	rm 5500-SF	Short Form Annu			of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be file	_		065 of the Employee R	etirement	2017			
	epartment of Labor enefits Security Administration	Income Security Act of 1974				Internal	This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accorda	ance with the instru						
Part I										
For calenda	ar plan year 2017 or fis						d to a data da construction da const			
A This ret	turn/report is for:		lis	t of participating em			-			
P This rate	un /ran art ia	a one-participant plan	at	oreign plan						
	urn/report is	the first return/report	× the	final return/report						
		an amended return/report	× a s	hort plan year return	/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558	au	tomatic extension		DFVC	program			
		special extension (enter descr	ription)							
Part II	Basic Plan Info	mation—enter all requested inf	formatic	n						
1a Name	•									
WOODFIELL	D LLC 401(K) PLAN					•				
						1c Effe	ctive date of plan 07/01/2006			
			). Box)				-			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WOODFIELD LLC					uctions)	<b>2c</b> Sponsor's telephone number				
						2d Bus				
	ED ROAD NE						333100			
KINGSTON,	WA 98346-8481									
3a Plan a	dministrator's name an	d address 🗙 Same as Plan Spor	nsor.			3b Adn	ninistrator's EIN			
						3c Adn	ninistrator's telephone number			
						<b>4b</b> EIN 91-1654833				
a Spons	or's name PACTOOL I	NTERNATIONAL, LTD.				<b>4d</b> PN	001			
C Plan N	Iame PACTOOL INTER	NATIONAL, LTD. 401(K) PLAN								
5a Total r	number of participants	at the beginning of the plan year.				5a	11			
-						5b	0			
C Numb	er of participants with a	account balances as of the end of t	the plar	n year (only defined	contribution plans	50				
•	,					5d(1)	10			
<b>d(2)</b> Tota	al number of active par	ticipants at the end of the plan yea	ar			5d(2)	0			
e Number of participants who terminated employment during the plan year with accrued benefits that were less				5e	0					
than Caution: A	penalty for the late of	r incomplete filing of this return	n/report	t will be assessed u	unless reasonable cau		ablished.			
Under pena SB or Sche	alties of perjury and oth edule MB completed an	er penalties set forth in the instruc d signed by an enrolled actuary, a	ctions, I	declare that I have	examined this return/re	port, inclue	ling, if applicable, a Schedule			
	true, correct, and comp	Strongy       1210-0089         In Franky       This form is required to be filed under sections 104 and 4065 of the Employee Reirement Revenue Code (the Code).       1210-0089         Income Security Act 1937 (ERISA), and sections 605/1b) and 6058(a) of the Internal Revenue Code (the Code).       This form is Open to myotic all entries in accordance with the instructions to the Form 5500-SF.         Uait Action       - Complete all entries in accordance with the instructions to the Form 5500-SF.       The Sorm is Open to myotic all entries in accordance with the instructions in accordance with the Iom instructions.)         a in one-participant plan       a mole-participant plan       a none-participant plan       a none-participant plan         it is form       a one-participant plan       a shord penty end file texturn/report       Be and the file texturn/report         in an ended return/report       a shord penty explan       a torogin plan       DFVC program         is gocial extension (enter description)       C       DFVC program       001         c Rel number with extension (enter description)       C       DFVC program       200-237/3735         2 d Business code (see instructions)       3 d Administrator's telephone number (EN)       333100         atter or province, country, and ZIP or foreign postal code (if foreign, see instructions)       3 d Administrator's telephone number (EN)       333100         atter or province, sountry, and ZIP or foreign postal code (if fo								
SIGN HERE							oo nion odreisistesta			
CION	Signature of plan ac	ammistrator		Date	Enter name of individ	uai signing	as pian administrator			
SIGN HERE	Cignotiums of owned	verlalen eneneer		Data	Enter nome of individu					
	Signature of employ	ven pian sponsor		Date	Enter name of individ	uai signing	as employer or plan sponsor			

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

Form 5500-SF (2017) v.170203

60	More all of the plan's specto during the plan year invested in cligib	la agasta?	(Cas instructions )				X Yes No		
	Nere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)		·····				
	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 in								
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pla	an year			(See instructions.)		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year		
а	Total plan assets	7a	119	9882			0		
b	Total plan liabilities	7b		279			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	119	9603			0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total		
а	Contributions received or receivable from:	0-(4)	0	0202					
	(1) Employers	8a(1)		0202 7339					
	<ul> <li>(2) Participants</li></ul>	8a(2)	0	1333					
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	-3	6236					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0200			51305		
d	Benefits paid (including direct rollovers and insurance premiums						01000		
	to provide benefits)	8d	124	9085					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1823					
g	Other expenses	8g			_				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1250908		
	Net income (loss) (subtract line 8h from line 8c)	8i					-1199603		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $2G$ 2J 2K 3D 2F 2T	feature co	des from the List of Pla	an Char	acteri	stic Co	des in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	h Chara	cterist	ic Cod	es in the instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribu	tions within	n the time period		100	110	Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction						
	Program)			10a		Х			
	<ul> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	x		119989		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x			
e	<ul> <li>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.)</li> </ul>	ne or all of	the benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-e	end.)	10g	Х		0		
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions 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.....

