Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089
	ent of the Treasury I Revenue Service	This form is required to be filed		1065 of the Employee Re	etirement	2017
	artment of Labor efits Security Administration	Income Security Act of 1974 (		57(b) and 6058(a) of the		This Form is Open to
Pension Bene	fit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	, ,		500-SF.	Public Inspection
		Identification Information				
For calendar	plan year 2017 or fis	cal plan year beginning 01/01/20			2/31/2017	
A This retur	n/report is for:	X a single-employer plan	list of participating em			king this box must attach a with the form instructions.)
<b>B</b> This returr	/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/report			
		X an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check bo	x if filing under:	X Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descri				
		rmation—enter all requested info	ormation			
1a Name of	•				1b Thre	e-digit number
PAINTERS UN	NLIMITED INC. 401(F	() PLAN			(PN)	
					1c Effect	tive date of plan 07/01/2009
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)			oyer Identification Number
	own, state or province	e, country, and ZIP or foreign posta		ructions)	(EIN) 2c Spor	nsor's telephone number
					2d Dusi	425-392-4495
465 RAINIER E	BLVD. N.				ZU Busir	ness code (see instructions)
STE C ISSAQUAH, W						238300
					2h Ada	alata ta da 🗖 N
<b>3a</b> Plan adn	ninistrator's name an	d address 🗙 Same as Plan Spon	sor.		3D Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
4 If the na	ma and/or FIN of the	plan anonaar or the plan name ha	a changed since the last r	oturn/roport filed for	4b EIN	
this plan	n, enter the plan spor	e plan sponsor or the plan name has nsor's name, EIN, the plan name ar				
<ul><li><b>a</b> Sponsor</li><li><b>c</b> Plan Nar</li></ul>					<b>4d</b> PN	
5a Total nu	mber of participants	at the beginning of the plan year			5a	56
		at the end of the plan year			5b	63
		account balances as of the end of the			5c	6
<b>d(1)</b> Total	number of active par	ticipants at the beginning of the pla	n year		5d(1)	51
.,		ticipants at the end of the plan yea			5d(2)	60
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0
		or incomplete filing of this return				
SB or Sched		ner penalties set forth in the instruct ad signed by an enrolled actuary, as alete.				
		valid electronic signature.	12/05/2018	PAUL MARCZYNSKI		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN						
HERE	Signature of employ	yer/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

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	182207	206155				
b	Total plan liabilities	7b	9121	1644				
С	Net plan assets (subtract line 7b from line 7a)	7c	173086	204511				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	14194					
	(2) Participants	8a(2)	15200					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	19709					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		49103				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16706					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	972					
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		17678				
i	Net income (loss) (subtract line 8h from line 8c)	8i		31425				
j	Transfers to (from) the plan (see instructions)	8j	0					

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

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

Par	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		X	
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	X		10000
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		464
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		Х	
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	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[	Ye	s X No
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							etter i ar	uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s)	)	13	c(3)	PN(s)

