## 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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Pai	rt I	Annual Report	rt Identification Information	)								
For c	alenda	r plan year 2017 or	fiscal plan year beginning 01/01/2	2017		and ending 1	2/31/2017					
<b>A</b> TI	his retu	ırn/report is for:	a single-employer plan	lis	st of participating em	in (not multiemployer) ployer information in a		-				
<b>B</b> Th	nis retu	rn/report is	a one-participant plan  the first return/report		foreign plan e final return/report							
			an amended return/report	H		/report (less than 12 n	nonths)					
<b>C</b> C	heck b	ox if filing under:	Form 5558 special extension (enter description)	ш	utomatic extension		DFVC p	orogram				
Do	.4 II	Dania Dian Ini										
Par			formation—enter all requested in	formation	on		1h Thro	a diait				
	Name o	•	C PROFIT SHARING PLAN				<b>1b</b> Thre	number	001			
							_ ` '	ctive date of				
N	Mailing	address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C				2b Emp	loyer Identif	ication Number			
		town, state or proving RS LAW FIRM, PSC	nce, country, and ZIP or foreign post	tal code	e (if foreign, see instru	uctions)	2c Spo	nsor's telep 859-491	hone number -3000			
							2d Busi	usiness code (see instructions)				
	1017 RUSSELL STREET COVINGTON, KY 41011-3052						10					
3a Plan administrator's name and address X Same as Plan Sponsor.					<b>3b</b> Adm	<b>3b</b> Administrator's EIN						
	3c Administrator's telephone number					elephone number						
			the plan sponsor or the plan name had bonsor's name, EIN, the plan name a				4b EIN					
	Sponso Plan Na	or's name ame					4d PN					
5a	Total n	umber of participan	its at the beginning of the plan year				. 5a		9			
<b>b</b> -	Total n	umber of participan	its at the end of the plan year				. 5b		8			
			h account balances as of the end of			•	. 5c		8			
d(1	l) Tota	I number of active p	participants at the beginning of the pl	lan yea	r		5d(1)		6			
d(2	<b>2)</b> Tota	I number of active p	participants at the end of the plan ye	ar			5d(2)		5			
	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested											
Cauti	ion: A	penalty for the lat	e or incomplete filing of this return other penalties set forth in the instru-	n/repor	t will be assessed to	unless reasonable ca	use is esta	blished.	eable a Schodula			
SB or	r Sched		and signed by an enrolled actuary, a									
SIGN		Filed with authorize	ed/valid electronic signature.		09/17/2018	ROBERT E. SANDER	RS					
HER	E	Signature of plan	administrator		Date	Enter name of individual signing as plan administrator						
SIGN												

Date

Signature of employer/plan sponsor

**HERE** 

Enter name of individual signing as employer or plan sponsor

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No
b	<b>b</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.								
<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							Not deter	mined	
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this p	lan yea	r			(See instruc	tions.)
Pai	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year	
а	Total plan assets	. 7a	194	48476				2327993	
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	194	48476				2327993	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) <sup>-</sup>	Γotal	
а	Contributions received or receivable from:	90(4)		43358					
	(1) Employers	. 8a(1)		67200					
	(2) Participants	8a(2)	(	37200					
	(3) Others (including rollovers)	8a(3) 8b	29	81748					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	20	31740	-			392306	
	Benefits paid (including direct rollovers and insurance premiums	. 60						332300	
	to provide benefits)	. 8d		555					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f	,	12234					
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						12789	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						379517	
j_	Transfers to (from) the plan (see instructions)	- 8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the instr	uctions:	
D	W   O   O   O   O								
Par								_	
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	itione withi	n the time period		Yes	No		Amount	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-	X			000	<del>-</del>
	Program)			10a	^			822	1
	reported on line 10a.)			10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	X			30000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X			
е	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.) 10e X					8			
f	f Has the plan failed to provide any benefit when due under the plan?								
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	-	•	10g		X			
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)	·		10h	X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i	X				

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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 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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
а	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf y	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	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	s X N	0			
	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			
<b>c</b> 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	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

## 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

2017

This Form is Open to **Public Inspection** 

For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017 and end	ing	12/31/201	7		
	x a single-employer plan	a multiple-employer plan (not multiem	ployer) (Filer				
A This return/report is for:		list of participating employer information	ion in accord	ance with the forr	n instructions.)		
P. This setum/report is	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year return/report (less th	an 12 month	s)			
C Check box if filing under:	X Form 5558	automatic extension		FVC program			
	special extension (enter des	cription)					
Part II Basic Plan Inf	ormation—enter all requested i	nformation					
1a Name of plan			1b	Three-digit			
The Sanders Law Fi	rm, PSC Profit Sharir	g Plan		plan number	0.01		
			1 10	(PN)	001		
			10	Effective date o	•		
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)		2b	Employer Identi			
	om, apt., suite no. and street, or P.			(EIN)31-131			
The Sanders Law Fi		stal code (if foreign, see instructions)	2c	Sponsor's telep	hone number		
				(859)491-			
			2d	Business code (	see instructions)		
1017 Russell Stree	t						
Covington		KY 41011-30	52	541110			
3a Plan administrator's name	and address 🛛 Same as Plan Spo	onsor,	3b	Administrator's	EIN		
				Administrators	elephone number		
		has changed since the last return/report filed and the plan number from the last return/re		EIN			
a Sponsor's name	, , ,	·		PN			
c Plan Name							
5a Total number of participan	ts at the beginning of the plan year	***************************************		5a	9		
<b>b</b> Total number of participan	ts at the end of the plan year			5b	8		
c Number of participants with	h account balances as of the end o	f the plan year (only defined contribution pla	ins į	5c	8		
		olan year	-	1(1)	6		
		ear	_	1(2)	5		
e Number of participants wh	o terminated employment during th	e plan year with accrued benefits that were	less	5e			
than 100% vested	or incomplete filing Af this retu	ra/ranort will be assessed unless reason			0		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjuly and other penalties set for in in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct and/complete.  SIGN HERE							
Signature of plan	administrator	Date 'Enter name o	f individual si	gning as plan adr	ninistrator		
SIGN HERE							
Signature of emp	loyer/plan sponsor		f individual si	gning as employe	r or plan sponsor orm 5500-SF (2017)		

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6a Were all of the plans assested utring the plan year invested in eligible assets? (See instructions.)	-									
under 28 CFR 2550, 104-467 (See instructions on waiver eligibility and conditions)	6a	Were all of the plan's assets during the plan year invested in eligit	ble assets?	(See instructions.)				X Yes No		
If you answered "No" to either line is a or line 8b, the plan cannot use Form 5500.** If the plan is a defined benefit plan, is to covered under the PBCG insurance program (see ERISA section 4021)?	D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		If you answered "No" to either line 6a or line 6b, the plan can	not use Fo	rm 5500-SF and mus	st inste	ad us	e Form	5500.		
Brancial Information   Part III   Financial Information   Financial Informat	С									
Part III   Financial Information   Financial Informa										
The plan Assets and Liabilities	De									
A Total plan assets   7a	_									
b Total plan liabilities							-			
C   Net plan assets (subtract line 7b from line 7a)		CONTRACTOR		1,	948,	476		2,327,993		
8   Income, Expenses, and Transfers for this Plan Year   8a(1)	-		1							
a Contributions received or receivable from: (1) Employers (2) Participants		Net plan assets (subtract line 7b from line 7a)	. 7c	1,	948,	476		2,327,993		
(2) Participants				(a) Amou	nt			(b) Total		
(3) Other (including rollovers)	a		. 8a(1)		43,	358				
(3) Other (including rollovers)		(2) Participants	8a(2)		67,	200	4			
b Other income (loss)						1				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b				281,	74,8				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			8c					392.306		
to provide benetists)	d	Benefits paid (including direct rollovers and insurance premiums	İ	(4)				327000		
f Administrative service providers (salaries, fees, commissions)			8d			555				
g Other expenses			8e							
Notal expenses (add lines 8d, 8e, 8f, and 8g)   8h   12,789     Not income (loss) (subtract line 8h from line 8c)   8i   379,517     Transfers to (from) the plan (see instructions)   8j     Part IV   Plan Characteristics     Part IV   Plan Characteristics     If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:     2A 2E 2F 2G 2J 2K 2T 3D     If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:     Part V   Compliance Questions		2000	8f		12,	234				
i Net income (loss) (subtract line 8h from line 8c)			8g							
Transfers to (from) the plan (see instructions)								12,789		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 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:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?  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).  10b X  9 Did the plan have any participant contributions within the time period described in 29 CFR 2510.3-103.)  10c X  300,000  10d X  300,000			8i					379,517		
9a		Transfers to (from) the plan (see instructions)	8j							
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:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10	$\overline{}$									
Part V Compliance Questions  10 During the plan year:  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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  10b	9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Pl	lan Cha	racteri	istic Co	des in the instructions:		
10 During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	acteris	tic Cod	es in the instructions:		
10 During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10	Par	V Compliance Questions			_					
a 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)						Lv	L I			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			41	Alex Alexander de d		Yes	No	Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h 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	a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction	100	v		0. 227		
reported on line 10a.) X  C Was the plan covered by a fidelity bond? 10c X 300,000  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 X  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 38  f Has the plan failed to provide any benefit when due under the plan? 10f X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	Were there any nonexempt transactions with any party-in-interest	? (Do not ir	nclude transactions	IVA	Δ		0,221		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the		reported on line 10a.)			10b		Х			
by fraud or dishonesty? 10d X  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 38  f Has the plan failed to provide any benefit when due under the plan? 10f X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c	Х		300,000		
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		Х			
f Has the plan failed to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons ne or all of ti	by an insurance he benefits under	10e	Х		38		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f				10f		Х			
h 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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-er	nd.)	10g					
If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h				10h	Х		- ₹* : ₹1		
	í	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the						

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Form	5500	-SF	201	7

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rayc	<b>V</b> -	

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet (Form 5500) and line 11a below)	te Sch	nedule S	В	Yes 🗓 No			
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month  Day  Year							
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								
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					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?			Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	<b>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 X No			
С								
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)			