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

	Benefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 5500)-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information					
For calend	dar plan year 2013 or fis	cal plan year beginning 07/01/2	2013	and ending 06	6/30/201	14	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descri	· · ·				
Part II		rmation—enter all requested info	ormation				
1a Name	•					hree-digit	
RICHMONE	SYSTEMS, INC. 401(F	() PLAN			•	an number PN) ▶	001
						ffective date of	
					IC L	12/01/	
2a Plan s	sponsor's name and add	dress; include room or suite numbe	r (employer, if for a single	-employer plan)		mployer Identit	fication Number 52324
9265 11001	IM DAVIN NE					ponsor's telep	
OLYMPIA,	JM BAY LN. N.E. WA 98516			-	2d Bu		see instructions)
3a Plan a	administrator's name an	d address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b Ac	dministrator's I	
					3c Ac	dministrator's t	telephone number
A 16.0					41 =		
		plan sponsor has changed since the	he last return/report filed f	or this plan, enter the	4b EI	IN	
name		plan sponsor has changed since the three from the last return/report.	he last return/report filed f	or this plan, enter the	4b EI		
name a Spons	e, EIN, and the plan num sor's name		· 	·			19
a Spons 5a Total	e, EIN, and the plan num sor's name number of participants a	nber from the last return/report.			4c Pi		19 18
 name a Spons 5a Total b Total c Numb 	e, EIN, and the plan numer sor's name number of participants a number of participants aber of participants with a	at the beginning of the plan year	he plan year (defined bene	efit plans do not	4c PN		
name a Spons 5a Total b Total c Numl comp	e, EIN, and the plan number of participants and number of participants and per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	he plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	N	18
name a Spons 5a Total b Total c Numl comp 6a Were b Are y	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)e all of the plan's assets 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 count balances as of the end of the during the plan year invested in elithe annual examination and report	he plan year (defined bender igible assets? (See instruct	efit plans do not ctions.)	4c PN 5a 5b 5c	N	18 11 X Yes No
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde	e, EIN, and the plan number of participants and purposer of participants and per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elithe annual examination and report (See instructions on waiver eligibil	he plan year (defined bendligible assets? (See instruct of an independent qualifications.)	efit plans do not ctions.)	4c Pr 5a 5b 5c	N	11
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde	e, EIN, and the plan number of participants and participants and participants and participants and participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elithe annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan cat	he plan year (defined bend ligible assets? (See instruct t of an independent qualifical lity and conditions.)annot use Form 5500-SF	efit plans do not ctions.)ed public accountant (IQF	4c Pt 5a 5b 5c PA)	N	18 11 X Yes No X Yes No
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde	e, EIN, and the plan number of participants and participants and participants and participants and participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elithe annual examination and report (See instructions on waiver eligibil	he plan year (defined bend ligible assets? (See instruct t of an independent qualifical lity and conditions.)annot use Form 5500-SF	efit plans do not ctions.)ed public accountant (IQF	4c Pt 5a 5b 5c PA)	N	18 11 X Yes No
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde If you c If the	e, EIN, and the plan number of participants a number of participants abore of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elithe annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan cat	he plan year (defined benderated) ligible assets? (See instruct t of an independent qualific lity and conditions.)	efit plans do not ctions.)ed public accountant (IQF and must instead use F	4c Pt 5a 5b 5c 5c Form 55 Yo	500.	18 11 X Yes No X Yes No
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde If you c If the Caution: Under per SB or Sch	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elithe annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filing of this returnater penalties set forth in the instructed signed by an enrolled actuary, as	he plan year (defined bender the plan year (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQF and must instead use F e ERISA section 4021)? unless reasonable caus examined this return/repo	4c PN 5a 5b 5c PA) Form 55 se is est ort, include	N 500. ies No tablished. Juding, if applica	18 11 X Yes No X Yes No Not determined
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde If you c If the Caution: Under per SB or Sch belief, it is	e, EIN, and the plan number of participants and participants and per of participants and per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elithe annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filing of this returnater penalties set forth in the instructed signed by an enrolled actuary, as	he plan year (defined bender the plan year (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQF and must instead use F e ERISA section 4021)? unless reasonable caus examined this return/repo	4c PN 5a 5b 5c PA) Form 55 se is est ort, include	N 500. ies No tablished. Juding, if applica	18 11 X Yes No X Yes No Not determined