	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos_ 1210-0110 1210-0089
	rtment of the Treasury mai Revenue Service	This form is required to be file	d under sections 104 and			2017
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to Public Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 55	00-SF.	Public inspection
Part I		Identification Information				
For calend	ar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending		01/2017
A This rea	turn/report is for.	X a single-employer plan	list of participating er	ian (not multlemployer) (F nployer information in ac	Filers check cordance w	ting this box must attach a ith the form instructions.)
0		a one-participant plan	a foreign plan			
<b>B</b> This ret	um/report is	the first return/report	the final return/report			
		x an amended return/report	a short plan year retu	n/report (less than 12 mo	onths)	
C Check	box if filing under:		automatic extension	,		
		special extension (enter desc	ц.	1		rogram
Part II	Basic Plan Infe	primation-enter all requested in				
1a Name		Annahon-enter an requested in	iomation		1b Three	diait
						number 001
Painter	s unlimited 1	nc. 401(K) Plan		i i	(PN)	<b>&gt;</b>
				[		tive date of plan
20 Dian a	nanavia nama (amula	the second s				1/2009
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	), Box)			oyer Identification Number 41-2042191
City or	town, state or province	ce, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)		sor's telephone number
PAINTEI	RS UNLIMITED	INC.				392-4495
465 RAT	INIER BLVD. N			1	2d Busin	ess code (see instructions)
STE C		•			2383	00
ISSAQUA	<i>H</i>	WA 98027-282	6			
3a Plan a	dministrator's name a	nd address 🕱 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN
					<b>UD</b> 7 (d) (1)	
					3c Admi	nistrator's telephone number
4 If the r	name and/or EIN of th	e plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	4b EIN	
a Spons	an, enter the plan spo or's name	nsor's name, EIN, the plan name a	and the plan number from t	he last return/report.	Ad DN	
C Plan N					4d PN	
5a Total	number of participants	at the beginning of the plan year .			5a	56
<b>b</b> Total i	number of participants	at the end of the plan year			5b	63
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	6
<b>d(1)</b> Tota	al number of active pa	irticipants at the beginning of the pl	an year		5d(1)	51
		inticipants at the end of the plan year			5d(2)	60
e Numb	per of participants who	terminated employment during the	e plan year with accrued b	enefits that were less		
than	100% vested				5e	0
SB or Sche	alties of perjury and of	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a plote	ctions. I declare that I have	examined this return/ren	ort includin	a if applicable a Schedule
SIGN		Mille.	12/05/18	PAUL MARCZYNSK	T	
HERE	Signature of plan a	dministrator	10/00/			
SIGN	signature of pian a	ummistrator	Date /	Enter name of individu	al signing a	as plan administrator
SIGN HERE	Olemature	and the second se				
For Paperw	Signature of emplo	oyer/plan sponsor >e, see the Instructions for Form 5500	Date	Enter name of individu	al signing a	as employer or plan sponsor
1.5.5.1	and the second second second	The first design and the for Form 5500	- sn -			Form 5500-SF (2017)

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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
þ	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)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	art III   Financial Information	

Fait III Financial Information							
7 Plan Assets and Liablittles		(a) Beginning c	of Year			(b) End of Year	
a Total plan assets	7a		182,	207		No. of Concession, State of Co	206,155
<b>b</b> Total plan liabilities	7b		9,	121			1,644
c Net plan assets (subtract line 7b from line 7a)	7c		173,	086			204,51
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
Contributions received or receivable from:     (1) Employers	6a(1)		14,	194			
(2) Participants	8a(2)		15,2	200			
(3) Others (including rollovers).	8a(3)			0			
b Other Income (loss)	8b		19,	709			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						49,10
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d		16,	706			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	Bf		1	972			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17,67
i Net income (loss) (subtract line 8h from line 8c)	8i						31,42
j Transfers to (from) the plan (see instructions)	8j		0				
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D 2K 2E 2T	feature con	des from the List of Pla	an Chai	acteria	stic Codes i	n the instructions	:
b If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plar	n Chara	cterist	ic Codes in	the instructions:	
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
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 V Program)	/oluntary Fi	iduciary Correction	10a		x	,	
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		x		
C Was the plan covered by a fidelity bond?			10c	x			10,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	100		x		
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.)	ner persons ne or all of t	s by an insurance the benefits under	10e	x			464
	Has the plan failed to provide any benefit when due under the plan?				x		

	Has the plan failed to provide any benefit when due under the plan?	101	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 exceptions to providing the notice applied under 29 CER 2520 101-3	101		

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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 S (Form 5500) and line 11a below)			Yes	No
<b>11a</b>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	1		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?		of	Yes 🕅	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			1	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter		of the letter ruling Year	
lf	you completed line 12a, complete tines 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			
	Enter the amount contributed by the employer to the plan for this plan year				
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	1
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	<b>13a</b>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under a control of the PBGC?	he		Yes 🛛 No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	ı(s) to			
1	3c(1) Name of plan(s): 13c	(2) EIN(s	)	13c(3) PN(s)	)
					_

