-	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	nal Revenue Service	This form is required to be filed				2017
	partment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to
Pension Be	nefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Public Inspection
Part I		dentification Information				
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/2			2/31/2017	
A This ret	urn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)
<b>B</b> This retu	rn/ronort in	a one-participant plan	a foreign plan			
		the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check b	box if filing under:	Form 5558	automatic extension	[	DFVC p	rogram
		special extension (enter descri	ption)			
Part II	Basic Plan Info	mation—enter all requested info	ormation			
1a Name	of plan				1b Three	
PEIZER & ZI	ONTZ, P.S. PROFIT S	HARING & 401(K) PLAN			plan (PN)	number 001
				-	· · · /	tive date of plan
						07/01/1984
		rer, if for a single-employer plan) n, apt., suite no. and street, or P.O	. Box)		2b Empl (EIN)	oyer Identification Number 91-1231539
City or PEIZER & ZI		e, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	· · /	nsor's telephone number 206-682-7700
				-	2d Busir	ness code (see instructions)
720 THIRD A	VE.					541110
SUITE 1600 SEATTLE, W	/A 98104					
<b>3a</b> Plan ad	dministrator's name an	d address X Same as Plan Spon	sor		<b>3b</b> Admi	nistrator's EIN
				-		
					3C Admi	nistrator's telephone number
		plan sponsor or the plan name ha			4b EIN	
a Sponso		sor's name, EIN, the plan name a	nd the plan number from tr	ie last return/report.	<b>4d</b> PN	
C Plan N	ame					
5a Total r	number of participants	at the beginning of the plan year			5a	5
<b>b</b> Total r	number of participants	at the end of the plan year			5b	4
		ccount balances as of the end of t			5c	3
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	5
		ticipants at the end of the plan yea			5d(2)	4
		terminated employment during the			5e	0
Caution: A	penalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable cau		
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a lete.				
SIGN		valid electronic signature.	07/19/2018	MARTIN ZIONTZ		
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN						
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor

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

Form 5500-SF (2017) v.170203

6a b	Were all of the plan's assets during the plan year invested in eligib 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	an indepei and condit	ndent qualified public accountant (I	QPA) Yes [] No				
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C 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.)							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	1037311	1209565				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1037311	1209565				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	15679					

0		10	1001011	.200000
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	15679	
	(2) Participants	8a(2)	36743	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	127754	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		180176
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	7922	
g	Other expenses	8g		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7922
i	Net income (loss) (subtract line 8h from line 8c)	8i		172254
j	Transfers to (from) the plan (see instructions)	8j		
_				

## Part IV Plan Characteristics

9a	If the	plan j	provid	les pe	ension	benef	its, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E	2F	2G	2J	2K	2T	3D	

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10	a	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	5	x	
С	Was the plan covered by a fidelity bond?	x X		250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10	ł	×	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	e	x	
f	Has the plan failed to provide any benefit when due under the plan? 10	F	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	9	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	n	x	
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	i		

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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 complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	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 or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	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	Ente	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 of a ative amount)	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	: <b>(3)</b> F	'N(s)

