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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	ctions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information				•	
For calenda	ar plan year 2013 or fise	cal plan year beginning 04/01/2014		and ending 1	0/31/20	014	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-particip	oant plan
B This ret	turn/report is:	the first return/report	he final return/report				
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description)				
Part II	Basic Plan Infor	mation—enter all requested information	tion				
1a Name	of plan				1b '	Three-digit	
METALS AN	ID MACHINING FABRIC	CATORS, INC. PROFIT SHARING PLA	N AND TRUST			plan number	
						(PN) ▶	001
					1c	Effective date of	
22 Dian o	nangar'a nama and add	draggi include room or quite number (on	unlayer if for a single	omployer plan)	2h /	06/01/	
	ND MACHINING FABRI	dress; include room or suite number (en CATORS	ipioyer, ir ior a sirigie-	employer plan)			fication Number 89052
					2c :	Sponsor's telep	
2004 S 14TH YAKIMA, WA					0 d 1	509-248	
TAKINA, W	A 30303				2a I	Business code (33290	see instructions)
		d address Same as Plan Sponsor Na		Sponsor Address	3b /	Administrator's I	EIN 89052
IETALS AND	MACHINING FABRICA	ATORS 2004 S. 14TH S YAKIMA, WA 98			3c /		telephone number
						509-248	3-8890
4 16.0	EDI 60	1 1 1 1 1 1 1 1			41		
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
name	, EIN, and the plan num	plan sponsor has changed since the la nber from the last return/report.	st return/report filed fo	or this plan, enter the	4b 4c		
name	, EIN, and the plan num or's name			·	4c		3
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	nber from the last return/report.					
a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	fit plans do not	4c 5a 5b		0
name. a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan yearat the end of the plan yearat the end of the plan year	an year (defined bene	rfit plans do not	4c 5a 5b 5c	PN	3 0 0 X Yes \ No
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	, EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	0 0 X Yes No
name. a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier and conditions.)	efit plans do not tions.)tions.) (IQI	4c 5a 5b 5c	PN	0
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder If you	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifiend conditions.) t use Form 5500-SF	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c PA)	PN	0 X Yes No X Yes No
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder If you	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifiend conditions.) t use Form 5500-SF	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c PA)	PN	0 0 X Yes No
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct n independent qualifiend conditions.) t use Form 5500-SF urance program (see	efit plans do not tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c PA) Form 5	PN	0 X Yes No X Yes No
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p	, EIN, and the plan numor's name number of participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified ind conditions.) t use Form 5500-SF urance program (see	tions.)d public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c PA) Form \$ 5 5 5 5 5 5 5 5 5 5	PN 5500. Yes No established.	0 X Yes No X Yes No Not determined
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualifier ind conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c Form \$ se is e oort, income.	PN 5500. Yes No established. Cluding, if applica	0 X Yes No X Yes No Not determined able, a Schedule
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualifier ind conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c Form \$ se is e oort, income.	PN 5500. Yes No established. Cluding, if applica	O X Yes No X Yes No Not determined able, a Schedule
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to	p. EIN, and the plan numor's name number of participants and participants and participants with a plete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified and conditions.)t use Form 5500-SF urance program (see ort will be assessed. I declare that I have I as the electronic ver	tions.)	4c 5a 5b 5c Form \$ se is e port, ind, and to	PN 5500. Yes No established. Cluding, if application the best of my	O X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc- n independent qualified nd conditions.)	tions.)	4c 5a 5b 5c Form \$ se is e port, ind, and to	PN 5500. Yes No established. Cluding, if application the best of my	O X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	, EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified and conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have I as the electronic ver 12/09/2014 Date	tions.)	4c 5a 5b 5c Form \$ se is e port, inc, and to	PN 5500. Yes No established. Cluding, if applicate the best of my	O X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	, EIN, and the plan numor's name number of participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed. I declare that I have I as the electronic ver 12/09/2014 Date Date	tions.)	4c 5a 5b 5c PA) Form 5 see is eport, income, and to	PN 5500. Yes No catablished. Cluding, if applicate the best of my ning as plan admining as employe	O X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	, EIN, and the plan numor's name number of participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed. I declare that I have I as the electronic ver 12/09/2014 Date Date	tions.)	4c 5a 5b 5c PA) Form 5 see is eport, income, and to	PN 5500. Yes No catablished. Cluding, if applicate the best of my ning as plan admining as employe	O X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	, EIN, and the plan numor's name number of participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed. I declare that I have I as the electronic ver 12/09/2014 Date Date	tions.)	4c 5a 5b 5c PA) Form 5 see is eport, income, and to	PN 5500. Yes No catablished. Cluding, if applicate the best of my ning as plan admining as employe	O X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	, EIN, and the plan numor's name number of participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed. I declare that I have I as the electronic ver 12/09/2014 Date Date	tions.)	4c 5a 5b 5c PA) Form 5 see is eport, income, and to	PN 5500. Yes No catablished. Cluding, if applicate the best of my ning as plan admining as employe	O X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	, EIN, and the plan numor's name number of participants and per of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed. I declare that I have I as the electronic ver 12/09/2014 Date Date	tions.)	4c 5a 5b 5c PA) Form 5 see is eport, income, and to	PN 5500. Yes No catablished. Cluding, if applicate the best of my ning as plan admining as employe	O X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	d of V	'oor	
<u>′</u> а	Total plan assets	7a	(a) Beginning of Tea		(b) End of Yea			eai ()	
_	Total plan liabilities	7a 7b			+					
	Net plan assets (subtract line 7b from line 7a)	76 7c	99574	0	+				C)
8	Income, Expenses, and Transfers for this Plan Year	76					/h	Total		
a	Contributions received or receivable from:		(a) Amount				a)) Total		
u	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4475	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							44751	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	103838	8						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	210	3						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	040491	1
i	Net income (loss) (subtract line 8h from line 8c)	8i						-	995740)
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics	۰,								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
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 instru	ctions		
Par	t V Compliance Questions									
	•				Vaa	N ₁ -				
10	During the plan year:	tiono within	n the time period described in		Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Was the assessment transport to the plan any participant in interest.)	iciary Corr	ection Program)	10a		X				
N.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
					X					E00000
				10c						500000
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	•							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	and)			Χ				
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h						
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	<u> </u>									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a				
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 beir granting the waiver.	ng amortize	ed in this plan year, see instru		, and e	enter th Day		of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year					12b	I			