	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos_ 1210-0110 1210-0089
	rtment of the Treasury mai Revenue Service	This form is required to be file	d under sections 104 and			2017
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to Public Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 55	00-SF.	Public inspection
Part I		Identification Information				
For calend	ar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending		01/2017
A This rea	turn/report is for.	X a single-employer plan	list of participating er	ian (not multlemployer) (F nployer information in ac	Filers check cordance w	ting this box must attach a ith the form instructions.)
		a one-participant plan	a foreign plan			
<b>B</b> This ret	um/report is	the first return/report	the final return/report			
		x an amended return/report	a short plan year retu	n/report (less than 12 mo	onths)	
C Check	box if filing under:		automatic extension	,		
		special extension (enter desc	L)	1		rogram
Part II	Basic Plan Infe	primation-enter all requested in				
1a Name		Annahon-enter an requested in	iomation		1b Three	diait
						number 001
Painter	s unlimited 1	nc. 401(K) Plan		i i	(PN)	<b>&gt;</b>
				[		tive date of plan
20 Dian a	nanavia nama (amula	the second s				1/2009
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	), Box)			oyer Identification Number 41-2042191
City or	town, state or province	ce, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)		sor's telephone number
PAINTEI	RS UNLIMITED	INC.				392-4495
465 RAT	INIER BLVD. N			1	2d Busin	ess code (see instructions)
STE C		•			2383	00
ISSAQUA	<i>H</i>	WA 98027-282	6			
3a Plan a	dministrator's name a	nd address 🕱 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN
					<b>UD</b> 7 (d) (1)	
					3c Admi	nistrator's telephone number
4 If the r	name and/or EIN of th	e plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	4b EIN	
a Spons	an, enter the plan spo or's name	nsor's name, EIN, the plan name a	and the plan number from t	he last return/report.	Ad DN	
C Plan N					4d PN	
5a Total	number of participants	at the beginning of the plan year .			5a	56
<b>b</b> Total i	number of participants	at the end of the plan year			5b	63
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	6
<b>d(1)</b> Tota	al number of active pa	irticipants at the beginning of the pl	an year		5d(1)	51
		inticipants at the end of the plan year			5d(2)	60
e Numb	per of participants who	terminated employment during the	e plan year with accrued b	enefits that were less		
than	100% vested				5e	0
SB or Sche	alties of perjury and of	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a plote	ctions. I declare that I have	examined this return/ren	ort includin	a if applicable a Schedule
SIGN		Mille.	12/05/18	PAUL MARCZYNSK	T	
HERE	Signature of plan a	dministrator	10/00/			
SIGN	signature of pian a	ummistrator	Date /	Enter name of individu	al signing a	as plan administrator
SIGN HERE	Olemature	and the second se				
For Paperw	Signature of emplo	oyer/plan sponsor >e, see the Instructions for Form 5500	Date	Enter name of individu	al signing a	as employer or plan sponsor
1.5.5.1	and the second second second	The first design and the for Form 5500	- sn -			Form 5500-SF (2017)

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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
þ	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)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	art III   Financial Information	

Fait III Financial Information							
7 Plan Assets and Liablittles		(a) Beginning c	of Year			(b) End of Year	
a Total plan assets	7a		182,	207		No. of Concession, State of Co	206,155
<b>b</b> Total plan liabilities	7b		9,	121			1,644
c Net plan assets (subtract line 7b from line 7a)	70		173,	086			204,51
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
Contributions received or receivable from:     (1) Employers	6a(1)		14,	194			
(2) Participants	8a(2)		15,2	200			
(3) Others (including rollovers).	8a(3)			0			
b Other Income (loss)	8b		19,	709			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						49,10
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d		16,	706			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	Bf		1	972			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17,67
i Net income (loss) (subtract line 8h from line 8c)	8ì						31,42
j Transfers to (from) the plan (see instructions)	8j			0			
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D 2K 2E 2T	feature con	des from the List of Pla	an Chai	acteria	stic Codes i	n the instructions	:
b If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plar	n Chara	cterist	ic Codes in	the instructions:	
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
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 V Program)	oluntary Fi	iduciary Correction	10a		x	,	
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		x		
C Was the plan covered by a fidelity bond?			10c	x			10,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	100		x		
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.)	ner persons ne or all of t	s by an insurance the benefits under	10e	x			464
f Has the plan failed to provide any benefit when due under the plan			100		x		

	has the plan failed to provide any benefit when due under the plan?	101	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 exceptions to providing the notice applied under 29 CER 2520 101-3	101		

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Page 3-	
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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 S (Form 5500) and line 11a below)			Yes 🗍
<b>11a</b>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	1	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?		of	Yes X
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			1
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter		of the letter ruling Year
lf	you completed line 12a, complete tines 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		
	Enter the amount contributed by the employer to the plan for this plan year		ľ	
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		1000
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No NA
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	<b>13a</b>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under a control of the PBGC?	he		Yes X No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	ı(s) to		
1	3c(1) Name of plan(s): 13c	(2) EIN(s	)	13c(3) PN(s)