Form 5500-SF Dependent of a multiple removes and a sectors (50 and 605 of the Employee Reference to the sector (10 and 605 of the Employee Reference to the sector) (50 and 605 of the Sector) (50 and 605 of the Employee Reference to the sector) (50 and 605 of the Sector) (50 and 605 of the Employee Reference to the sector) (50 and 605 of the Employee Reference to the sector) (50 and 605 of							
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Revenue Code (the Code).         This Form is Open to Particle State (the Code).         This Form is Open to Particle State (the Code).           Part II         Annual Report Identification Information         a complete all entries in accordance with the instructions to the Form SS00-SF.         Part II (the State (the Code).         Part II (the State (	Interna	I Revenue Service	This form is required to be file	ed under sections 104 an	d 4065 of the Employee	Retirement	2017
Part I       Annual Report dentification Information       For endoting the interfection Information matemplayer (Filers checking this book must attach a list of participant plan is a single employer plan (information plan per plan (information plan per plan (information plan per plan (information plan plan plan plan plan plan plan pla	Employee Ben	efits Security Administration	- Income Security Act of 1974	Revenue Code (the Co	057(b) and 6058(a) of th de).	e Internal	
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A       This return/report is for:	Part I	Annual Report	t Identification Information				
A       This return/report is for: <ul> <li>a one-participant plan</li> <li>a foreign plan</li> <li>b first return/report is</li> <li>b e first return/report</li> <li>c one-participant plan</li> <li>b first return/report</li> <li>b e first return/report</li> <li>c one-participant plan</li> <li>b first return/report</li> <li>c one-participant plan</li> <li>b first return/report</li> <li>c one-participant plan</li> <li>b first return/report</li> <li>c one-participant plan</li> <lic li="" one-participant="" plan<=""> <li< td=""><td>For calendar</td><td>plan year 2017 or t</td><td>fiscal plan year beginning</td><td>01/01/2017</td><td>and ending</td><td>12/</td><td>31/2017</td></li<></lic></ul>	For calendar	plan year 2017 or t	fiscal plan year beginning	01/01/2017	and ending	12/	31/2017
B This return/report is         a one-participant plan         a foreign plan         B This return/report is         the first return/report         a storp fan year return/report (less than 12 months)         C Check box if filing under:         Form 558         automatic extension         DFVC program         Part II       Basic Plan Information—enter al requested information         DFVC program         Part II       Basic Plan Information—enter al requested information         DFVC program         Part II       Basic Plan Information—enter al requested information         D Three-digit plan number         Part II       Basic Plan Information—enter al requested information         D Three-digit plan number         CD of the plan sponsor's name (employer, If or a single-employer plan)         D Three-digit plan number         O11         CD of the plan sponsor basic or pronous plat, suite no and street, or P.O. Box)         D Three-digit plan number         D Three-digit plan number         CD of the plan sponsor spite or pronous plat, suite no and street, or P.O. Box)         D Three-digit plan (Hentification Number         D Three-digit plan number         20       This return Aree.         D Three digit plan number         D Three digit plan number         D Three digit plan number         210       This return Aree.         D Three digit plan number         D Three digit plan number         D D D D D D D D D D D D D D D D D D D	A This retur	m/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	(Filers checki	ng this box must attach a
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C       C Check box if filing under:              [ Form 5558             ] automatic extension             ] DFVC program             [ Special extension (enter description)             ]             Part II             Basic Plan Information—enter all requested information             1a Name of plan             Period             Per			Η	<u> </u>		10	
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Part II.       Basic Plan Information—enter all requested information         1a Name of plan       Perizer & 2 clontz, P.S.         Profit Sharing & 401(k) Plan       1c Effective date of plan         2a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt, sulte no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer identification Number (EN9)1-1231539         720 Third Ave, Suite 1600       2c Sponsor's telephone number (206) 562-7700       2d Business code (see instructions)         720 Third Ave, Suite 1600       Same as Plan Sponsor.       3b Administrator's telephone number (206) 562-7700         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan year       5a       5a         5a Total number of participants at the beginning of the plan year       5a       5b       4         64 Number of participants with account balances as of the end of the plan year       5c       3c <td></td> <td>an ming under</td> <td></td> <td></td> <td>1</td> <td></td> <td>ogram</td>		an ming under			1		ogram
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Peizer & Ziontz, P.S.       22 Sponsor's telephone number (206) 682-7700         720 Third Ave. Suite 1600       WA 98104       541110         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's ElN         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number         4 If the name and/or ElN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name. ElN, the plan name and the plan number from the last return/report.       4b ElN         4 If the name and/or ElN of the plan sponsor or the plan name and the plan number from the last return/report.       4b ElN         5a Total number of participants at the beginning of the plan year       5a         5a Total number of participants at the edo of the plan year       5b         6 Number of participants with account balances as of the end of the plan year       5d(1)         5       5d(2)       4         6 Number of active participants at the engloming of the plan year       5d(2)         64 Number of active participants at the englome return report will be assessed unless reasonable cause is established.       0         Caution: A panalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalities of periury and other penalities set furth in the information.       5e       0         Cauti	City or to	wn, state or provinc	ce, country, and ZIP or foreign post	л. Вох) al code (if foreign, see ins	structions)	(EIN)9	1-1231539
720 Third Ave.       2d Business code (see instructions)         Suite 1600       Seattle       WA 98104       541110         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN       3c Administrator's EIN         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.       4b EIN         4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year.       5a       5b       4         6 Number of participants at the end of the plan year.       5c       3       3         d(1) Total number of active participants at the end of the plan year.       5d(1)       5       5       3         d(2) Total number of active participants at the end of the plan year.       5d(2)       4       6       3         d(2) Total number of active participants at the end of the plan year with accound beances as of the end of the plan year with accound beances as of the end of the plan year with accound beances.       5d(2)       4         d(2) Total number of active participants with terminated employment during the plan year with accou	Peizer &	Ziontz, P.	S.		2		
Suite 1600 Seattle     WA 98104     541110       3a Plan administrator's name and address     Same as Plan Sponsor.     3b Administrator's EIN       3c Administrator's telephone number     3c Administrator's telephone number       4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.     4b EIN       4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report.     4b EIN       5a Sponsor's name     5a     5a       c Plan Name     5a     5a       5a Total number of participants at the beginning of the plan year     5a     5c       b Total number of participants at the end of the plan year     5c     3c       d(1) Total number of active participants at the beginning of the plan year     5d(1)     5c       d(2) Total number of active participants at the end of the plan year     5d(2)     4       e Number of participants with accound balances as of the end of the plan year with accrued benefits that were less     5e     0       Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.     0       Caution: A penalty for the late or incomplete filing of this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an encited action.     7/19/18     Martin Ziontz							
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this plan, enter the plan sponsor's name. EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         5a Total number of participants at the beginning of the plan year       5a       5         b Total number of participants at the end of the plan year       5b       4         c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       3         d(1) Total number of active participants at the beginning of the plan year       5d(1)       5         d(2) Total number of active participants at the beginning of the plan year       5d(2)       4         e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Cauton: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0       0         Under penalties of periory and other penalties set forth in the instructions, I declare that 1 have examined this return/report, including, if applicable, a Schedule BS completed and, signed by an entrolled action, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct and signed by an entrolled action, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true correct and signed by an entrolled action, as well as the electronic version of this return/report, and to the best of my knowledge and belief,						3c Admini	strator's telephone number
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SIGN HERE       Martin Ziontz         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	Under penalti SB or Schedu	es of perjury and ot le MB completed a	her penalties set forth in the instruct nd signed by an encolled actionry, a	tions. I declare that I have	e examined this return/re	nort including	if applicable a Schodule
HERE     Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN HERE     Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan sponsor	SIGN	VIm	M. M	7/19/18	Martin Ziontz		]
SIGN HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	plan administrator
Signature of employer/plan sponsor / Date Enter name of individual signing as employer or plan sponsor	HERE	/	/)/				
	S	Reduction Act Notic	e, see the Instructions for Form 5500-	SF.	Enter name of individ	ual signing as	employer or plan sponsor Form 5500-SF (2017)

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Form 5500-SF 2017

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b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> 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 the	an independ and condition ot use Form Insurance pro-	dent qualified public accountant (IQPA) ns.) n 5500-SF and must instead use For ogram (see ERISA section 4021)?	
Ра 7	rt III         Financial Information           Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	1,037,311	1,209,565
	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1,037,311	1,209,565
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	15,679	
	(2) Participants	8a(2)	36,743	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	127,754	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		180,176
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	7,922	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7,922
i	Net income (loss) (subtract line 8h from line 8c)	8i		172,254
i	Transfers to (from) the plan (see instructions)	8j	terms of the second	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

## b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	Х		250,000
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	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		x	
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	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	ter an i ar r
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule	SB [	Yes 🛛 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Yes 🛛 No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	d enter Da		letter ruling ear
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
с	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No	0 🗌 N/A
Part	/II Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Ye	s 🗙 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		
25	3c(1) Name of plan(s): 13c(2	EIN/e	) 1	3c(3) PN(s)