Page	3 -	. 1	
raye	J		

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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	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.)	:0					
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust'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	t Identification Information			•	
For calend	dar plan year 2013 or t	fiscal plan year beginning	04/01/2014	and ending	10/31/2014	
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-participant plan	
B This re	eturn/report is:	the first return/report	X the final return/report			
		an amended return/report	x a short plan year retur	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	· · · - · · - · · - · · · · · · · ·	DFVC program	
		special extension (enter descr			_ bi vo program	
Part II	Basic Plan Info	ormation—enter all requested inf	Talles and the second s			
1a Name		ornation onto all requested in	omadon		1b Three-digit	
		ng Fabricators, Inc. I	Profit Sharing P	lan and Trust	plan number (PN) • 001	
					1c Effective date of plan 06/01/1978	
2a Plans Metals	sponsor's name and a and Machinin	ddress; include room or suite numbe ng Fabricators	er (employer, if for a single	-employer plan)	2b Employer Identification Numl (EIN) 91-0989052	per
2004 S	14th Street				2c Sponsor's telephone number 509-248-8890	r
Yakima		WA 98903			2d Business code (see instruction 332900	ons)
	administrator's name a	nd address Same as Plan Spons g Fabricators	or Name Same as Pla	n Sponsor Address	3b Administrator's EIN 91-0989052	
		-,			3c Administrator's telephone nul	mber
2004 S	. 14th Street				309 240-0090	
Yakima	H 10	WA 98903				
4 If the name	name and/or EIN of th e, EIN, and the plan nu	e plan sponsor has changed since t imber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN	
	sor's name				4c PN	
		at the beginning of the plan year			5a	3
		at the end of the plan year			5b	0
C Numb comp	per of participants with lete this item)	account balances as of the end of t	he plan year (defined bene	efit plans do not	5c	0
6a Were	all of the plan's asset	s during the plan year invested in el	ligible assets? (See instruc	etions.)	X Yes	No
under	r 29 CFR 2520.104-46	of the annual examination and report ? (See instructions on waiver eligible)	lity and conditions.)	***************************************	X Yes] No
		ither line 6a or line 6b, the plan c				
C If the	plan is a defined bene	fit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?	Yes No Not determi	ned
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable caus	se is established.	
Under pen SB or Sche	alties of perjury and ot	ther penalties set forth in the instruction nd signed by an enrolled actuary, as	tions. I declare that I have	examined this return/ren/	ort including if applicable a School	lule nd
SIGN HERE	Konel 1	D. Lillupie	12-9-14	RONALD GILLESP	IE	
· Hel Ve	Signature of plan a	administrator	Date	Enter name of individu	al signing as plan administrator	
SIGN HERE						
	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	al signing as employer or plan spor	nsor
Preparer's	name (including firm r	name, if applicable) and address; ind	clude room or suite numbe	r (optional)	Preparer's telephone number (option	onal)
				ŀ		-
		- A				

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T		(b) End of Year
а	Total plan assets	. 7a		9574	0		0
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	9	9574	0		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	. 8a(3)					
b	Other income (loss)	. 8b		4475	1		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					44751
d	Benefits paid (including direct rollovers and insurance premiums		1.0	2020			
	to provide benefits)	. 8d	10.	3838	8		
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			-		
	Administrative service providers (salaries, fees, commissions)	. 8f			_		
<u>g</u>	Other expenses	. 8g		210	3		
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			_		1040491
- -	Net income (loss) (subtract line 8h from line 8c)	. 8i					-995740
<u> </u>	Transfers to (from) the plan (see instructions)	· 8j					
	t IV Plan Characteristics						
9a ——	If the plan provides pension benefits, enter the applicable pension 2E 3D						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Cod	les in t	the instructions:
Par	V Compliance Questions						
10	During the plan year:		27. 100		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	n the time period described in	10a		Х	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		500000
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 instructions.)	ner persons of the ben	s by an insurance carrier, efits under the plan? (See	10e		Х	
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	nd.)	10g		Х	
h	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	Yes," see instructions and com	plete	Sched	lule SE	3 (Form Yes No
11a	Enter the unpaid minimum required contribution for current year fr		1. VSS			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon	ctions, th_	and e	nter th	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

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c	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?	XY	es 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 confidence of the PBGC?	ontrol		X Yes	 7 No
	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.)	0			
1	3c(1) Name of plan(s):	c(2) El	N(s)	13c(3) P	N(s)
				1	. , /
0100					

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust