-	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emplo Benefit Plan				
Inter	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						2017
	epartment of Labor enefits Security Administration	Income Security Act of 1974	057(b) and 6058(a) of the de).	Internal		This Form is Open to Public Inspection	
Pension Be	enefit Guaranty Corporation	Complete all entries in		tructions to the Form 55	500-SF.	Fublic	c inspection
Part I		Identification Information		and an diam. At			
For calenda	ar plan year 2017 or fi	scal plan year beginning 01/01/2			2/31/2017	ring this have	must attach a
A This ret	urn/report is for:	X a single-employer plan	list of participating e	blan (not multiemployer) ( mployer information in ac		-	
<b>B</b> This rote	urn/report is	a one-participant plan	a foreign plan				
		the first return/report	the final return/report				
		an amended return/report	a short plan year retu	irn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram	
		special extension (enter desc	ription)				
Part II	Basic Plan Info	prmation—enter all requested in	formation				
1a Name	•				1b Three		
RICHARD A	. BACKER, CPA, PC	SAVINGS PLAN			plan (PN)	number	001
					· · · ·	tive date of	
						01/01/	
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	) Box)			-	cation Number
City or		ce, country, and ZIP or foreign post		structions)	(EIN) 2c Spor	nsor's teleph	one number
					04 5 1	212-719-	-
108 WEST 3	9TH STREET				<b>ZU</b> Busir		ee instructions)
SUITE 400 NEW YORK,						54121	1
<b>3a</b> Plan a	dministrator's name a	nd address 🗙 Same as Plan Spo	nsor.		<b>3b</b> Admi	inistrator's E	IN
					3c Admi	inistrator's te	elephone number
		e plan sponsor or the plan name ha			4b EIN		
•	an, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	<b>4d</b> PN		
C Plan N					TU FN		
5a Total r	number of participants	at the beginning of the plan year			5a		6
		at the end of the plan year			5b		6
		account balances as of the end of			5c		6
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)		4
• •		articipants at the end of the plan ye			5d(2)		4
		b terminated employment during the			5e		0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau	use is estal	blished.	
Under pena SB or Sche	alties of perjury and of edule MB completed a	ther penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includi	ng, if applica	
	true, correct, and com	plete. I/valid electronic signature.	09/09/2018	RICHARD BACKER			
SIGN HERE						oo plan <del>a l</del> ee	inistrator
	Signature of plan a		Date	Enter name of individe	uai signing :	as pian adm	mistrator
SIGN HERE		I/valid electronic signature.	09/09/2018	RICHARD BACKER			
	Signature of emplo	oyer/plan sponsor	Date	Enter name of individe	ual signing		or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib							X Yes N	0
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.)								
	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	<b>C</b> 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 th	e PBGC p	premium filing for this p	lan yea	r			(See instructions.)	)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
a	Total plan assets	7a		26845				546092	
	•	7u 7b							
	Net plan assets (subtract line 7b from line 7a)	7c	4	26845				546092	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amoun	ht			(b)	Total	
	Contributions received or receivable from:		(4) /						
	(1) Employers	8a(1)	(	60941					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		71336					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							132277	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13030	030				
е	Certain deemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						13030	
i	Net income (loss) (subtract line 8h from line 8c)	8i						119247	
j	Transfers to (from) the plan (see instructions)	8j							
Ра	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3B 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	les in the inst	ructions:	
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•	•	10a		x			
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
c	Was the plan covered by a fidelity bond?			10c	х			55000	
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som								

the plan? (See instructions.)

Has the plan failed to provide any benefit when due under the plan? .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) ..... 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.....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

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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	1 ×	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> P	'N(s)

	Form 5500-SF	Short Form Annual Re		of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	This form is required to be filed	enefit Plan	and 4065 of the Employ		2017			
	Department of Labor ployee Benefits Security Administration Pension Benefit Guaranty Corporation	e Benefits Security Administration the Internal Revenue Code (the Code).							
P	art I Annual Report Id	dentification Information	lance with the instru	ctions to the Form 55	00-SF.	\*			
	calendar plan year 2017 or fisca		01/01/2017	and ending	12/31	L/2017			
	This return/report is for:	a one-participant plan the first return/report	a list of participating e a foreign plan the final return/report	employer information in	accordance	king this box must attach with the form instructions.)			
		Form 5558	automatic extension	rn/report (less than 12	12 months)				
		mation enter all requested inform	mation		1.41				
1a	Name of plan Richard A. Backer, C	PA, PC Savings Plan			(PN)	number			
						01/2011			
2a		er, if for a single-employer plan) , apt., suite no. and street, or P.O. Bo , country, and ZIP or foreign postal co		ructions)		oloyer Identification Number			
	Richard A. Backer, C				Contraction of the second s	nsor's telephone number 2) 719–9212			
	108 West 39th Street Suite 400 US New York NY 10018				2d Business code (see instructions) 541211				
3a	Plan administrator's name and	address X Same as Plan Sponsor			3b Adm	inistrator's EIN			
					3c Adm	inistrator's telephone number			
4		plan sponsor or the plan name has cha or's name, EIN, the plan name and the			4b EIN				
	Sponsor's name Plan Name	o o name, Env, ne plan name and un			<b>4d</b> PN				
5a	Total number of participants at	the beginning of the plan year			. 5a	6			
b		the end of the plan year				6			
С		count balances as of the end of the pl			5c	6			
d(		ipants at the beginning of the plan year			E-1(4)	4			
d(	2) Total number of active partic	ipants at the end of the plan year			5d(2)	4			
e	Number of participants who ter	minated employment during the plan	year with accrued ber	nefits that were	Ea	0			
Ca	ution: A penalty for the late or	r incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	ause is estat	blished.			
Un SB	der penalties of perjury and othe or Schedule MB completed and lief, it is true, correct, and completed	er penalties set forth in the instruction d signed by an enrolled actuary, as we ete.	s, I declare that I have	e examined this return/r	eport, includii	ng, if applicable, a Schedule			
S	IGN June 49	Radle	9/9/18	Richard A. Bac	ker, CPA				

HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Jun Bulle	9/9/18	Richard A. Backer, CPA				
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

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.)

