Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan				oyee	OMB Nos. 1210-0 1210-0				
	rtment of the Treasury nal Revenue Service	This form is required to be file	_		065 of the Employee R	etirement		2017	
	epartment of Labor enefits Security Administration	Income Security Act of 1974		A), and sections 605 nue Code (the Code)		Internal	This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accorda	ance with the instru	uctions to the Form 5	Public Inspection 5500-SF.			
Part I		dentification Information							
For calenda	ar plan year 2017 or fise	cal plan year beginning 01/01/2				7/31/2017			
A This ret	turn/report is for:	X a single-employer plan	lis	t of participating em	an (not multiemployer) (ployer information in ac		-		
R This rote	urn/report is	a one-participant plan	af	oreign plan					
		the first return/report		final return/report					
_		an amended return/report	× a s	hort plan year returr	n/report (less than 12 m	onths)			
C Check I	box if filing under:	Form 5558		tomatic extension		DFVC p	orogram		
		special extension (enter descr	1 /						
Part II		mation—enter all requested inf	formatic	n					
1a Name	of plan MENT PLAN					1b Thre	e-digit number		
DIIKEIIKE						(PN)		001	
						1c Effe	ctive date of 07/01	•	
		er, if for a single-employer plan) n, apt., suite no. and street, or P.C) Box)				loyer Identifi	cation Number	
City or	town, state or province	, country, and ZIP or foreign post		(if foreign, see instru	uctions)	(EIN 2c Spo	,	none number	
DIAMOND I	ECHNOLOGY INNOVA	ATIONS, INC.					360-866-	-1337	
	R RD. S.W., BLDG. A					2d Busi		see instructions)	
OLYMPIA, W	A 98512						33990	00	
		🗖							
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spor	nsor.			3D Adm	inistrator's E	IN	
						3c Adm	inistrator's te	elephone number	
		plan sponsor or the plan name has sor's name, EIN, the plan name a				4b EIN			
•	or's name	sor s hame, Lin, the plan hame a			le last return/report.	4d PN			
C Plan N	lame								
5a Total r	number of participants a	at the beginning of the plan year				5a		0	
		at the end of the plan year				5b		0	
		ccount balances as of the end of	•	• • •	•	5c		0	
d(1) Tota	al number of active part	icipants at the beginning of the pla	lan year			5d(1)		0	
		ticipants at the end of the plan yea				5d(2)		0	
than	100% vested	erminated employment during the				5e		0	
		r incomplete filing of this return							
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a							
SIGN		alid electronic signature.		02/02/2018	TANYA S. JERNIGAN				
HERE	Signature of plan ad			Date	Enter name of individ		as plan adm	ninistrator	
SIGN						3			
HERE	Signature of employ	ver/plan sponsor		Date	Enter name of individ	ual signing	as employer	r or plan sponsor	

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

Form 5500-SF (2017) v.170203

c	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 cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th rt III Financial Information	and conditio ot use Forn nsurance pro	ns.) n 5500-SF and must instead u Igram (see ERISA section 4021)	se Form	5500. Yes No Not determined
Га 7	Plan Assets and Liabilities		(a) Reginning of Voor		(b) End of Year
<u>'</u> a	Total plan assets	7a	(a) Beginning of Year 2275461		
	Total plan liabilities	7a 7b	2210101		
	Net plan assets (subtract line 7b from line 7a)	7c	2275461		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	12867		
	(2) Participants	8a(2)	21495		
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	70786		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			105148
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	773210		
е	Certain deemed and/or corrective distributions (see instructions)	8e	14		
f	Administrative service providers (salaries, fees, commissions)	8f	4308		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			777532
i	Net income (loss) (subtract line 8h from line 8c)	8i			-672384
j	Transfers to (from) the plan (see instructions)	8j	-1603077		
Ра	rt IV Plan Characteristics				
9a	If the plan provides pension benefits, enter the applicable pension 2E $2G$ 2J 2K 2T 3D	feature code	es from the List of Plan Characte	eristic Co	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Character	istic Coo	des in the instructions:
Pa	rt V Compliance Questions				
-	During the plan year:		Ye	s No	Amount

	Program)	Tua		^	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
C	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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
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 the plan? (See instructions.).	10e	Х		3021
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com m 5500) and line 11a below)	nplete Sche	edule S	B		Yes	No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f		Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrunting the waiver.				of the lett _ Year		ng
lf y	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Entei	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a	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 Yes		No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				C
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes	No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t ch assets or liabilities were transferred. (See instructions.)	the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
BOURI	N & K	COCH, INC. 401(K) PROFIT SHARING PLAN 36	6-2827595			002		

	orm 5500-SF	Short Form Annua		t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089				
	partment of the Treasury ternal Revenue Service	This form is required to be filed	Benefit Plan ulred to be filed under sections 104 and 4065 of the Employee Retirement ity Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal							
	Department of Labor Benefits Security Administration	Income Security Act of 1974	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.							
	Benefit Guaranty Corporation	Complete all entries in a	Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection ntification Information							
Part I	Annual Report	Identification Information	iccordance with the insi	tructions to the Form :	5500-SF.					
	dar plan year 2017 or fi		01/01/2017	and ending	07/3	31/2017				
		X a single-employer plan				king this box must attach a				
A This re	eturn/report is for:	a one-participant plan	list of participating er	mployer information in a	accordance with the form instructions					
B This re	turn/report is	the first return/report	x the final return/report							
		an amended return/report	X a short plan year retu	rn/report (less than 12 n	nonths)					
C Check	box if filing under:		-							
• • • • • • • • •	box in hing under.	Form 5558	automatic extension		DFVC p	rogram				
Part II	Decis Dian Infe	special extension (enter descri								
		rmation—enter all requested info	ormation		1.41					
1a Name					1b Three	e-digit number 001				
DTI REI	IREMENT PLAN				(PN)					
						tive date of plan				
0						1/2007				
Mailin	g address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta	Box)	ructiona)		oyer Identification Number 71-0975197				
		INNOVATIONS, INC.	r code (in foreign, see mst	ructions)	2c Spon	sor's telephone number				
					360-866-1337					
1043 K	AISER RD. S.W.	, BLDG. A			20 Busin 3399(ess code (see instructions)				
OLYMPI	7				55550	50				
		WA 98512								
Ja Plan a	administrator's name an	d address 🛛 Same as Plan Spons	sor.		3b Admir	histrator's EIN				
					3c Admir	nistrator's telephone number				
4 If the	name and/or EIN of the	plan sponsor or the plan name has	changed since the last r	eturn/report filed for	4b EIN					
	ian, enter the plan spon or's name	sor's name, EIN, the plan name an	d the plan number from ti	he last return/report.	4d PN					
C Plan N					40 PN					
5a Total	number of participants a	at the beginning of the plan year			5a	0				
		at the end of the plan year			5b	0				
C Numb	er of participants with a	ccount balances as of the end of th	e plan year (only defined	contribution plans	5c					
						0				
		icipants at the beginning of the plar			5d(1)	0				
d(2) Tota	al number of active part	icipants at the end of the plan year			5d(2)	0				
than than	to the steel and the second termination of the second second second second second second second second second s	erminated employment during the p	plan year with accrued be	nefits that were less	5e	0				
Caution: A	penalty for the late of	r incomplete filing of this return/	report will be assessed	unless reasonable car	use is establ	lished				
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruction d signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	port includin	a if applicable in Schodula				
SIGN	2 AD C.	/	2/2/10	. To	7-					
HERE	Planet Strang		v2/2/18	V Tanyas O	erniga	M				
	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing as	s plan administrator				
SIGN										

SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
For Paper	work Reduction Act Notice, see the Instructions for Form 5	500-SF.	Form 5500-SF (2017)

P	ag	e	2

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗍 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 🔲 No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
D		
Ра	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) En	d of Year	
a	Total plan assets	7a	2,	275,	461				0
)	Total plan liabilities	7b							
2	Net plan assets (subtract line 7b from line 7a)	7c	2,	275,	461				0
	Income, Expenses, and Transfers for this Plan Year	1 2 - 1	(a) Amoun	t			(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		12,	367	1.6			i sa C
_	(2) Participants	8a(2)		21,4	495				
_	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		70,	786				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							105,148
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		773,	210				
e	Certain deemed and/or corrective distributions (see instructions)	8e			14	2			
f	Administrative service providers (salaries, fees, commissions)	8f		4,	308			1.0	
g	Other expenses	8g				1. 1.			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1.1					777,532
	Net income (loss) (subtract line 8h from line 8c)	8i							-672,384
1_						1.			
)a	2E 2G 2J 2K 2T 3D		des from the List of Pla		racteris				
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D 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 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, 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 plane.	feature co	des from the List of Pla	an Cha	racteris				
9a b Pa	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f	feature co	des from the List of Pla	an Cha	racteris			tructions	
)a b a 0	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D 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 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, 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 plane.	feature cod eature cod utions withir /oluntary F	des from the List of Pla es from the List of Plar n the time period iduciary Correction	an Cha	racteris	ic Codes			
b b a 0	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Notes of the plan provides of the plan provid	feature cod eature cod utions withir /oluntary F	des from the List of Pla es from the List of Plar n the time period iduciary Correction include transactions	an Chara	racteris	ic Codes		tructions	
b b 0	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan the plan provides welfare benefits, enter the applicable welfare f If the plan	feature cod ieature cod utions withir /oluntary F t? (Do not i	des from the List of Pla es from the List of Plar n the time period iduciary Correction include transactions	an Chara n Chara 10a	racteris	No X		tructions	
b a 0	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) O Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	feature cod eature cod utions withir /oluntary F t? (Do not i	des from the List of Pla es from the List of Plar n the time period iduciary Correction include transactions nd, that was caused	an Chara n Chara 10a 10b	racterist Acterist	No X		tructions	
b b c c c	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan year: A Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's N Program) O Were there any nonexempt transactions with any party-in-interes 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	feature cod eature cod utions withir /oluntary F t? (Do not i s fidelity bor her persons ne or all of	des from the List of Pla es from the List of Plar in the time period iduciary Correction include transactions include transactions ind, that was caused s by an insurance the benefits under	an Chara n Chara 10a 10b 10c	racterist Acterist	No X X		tructions	
a	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan year: If the plan provides to transmit to the plan any participant contributed escribed in 29 CFR 2510.3-102? (See instructions and DOL's N Program) If the plan provides to transmit to the plan any party-in-interes reported on line 10a.) If the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? If the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? If the plan have a service, or other organization that provides some transmit to any brokers, agents, or ot carrier, insurance service, or other organization that provides some transmit to the plan have a service or there organization that provides some transmeteres and there any fees	feature cod ieature cod utions within /oluntary F t? (Do not i s fidelity bor her persons ne or all of	des from the List of Pla es from the List of Plan in the time period iduciary Correction include transactions include transactions ind, that was caused s by an insurance the benefits under	an Chara n Chara 10a 10b 10c 10d	Yes X	No X X		tructions	500,000
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan year: If Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's N Program) If Were there any nonexempt transactions with any party-in-interes reported on line 10a.) If Was the plan covered by a fidelity bond? If the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? If Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	feature cod eature cod utions withir /oluntary F t? (Do not i fidelity bon her persons ne or all of an?	des from the List of Pla es from the List of Plar in the time period iduciary Correction include transactions and, that was caused s by an insurance the benefits under	an Chara n Chara 10a 10b 10c 10d 10e 10f	Yes X	NO X X X X		tructions	500,000
9a b 10 10	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan the plan year: A Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions with any party-in-interes reported on line 10a.) D Were there any nonexempt transactions with any party-in-interes reported on line 10a.) Was the plan covered by a fidelity bond? D Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	feature cod reature cod utions within /oluntary F t? (Do not i s fidelity bor her persons ne or all of an? as of year-e (See instru	des from the List of Pla es from the List of Plan in the time period iduciary Correction include transactions include transactions and, that was caused s by an insurance the benefits under	an Chara n Chara 10a 10b 10c 10d	Yes X	NO X X X X		tructions	500,000

Form 5500-SF 2017

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	omplete Sch	edule S	В		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 Co ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			F		Yes 🗶 No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver.		d enter t		of the lette Year	er ruling
ify	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter the minimum required contribution for this plan year		12b			
c	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le 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 Yes		10
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?				X Yes [No
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):	13c(2)) EIN(s)		13c(3) PN(s)
Bour	n & Koch, Inc. 401(k) Profit Sharing Plan 36-28			5	002	