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10h

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Page 3- 1

Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	<b>Y</b>	es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	[] Y	es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the letter Year _	ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			_
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termir	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	C
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF	Short Form Ann	ual Return/Repor	t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be fi	Benefit Plan led under sections 104 and	4065 of the Employee F	Retirement	2017			
Department of Labor Employee Benefits Security Administration	Income Security Act of 197	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).						
Pension Benefil Guaranty Corporation	Complete all entries in	n accordance with the inst	tructions to the Form 5	500-SF.	Public Inspection			
	Identification Information							
For calendar plan year 2017 or fi	scal plan year beginning	01/01/2018	and ending		3/2017			
A This return/report is for:	X a single-employer plan	list of participating er			ng this box must attach a the form instructions.)			
<b>B</b> This return/report is	a one-participant plan	a foreign plan						
	the first return/report	the final return/report						
	an amended return/report	X a short plan year retu	rn/report (less than 12 n	nonths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram			
	special extension (enter des	cription)						
Part II Basic Plan Info	rmation-enter all requested i	nformation						
1a Name of plan				1b Three	-digit			
oodfield LLC 401(k)	Plan			1 1	umber 001			
Controla 200 for (R)	* ***			(PN)	······			
					ive date of plan 1/2006			
2a Plan sponsor's name (emplo	yer, if for a single-employer plan)				byer Identification Number			
	m, apt., suite no. and street, or P.				82-3455052			
City or town, state or provinc	e, country, and ZIP or foreign pos		tructions)	<b>2c</b> Sponsor's telephone number				
Noodfield LLC				360-297-3735				
				2d Busin	ess code (see instructions)			
6139 United Road NE	,			33310				
r (								
lingston	WA 98346-848							
a Plan administrator's name ar	nd address 🕅 Same ias Plan Spo	onsor.		<b>3D</b> Admir	histrator's EIN			
				3c Admir	histrator's telephone number			
If the name and/or EIN of the this plan, enter the plan spor	plan sponsor or the plan name h nsor's name. EIN, the plan name	has changed since the last r	return/report filed for	<b>4b</b> EIN <u>-</u>	91-1654833			
this plan, enter the plan spor	plan sponsor or the plan name h sor's name, EIN, the plan name International, Ltd	and the plan number from t	return/report filed for the last return/report.	<b>4b</b> EIN <u>s</u> <b>4d</b> PN 0				
this plan, enter the plan spor a Sponsor's name PacToo]	nsor's name, EIN, the plan name	and the plan number from t	return/report filed for the last return/report.					
this plan, enter the plan spor a Sponsor's name PacToo]	nsor's name, EIN, the plan name L International, Ltd	and the plan number from t	return/report filed for the last return/report.					
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool	nsor's name, EIN, the plan name L International, Ltd	and the plan number from t 401(k) Plan	the last return/report.	4d PN (	001			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool a Total number of participants	nsor's name, EIN, the plan name I International, Ltd I International, Ltd	and the plan number from t . 401(k) Plan	the last return/report.	4d PN 0	11			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool a Total number of participants b Total number of participants c Number of participants with a	nsor's name, EIN, the plan name International, Ltd International, Ltd at the beginning of the plan year at the end of the plan year account balances as of the end of	and the plan number from t	the last return/report.	4d PN 0	)01 C			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool a Total number of participants b Total number of participants c Number of participants with a complete this item)	nsor's name, EIN, the plan name I International, Ltd I International, Ltd at the beginning of the plan year at the end of the plan year	and the plan number from t 	the last return/report.	4d PN ( 5a 5b	)01 C			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool d Total number of participants b Total number of participants with a complete this item)	nsor's name, EIN, the plan name I International, Ltd I International, Ltd at the beginning of the plan year at the end of the plan year account balances as of the end of	and the plan number from t 	the last return/report.	4d PN c 5a 5b 5c 5d(1)	001 11 0 0 10			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool a Total number of participants b Total number of participants with a complete this item)	nsor's name, EIN, the plan name I International, Ltd I International, Ltd at the beginning of the plan year at the end of the plan year	and the plan number from t 	the last return/report.	4d PN c 5a 5b 5c 5d(1) 5d(2)				
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool a Total number of participants b Total number of participants with a complete this item)	nsor's name, EIN, the plan name International, Ltd International, Ltd at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the p ticipants at the end of the plan year terminated employment during the	and the plan number from t 	the last return/report.	4d PN c 5a 5b 5c 5d(1) 5d(2) 5e	001 11 0 C 10 C 0			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool a Total number of participants b Total number of participants c Number of participants with a complete this item) d(1) Total number of active par d(2) Total number of active par e Number of participants who than 100% vested	nsor's name, EIN, the plan name International, Ltd International, Ltd at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the p ticipants at the end of the plan year terminated employment during the	and the plan number from t 	the last return/report.	4d PN 0 5a 5b 5c 5d(1) 5d(2) 5e uuse is estab	001 11 0 0 0 10 0 10 0 10 0 11 11 0			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool c Plan Name PacTool d Total number of participants b Total number of participants c Number of participants with a complete this item)	hsor's name, EIN, the plan name International, Ltd International, Ltd at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the p ticipants at the end of the plan year terminated employment during the princomplete filing of this returner the penalties set forth in the instru- d signed by an enrolled actuary,	and the plan number from t	the last return/report.	4d PN c 5a 5b 5c 5d(1) 5d(2) 5e use is estab	001 11 0 C 10 C 10 C 10 C 10 C 10 C 10			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool a Total number of participants b Total number of participants c Number of participants with a complete this item) d(1) Total number of active par d(2) Total number of active par e Number of participants who than 100% vested aution: A penalty for the late of nder penalties of perjury and oth B or Schedule MB completed an elief, it is true, correct, and comp	nsor's name, EIN, the plan name International, Ltd International, Ltd at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the p ticipants at the end of the plan year terminated employment during the princomplete filing of this return er penalties set forth in the instru- d signed by an enrolled actuary, lete.	and the plan number from t 	the last return/report.	4d         PN           5a           5b           5c           5d(1)           5e           use is estab           port, includir           rt, and to the	001 11 0 C 10 C 10 C 10 C 10 C 10 C 10			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name of participants b Total number of participants with a complete this item)	nsor's name, EIN, the plan name International, Ltd International, Ltd at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the p ticipants at the beginning of the plan year terminated employment during the princomplete filing of this returner penalties set forth in the instru- d signed by an enrolled actuary, lete.	and the plan number from t . 401 (k) Plan f the plan year (only defined plan year the plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic ve I2//5/18	the last return/report. d contribution plans enefits that were less unless reasonable ca examined this return/re rsion of this return/repo Janet Schofie	4d PN c 5a 5b 5c 5d(1) 5d(2) 5e use is estab port, includir rt, and to the 1d	001 11 0 C 10 C 10 C 10 10 C 10 0 11 10 C 10 0 11 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 0 10 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool c Number of participants with a complete this item)	nsor's name, EIN, the plan name International, Ltd International, Ltd at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the p ticipants at the beginning of the plan year terminated employment during the princomplete filing of this returner penalties set forth in the instru- d signed by an enrolled actuary, lete.	and the plan number from t 	the last return/report.	4d PN c 5a 5b 5c 5d(1) 5d(2) 5e use is estab port, includir rt, and to the 1d	001 11 0 C 10 C 10 C 10 10 C 10 0 11 10 C 10 0 11 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 0 10 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0			
this plan, enter the plan spor a Sponsor's name PacTool c Plan Name PacTool b Total number of participants b Total number of participants c Number of participants with a complete this item)	nsor's name, EIN, the plan name International, Ltd International, Ltd at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the p ticipants at the beginning of the plan year terminated employment during the princomplete filing of this returner penalties set forth in the instru- d signed by an enrolled actuary, lete.	and the plan number from t . 401 (k) Plan f the plan year (only defined plan year the plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic ve I2//5/18	the last return/report. d contribution plans enefits that were less unless reasonable ca examined this return/re rsion of this return/repo Janet Schofie	4d PN c 5a 5b 5c 5d(1) 5d(2) 5e use is estab port, includir rt, and to the 1d	001 11 0 C 10 C 10 C 10 10 C 10 0 11 0 10 0 11 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 0 10 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0			

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								<u> </u>
	Were all of the plan's assets during the plan year invested in eligib		•				X Yes	∐ No
a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	1					X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan canr							
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA s	ection 4	021)?		Yes No Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	premium filing for this p	lan yea	r		(See instru	ctions.)
Pa	rt III Financial Information						······································	
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year	
a	Total plan assets	7a	1,	199,	882			(
b	Total plan liabilities	7b			279			(
c	Net plan assets (subtract line 7b from line 7a)	7c	1,	199,	603			(
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		20,	202			
	(2) Participants	8a(2)		67,	339			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-36,	236		······································	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					ş	51,305
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	249,	085		· · · · · · · · · · · · · · · · · · ·	
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1,	823			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,25	50,900
i	Net income (loss) (subtract line 8h from line 8c)	<b>8</b> í					-1,19	99,603
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F 2T	feature co	des from the List of P	lan Cha	racteri	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:	
Par	t 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 F	iduciary Correction	100		x	******	
b	Program) Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions	10a 10b		x		
~	reported on line 10a.)				v			0 00/
<u>ک</u>	,			10c	Х		L	19,989
d	by fraud or dishonesty?	••••••		10d		Х		
~	Mine any face or commissions poid to any brokers, arente, or all			1	1			

	by fraud or dishonesty?	100			
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	X		0
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 CFR 2520.101-3	10i			

Form 5500-SF 2017

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Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (Form 5500) and line 11a below)	and complete Sch	edule S	SB	Ye	s 🗌 No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t ERISA?	the Code or section		of	Ye	s 🗌 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se granting the waiver.	Month	l enter Da		of the letter Year	ruling
If 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			
C Enter the amount contributed by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
art VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	No	***********
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or control of the PBGC?	brought under the			X Yes	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)		to			
13c(1) Name of plan(s):	13c(2)	EIN(s)	)	13c(3)	PN(s)
			l		