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XYes No

XYes No

с	If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC ins If "Yes" is checked, enter the My PAA confirmation number from the	PBGC premi	ium filing for this year						(See instruc	
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Year	•			(b) En	id of Year	
a	Total plan assets	7a	42	26,8	45				546,0	092
b	Total plan liabilities	7b								
с	Net plan assets (subtract line 7b from line 7a)	7c	42	26,8	45				546,0	092
8	Income, Expenses, and Transfers for this Plan Year	A DET REAL	(a) Amount					(b	) Total	
а	Contributions received or receivable from:			- 0	41					
	(1) Employers	8a(1)		50,9						
-	(2) Participants	8a(2)			0		-			
	(3) Others (including rollovers)	8a(3)							THE REAL PROPERTY.	1000
b	Other income (loss)	8b		1,3	36					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			£.			Charles and	132,2	277
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	13,0	30					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
F	Administrative service providers (salaries, fees, commissions)	8f			0	1				CAN A
-	Other expenses	8g			0					
g h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				No. Solida			13,	030
		0.000	and the second						119,3	
	t income (loss) (subtract line 8h from line 8c) 8i									
-						E STOP				
-	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3H	8j	from the List of Plan Ch	naract	eristic	Code	s in the	e instru	ictions:	
9a	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension feature	8j ature codes t								
ða b	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3H	8j ature codes t								
)a b	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3H    If the plan provides welfare benefits, enter the applicable welfare feat    art V  Compliance Questions    During the plan year:	8j ature codes fr	om the List of Plan Cha			Codes				
a b Pa	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3D  3H    If the plan provides welfare benefits, enter the applicable welfare feat    art V  Compliance Questions    During the plan year:  Was there a failure to transmit to the plan any participant contributi	8j ature codes fr ture codes fr ons within th	om the List of Plan Cha		ristic	Codes	in the		tions:	
b Pa	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3D  3H    If the plan provides welfare benefits, enter the applicable welfare feat    art V  Compliance Questions    During the plan year:	8j ature codes fr ture codes fr ons within th	om the List of Plan Cha		ristic	Codes No	in the		tions:	
a b Pa a	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3H    If the plan provides welfare benefits, enter the applicable welfare feat    art V  Compliance Questions    During the plan year:    Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)	8j ature codes fr ture codes fr ons within th untary Fiduc	om the List of Plan Cha te time period iary Correction		ristic	Codes	in the		tions:	
a b Pa a	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3H    If the plan provides welfare benefits, enter the applicable welfare feat    art V  Compliance Questions    During the plan year:    Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)    Were there any nonexempt transactions with any party-in-interest?	8j ature codes fr ture codes fr ons within th untary Fiduc	om the List of Plan Cha the time period diary Correction	aracte	ristic	No x	in the		tions:	
b Pa a	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3H    If the plan provides welfare benefits, enter the applicable welfare feat    art V  Compliance Questions    During the plan year:    Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)    Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	8j ature codes fr ture codes fr ons within th untary Fiduc	om the List of Plan Cha the time period diary Correction ude transactions	10a	Yes	Codes No	in the		tions: Amount	
b Pa a k	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3D  3H    If the plan provides welfare benefits, enter the applicable welfare feal    art V  Compliance Questions    During the plan year:  Vas there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)    Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?	8j ature codes fr ture codes fr ons within th untary Fiduc	om the List of Plan Cha te time period diary Correction ude transactions	aracte	Yes	No x	in the		tions: Amount	
b Pa a	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3D    If the plan provides welfare benefits, enter the applicable welfare feat    art V  Compliance Questions    During the plan year:    Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)    Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)    Was the plan covered by a fidelity bond?    Did the plan have a loss, whether or not reimbursed by the plan's fit	8j ature codes fr ture codes fr ons within th untary Fiduc	om the List of Plan Cha e time period iary Correction ude transactions that was caused	10a	Yes	No x	in the		tions: Amount	
b Pa o c	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3D  3H    If the plan provides welfare benefits, enter the applicable welfare feat    art V  Compliance Questions    During the plan year:  Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)    Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)    Was the plan covered by a fidelity bond?    Did the plan have a loss, whether or not reimbursed by the plan's fit	8j ature codes fr ture codes fr ons within th untary Fiduc (Do not incl idelity bond,	om the List of Plan Cha e time period iary Correction ude transactions that was caused	10a 10b 10c	Yes	No x x	in the		tions: Amount	
b Pa a b	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3D  3H    If the plan provides welfare benefits, enter the applicable welfare feal    art V  Compliance Questions    During the plan year:  Nas there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)    Was the plan covered by a fidelity bond?	8j ature codes fr ture codes fr ons within th untary Fiduc (Do not incl idelity bond, er persons by e or all of the	om the List of Plan Cha ne time period iary Correction ude transactions that was caused y an insurance benefits under	10a 10b 10c 10d	Yes	No x x x	in the		tions: Amount	
a Pa a b	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3D  3H    If the plan provides welfare benefits, enter the applicable welfare feat    art V  Compliance Questions    During the plan year:  Vas there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)    Was the plan covered by a fidelity bond?  Was the plan covered by a fidelity bond?    Was the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?    Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	8j ature codes fr ture codes fr ons within th untary Fiduc (Do not incl idelity bond, er persons by e or all of the	om the List of Plan Cha e time period iary Correction ude transactions that was caused y an insurance benefits under	10a 10b 10c 10d	Yes	No x x	in the		tions: Amount	
a Pa a b	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3D  3H    If the plan provides welfare benefits, enter the applicable welfare feal    art V  Compliance Questions    During the plan year:  Nas there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)    Was the plan covered by a fidelity bond?	8j ature codes fr ture codes fr ons within th untary Fiduc (Do not incl idelity bond, er persons by e or all of the	om the List of Plan Cha e time period iary Correction ude transactions that was caused y an insurance benefits under	10a 10b 10c 10d	Yes	No x x x	in the		tions: Amount	
b Pa o c	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3D  3H    If the plan provides welfare benefits, enter the applicable welfare feal    art V  Compliance Questions    During the plan year:  Vas there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)    Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?    Was the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)    Has the plan failed to provide any benefit when due under the plan	8j ature codes fr ture codes fr ons within th untary Fiduc (Do not incl idelity bond, er persons by e or all of the ?	om the List of Plan Cha ne time period iary Correction ude transactions that was caused y an insurance benefits under	10a 10b 10c 10d	Yes	No x x x x	in the		tions: Amount	
b Pa d b c c f	Transfers to (from) the plan (see instructions)    art IV  Plan Characteristics    If the plan provides pension benefits, enter the applicable pension fea    2A  2E  3B  3D  3H    If the plan provides welfare benefits, enter the applicable welfare feal    art V  Compliance Questions    During the plan year:  Nas there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)    Was the plan covered by a fidelity bond?	8j ature codes fr ture codes fr ons within th untary Fiduc (Do not incl idelity bond, idelity bond, er persons by e or all of the ?	om the List of Plan Cha e time period iary Correction ude transactions that was caused y an insurance benefits under	10a 10b 10c 10d 10e	Yes	No x x x x x x x	in the		tions: Amount	55,00

Form 5500-SF 2017

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Par	VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)								
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a								
12	ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver Month		e of the letter ruling Year					
lf y	ou 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 the 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					
Par	VII 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?		Yes X No					
С	C 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	13c(2) EIN 13c(2) EIN	l(s)	13c(3) PN(s)					