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde If you c If the Caution: Under per SB or Sch belief, it is	e, EIN, and the plan number of participants and participants and per of participants and per of participants with a plete this item)	at the beginning of the plan year	he plan year (defined bending by the plan year (defined bending by the plan year (defined bending by the plan year (See instruct of an independent qualification and use Form 5500-SF C insurance program (see	efit plans do not ctions.)ed public accountant (IQF and must instead use F ERISA section 4021)? unless reasonable caus examined this return/report,	5a 5b 5c Form 55 5c 5c 5c 5c 5c 5c 5c	N 600. fes No tablished. uding, if applicathe best of my	18 11 Yes No Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde If you c If the Caution: Under per SB or Sch belief, it is	e, EIN, and the plan number of participants a number of participants aber of participants with a plete this item)	at the beginning of the plan year	he plan year (defined benedigible assets? (See instruct of an independent qualification annot use Form 5500-SF C insurance program (see altreport will be assessed tions, I declare that I have see well as the electronic veri	efit plans do not ctions.) ed public accountant (IQF and must instead use F ERISA section 4021)? unless reasonable caus examined this return/report, NATHAN MARSH	5a 5b 5c Form 55 5c 5c 5c 5c 5c 5c 5c	N 600. fes No tablished. uding, if applicathe best of my	18 11 Yes No Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde If you c If the Caution: Under per SB or Sch belief, it is	e, EIN, and the plan number of participants and participants and per of participants and per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elithe annual examination and report. (See instructions on waiver eligibilither line 6a or line 6b, the plan catt plan, is it covered under the PBGo or incomplete filing of this returnment per penalties set forth in the instructed signed by an enrolled actuary, as elete.	he plan year (defined bene- ligible assets? (See instruct t of an independent qualified lity and conditions.) annot use Form 5500-SF C insurance program (see l/report will be assessed tions, I declare that I have s well as the electronic ver 08/28/2014 Date	efit plans do not ctions.)ed public accountant (IQF and must instead use F E ERISA section 4021)? unless reasonable caus examined this return/report, NATHAN MARSH Enter name of individu	5a 5b 5c Form 55 74 5e is est ort, incluand to t	N 500. fes No tablished. uding, if applicathe best of my	18 11 X Yes No X Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde If you c If the Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan number of participants and number of participants and participants and participants and participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elithe annual examination and report. (See instructions on waiver eligibilither line 6a or line 6b, the plan catt plan, is it covered under the PBGo or incomplete filing of this returnment per penalties set forth in the instructed signed by an enrolled actuary, as elete.	he plan year (defined beneficially beneficially beneficially assets? (See instruct of an independent qualified lity and conditions.)	efit plans do not ctions.)	5a 5b 5c Form 55 7() se is est ort, incluand to t	N 500. Tablished. Luding, if application best of my ang as plan adm	18 11 X Yes No X Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Numl comp 6a Were b Are y unde If you c If the Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan number of participants and number of participants and participants and participants and participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elithe annual examination and report. (See instructions on waiver eligibilither line 6a or line 6b, the plan catt plan, is it covered under the PBGo or incomplete filing of this returnment penalties set forth in the instruct disigned by an enrolled actuary, as elete. Administrator	he plan year (defined beneficially beneficially beneficially assets? (See instruct of an independent qualified lity and conditions.)	efit plans do not ctions.)	5a 5b 5c Form 55 7() se is est ort, incluand to t	N 500. Tablished. Luding, if application best of my ang as plan adm	18 11 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V			
	Total plan assets	7a	(a) beginning of Tea				(b) Ellu		314089	9	
	Total plan liabilities	7b	5						71 1000		
	Net plan assets (subtract line 7b from line 7a)	7c	34778	2	+			:	314089	9	
	Income, Expenses, and Transfers for this Plan Year	70			+					_	
	Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	2787	'4							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	5708	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							84957	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11865	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							118650	0	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-33693	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	٠,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:			
D	(V. Osmalianas Omatiana										
Par	•			1		١	ı	_			
10	During the plan year:			I	Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,		10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					75	5000
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		. ,			X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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						l					
11	Is this a defined benefit plan subject to minimum funding requirem									_	No.
	5500) and line 11a below)							LL	Yes	Ш	No
	Enter the unpaid minimum required contribution for current year fr		,		-	11a			1		
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			-4" -					- 44 -		
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of t	he le Yea		ııng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					I				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
------	-----	--	---

