 29 CFR 2520.104-46? ou answered "No" to ei ne plan is a defined benefic enalties of perjury and other	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and repoir (See instructions on waiver eligible ither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi- pility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed ctions, I declare that I have	efit plans do not ctions.)	4c P 5a 5b 5c PA) Form 55 Y se is es	500. /es No stablished. uding, if applic	31 28 X Yes No X Yes No No Not determined able, a Schedule	
a Spo 5a Tot b Tot c Nuncor 6a We b Are und If y C If the Caution Under p SB or Se belief, it	me, EIN, and the plan numeror's name all number of participants all number of participants with a supplete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and repoir (See instructions on waiver eligible ither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi- pility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed ctions, I declare that I have	efit plans do not ctions.)	4c P 5a 5b 5c PA) Form 55 Y se is es	500. /es No stablished. uding, if applic	31 28 X Yes No X Yes No No Not determined able, a Schedule	
a Spo 5a Tot b Tot c Nun cor 6a We b Are und If y C If th Caution Under p SB or So belief, it	me, EIN, and the plan numeror's name all number of participants all number of participants with a supplete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of s during the plan year invested in eact of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instruction of the plan of the penalties of the penalties at forth in the instruction of the plan of the penalties are forth in the instruction of the plan of the penalties set forth in the instruction of the plan of the penalties set forth in the instruction of the plan of the penalties set forth in the instruction of the plan year.	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi- cility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	efit plans do not ctions.)	5c Se is es ort, included and to the second	500. 'es No stablished. uding, if applic the best of my	31 28 X Yes No X Yes No Not determined able, a Schedule knowledge and	
a Spo 5a Tot b Tot c Nuncor 6a We b Are und If y C If the Caution Under p SB or So belief, it SIGN HERE	me, EIN, and the plan numeror's name al number of participants al number of participants mber of participants with a nplete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of s during the plan year invested in eact of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instruction of the plan of the penalties of the penalties at forth in the instruction of the plan of the penalties are forth in the instruction of the plan of the penalties set forth in the instruction of the plan of the penalties set forth in the instruction of the plan of the penalties set forth in the instruction of the plan year.	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi bility and conditions.)	ctions.)	5c Se is es ort, included and to the second	500. 'es No stablished. uding, if applic the best of my	31 28 X Yes No X Yes No Not determined able, a Schedule knowledge and	
a Spo 5a Tot b Tot c Nuncor 6a We b Are under C If th Caution Under p SB or Sc belief, it SIGN HERE	nee, EIN, and the plan numeror's name al number of participants al number of participants mber of participants with a nplete this item) ere all of the plan's assets a you claiming a waiver of der 29 CFR 2520.104-46? ou answered "No" to ei ne plan is a defined benefit A penalty for the late of enalties of perjury and other chedule MB completed ar is true, correct, and comp	at the beginning of the plan year at the beginning of the plan year at the end of the plan year account balances as of the end of begin the plan year invested in eact of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan in	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi bility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	ctions.)	5b 5c 5c PA) Form 55 Y se is es ort, incluand to hall signing	500. 'es No stablished. uding, if applic the best of my	31 28 X Yes No X Yes No Not determined able, a Schedule knowledge and	
a Spo 5a Tot b Tot c Nuncor 6a We b Are under C If th Caution Under p SB or Sc belief, it SIGN HERE	nee, EIN, and the plan numeror's name al number of participants al number of participants mber of participants with a nplete this item) ere all of the plan's assets a you claiming a waiver of der 29 CFR 2520.104-46? ou answered "No" to ei ne plan is a defined benefit A penalty for the late of enalties of perjury and other chedule MB completed ar is true, correct, and comp	at the beginning of the plan year at the end of the plan year account balances as of the end of s during the plan year invested in eaction of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary, a colete. valid electronic signature. dministrator	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi bility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	ctions.)	5b 5c 5c Form 55 Y se is es ort, incluand to the	500. 'es No stablished. uding, if applic the best of my	31 28 X Yes No X Yes No Not determined able, a Schedule knowledge and	

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Part III Financial Information									
7	Plan Assets and Liabilities		(a) Reginning of Ves				(b) End of Voor		
_ <u>'</u> a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 3884163		
<u>u</u>	Total plan liabilities	7b				3331.33			
	Net plan assets (subtract line 7b from line 7a)	7c	308796	0			3884163		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	5546	8					
	(2) Participants	8a(2)	6987	2					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	73381	8					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					859158		
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4046	5					
е	Certain deemed and/or corrective distributions (see instructions)	8e	278	5					
f	Administrative service providers (salaries, fees, commissions)	8f	1970	5					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					62955		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					796203		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K 2T	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X			
С				10c	Χ		300000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X	000000		
	Were any fees or commissions paid to any brokers, agents, or oth			100					
·	insurance service, or other organization that provides some or all					X			
	instructions.)			10e					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		0		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part							•		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
112	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding		· · · · · ·				FRISA? Yes X No		
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		. UI SE	outill .	JUZ UI	LINON: 100 M NO		
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruc		, and e	_	_		
If	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedul					Day	Year		
	Enter the minimum required contribution for this plan year	,	Josep, and only to line 10.		Т	12b			

Page	3 -		1
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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?	Y	es 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 coof the PBGC?	ontrol		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(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calend	ar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/20	013				
A This re	turn/report is for: X a single-employer plan	a multiple-employer p	lan (not multiemployer)	er) a one-participant plan					
B This re	turn/report is: the first return/report	the final return/report		_					
	an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Chook	box if filing under: Form 5558	automatic extension		☐ DFVC prog	ıram				
• Check	special extension (enter descri								
B					-				
Part II	Basic Plan Information—enter all requested info	ormation		1b Three-digit					
1a Name				plan number					
	STRONG CONSULTING ENGINEERS INC.			(PN) ▶	001				
EMPL	OYEES' RETIREMENT PLAN			1c Effective date	of plan				
				04/01/19	85				
	ponsor's name and address; include room or suite numbe	er (employer, if for a single-	employer plan)	2b Employer Ider	ntification Number				
D.R. INC.	STRONG CONSULTING ENGINEERS			(EIN) 91-11					
1110.				2c Sponsor's tele	•				
620	7TH AVENUE			(425) 82					
			00000	2d Business code	e (see instructions)				
KIRK			98033	541990 3b Administrator's	- EIN				
Ja Plan a	dministrator's name and address Same as Plan Sponso	or Name Same as Plai	Sponsor Address	30 Administrator	5 LIIV				
				3c Administrator's	s telephone number				
				41					
	name and/or EIN of the plan sponsor has changed since to , EIN, and the plan number from the last return/report.	he last return/report filed to	or this plan, enter the	4b EIN					
	or's name			4c PN					
	number of participants at the beginning of the plan year		***************************************	5a	31				
_	number of participants at the end of the plan year			5b	31				
	er of participants with account balances as of the end of the			30	2.T				
	lete this item)			5c	28				
6a Were	all of the plan's assets during the plan year invested in el	igible assets? (See instruc	tions.)		X Yes No				
	ou claiming a waiver of the annual examination and report								
	29 CFR 2520.104-46? (See instructions on waiver eligibil	•			X Yes No				
•	answered "No" to either line 6a or line 6b, the plan ca								
c If the	plan is a defined benefit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)? -	Yes No	Not determined				
Caution: A	A penalty for the late or incomplete filing of this return.	report will be assessed	unless reasonable cau	ıse is established.					
	alties of perjury and other penalties set forth in the instruct				icable, a Schedule				
SB or Sche	edule MB completed and signed by an enrolled actuary, as	s well as the electronic ver	sion of this return/report	, and to the best of m	ny knowledge and				
belief, it is	true, correct, and complete.								
SIGN	x head - 1	7/21/2014	LUAY JOUDEH						
HERE .				ual aigning on plan o	dministrator				
	Signature of plan administrator	Date	Enter name of individe	uai signing as pian ad	ummstrator				
SIGN HERE									
	Signature of employer/plan sponsor	Date	Enter name of individu						
Preparer's	name (including firm name, if applicable) and address; inc	clude room or suite numbe	r (optional)	Preparer's telephor	ie number (optional)				
			Ì						

Pa	rt III Financial Information	· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
i a	Total plan assets	7a	3,08		50			3,884,	163
<u>u</u> b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	3,08	7,96	50		1350	3,884,	163
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			*********	(b) ⁻	Гotal	
a	Contributions received or receivable from:								
	(1) Employers	8a(1)		5,46	Magalian Magalian				
lease of the lease	(2) Participants	8a(2)	6.	9,87	/2 -				
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	73.	3,81	.8			0.50	1.50
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				100000000000000000000000000000000000000		859,	128
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	0,46	55				
	Certain deemed and/or corrective distributions (see instructions)	8e		2,78	35				
	Administrative service providers (salaries, fees, commissions)	8f	1:	9,70)5				
_ <u>_</u> _	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						62,	955
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						796,	
÷	Transfers to (from) the plan (see instructions)	l							
, D-	rt IV Plan Characteristics	8j						escontinues les a Stations	10550000
9a b	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension and the plan provides pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable pension and the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits and the plan provides wel								
Par	11.000000000000000000000000000000000000		124/14		Yes	No	l	Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within	n the time period described in	<u> </u>	163	140		Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X		A CONTRACTOR OF THE CONTRACTOR	
	on line 10a.)			10b		X			
C				10c	Χ			300,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Х				0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х	an said	ni revoluzione	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					
Pari	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X	No
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Yes X	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 amortized in this plan year, see instructions, and enter the date of the letter ruli granting the waiver. — Day Year					, and e		ne date of		
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
If	you completed line 12a, complete lines 3, 3, and 10 of concadi	E IND (LOI	in 5500), and skip to line 15.			12b	ľ .		

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	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?		res 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 of the PBGC?			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(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	1.11.0000		
		14b T	rust's EIN	