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		
e 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

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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public

Pension Be	enefil Guaranty Corporation	▶ Complete all entries in accordan	ce with the instruc	tions to the Form 550	0-SF.	Ins	pection	
Part I		dentification Information				-0004VS	10/400000000000000000000000000000000000	
For calenda	ar plan year 2013 or fisc			and ending	06/30/2	014		
A This rel	urn/report is for:	X a single-employer plan a r	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
B This ret	urn/report is:	the first return/report the	e final return/report		_			
		an amended return/report as	hort plan year retur	n/report (less than 12 m	onths)			
C Check t	oox if filing under:	Form 5558	tomatic extension		ſ	DFVC progra	m	
		special extension (enter description)			L			
Part II	Basic Plan Infor	mation—enter all requested information	n					
1a Name			27.00		1b	Three-digit		
RICHMOND	SYSTEMS, INC. 401(r) PLAN				plan number	004	
						(PN) ▶	001	
			1c	Effective date of				
2a Plan er	noneor's name and add	ress: include room or suite number (emn	lover if for a single	omployer plan)	21-	12/01/1		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RICHMOND SYSTEMS, INC.				Employer Identit (EIN) 91-165				
						Sponsor's telep		
OSEE HOGH	M BAY LN. N.E.					(360) 95i		
6303 HOGO	W DAT EN. N.L.				2d	Business code (see instructions)	
OLYMPIA, V			The same of the sa			332900		
3a Plan a	dministrator's name and	l address Same as Plan Sponsor Nam	ie □Same as Plan	Sponsor Address	3b Administrator's EIN			
					20	* * * * * * * * * *		
					3c Administrator's telephone number			
		plan sponsor has changed since the last	return/report filed for	or this plan, enter the	4b	EIN	2000	
name, a Spons	ARREST HARVEST CONTROL ST.	ber from the last return/report.			40	DNI		
-	ACCUSATION AND AND ADDRESS OF THE PARTY OF T	at the beginning of the plan year			4c	PN		
		at the end of the plan year					19	
		ccount balances as of the end of the plan			- 5b		18	
compl	lete this item)	ccount balances as of the end of the plan	i year (defined bene	nt plans do not	. 5c		11	
34		during the plan year invested in eligible a				<u></u>	X Yes ∏ No	
b Are yo	ou claiming a waiver of	the annual examination and report of an i	independent aualifie	d public accountant (10	DPA)			
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility and	l conditions.)			•••••••	X Yes No	
		her line 6a or line 6b, the plan cannot				5500		
C If the p	olan is a defined benefit	plan, is it covered under the PBGC insur	rance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution: A	penalty for the late o	r incomplete filing of this return/repor	t will be assessed	uniess reasonable ca	use is e	established.		
Under pena	alties of perjury and other	er penalties set forth in the instructions. I	declare that I have	examined this return/re	nort in	cluding if applic	able, a Schedule	
SB or Sche	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as well a	as the electronic ver	sion of this return/repor	t, and to	o the best of my	knowledge and	
Donet, it io		722 (301)						
SIGN	* nathas M	ash	18/26/14	X J Nathan /	Mars	h		
HERE	Signature of plan ad	ministrator	Date	Enter name of individ			ninistrator	
SIGN		3337633155315			Y	V		
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	dual cia	ning og smalare		
Preparer's	name (including firm na	ime, if applicable) and address; include r		r (optional)	Prepa	ning as employe arer's telephone	number (optional)	
				• •	10.000 130		(optional)	
1					I.			

Pai	t III Financial Information				**						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year						
а	Total plan assets	7a	34778			314089					
575	Total plan liabilities	7b			\top						
c	Net plan assets (subtract line 7b from line 7a)	7c	34778	2				3	14089)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b) T	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)	1.5		1			Jul.		-	
	(2) Participants	8a(2)	2787	4		1 885					
	(3) Others (including rollovers)	8a(3)								TIV.	
b_	Other income (loss)	8b	5708	3		21-2020					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		*******					84957		
d	Benefits paid (including direct rollovers and insurance premiums								- 1001	-11 -11 -1	
	to provide benefits)	8d	11865	0							
7-17	Certain deemed and/or corrective distributions (see instructions)	8e		100							
f_	Administrative service providers (salaries, fees, commissions)	8f			5.					7.5	
	Other expenses	8g					£ 75c		-33		
Water Control	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	18650)	
	Net income (loss) (subtract line 8h from line 8c)	8i						7.	33693	3	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics					5.5.4				-	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cod	es from the List of Plan Char	acleris	tic Co	des in	the instruc	tions	•		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Chara	cterist	ic Coc	les in t	he instructi	ons:			1
D	V Campliana Ouastiana				-						_
Pari	· · · · · · · · · · · · · · · · · · ·				2000	7.0.					
10	During the plan year:				Yes	No		Amo	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	iciary Corre	ction Program)	10a		х					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	iclude transactions reported	10b		х		15000			
c	Was the plan covered by a fidelity bond?		•••••••••••	10c	X		2.00		-	750	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	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.)	ner persons of the bene	by an insurance carrier, fits under the plan? (See	40-		x					
f	Has the plan failed to provide any benefit when due under the pla			10e		5					
The service of				10f		Х					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	E		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	ne required 1-3	notice or one of the	10i				ži, j			
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	fule SE	(Form	П	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fr	om Schedu	le SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding			or se	ction :	302 of	ERISA?	Π	Yes	XI	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	ble.)								_
	If a waiver of the minimum funding standard for a prior year is being ranking the waiver.		Mon	ctions, th_	and e	enter th Day	e date of the	ne le Yea		ing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Forn	n 5500), and skip to line 13.						 -		
<u>b</u>	Enter the minimum required contribution for this plan year					12b		3391			_

	Form 5500-SF 2013 Page 3 - 1						
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)	404					
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					100	
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No			
31/	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 of the PBGC?	ne contro	1		Пү	es X	N
C	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.)						
13c(1) Name of plan(s):		13c(2)	EIN(s)		130	(3) PI	N(s)
						7	
				ĺ			
Part	VIII Trust Information (optional)			1-1-1			

14b Trust's EIN

14a Name of trust