## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018					
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) ( mployer information in ac						
		a one-participant plan	a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am				
		special extension (enter descr	• ,							
Part II	Basic Plan Info	ormation—enter all requested in	formation		T					
1a Name SYSTIMA TI	of plan ECHNOLOGIES, INC.	401(K) PLAN			1b Three-dig plan numl (PN) ▶					
					1c Effective	date of plan 06/03/2002				
2a Plan s	ponsor's name (emplo	oyer, if for a single-employer plan)	) Pov)			Identification Number				
Mailing address (include room, apt., suite no. and street, or P.O. Box)  City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					(EIN)	27-0011081				
•	ECHNOLOGIES, INC.		, J	,		s telephone number 25-487-4020				
					2d Business	code (see instructions)				
10809 - 120TH AVE. N.E. KIRKLAND, WA 98033					541330					
KIKKLAND,	WA 90033									
<b>3a</b> Plan a	administrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN				
		<del>_</del>			30. A dunaininintu					
					3C Administra	ator's telephone number				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN					
	sor's name	moor o name, Env, the plan hame e	and the plan namber from	ine last retain/report.	4d PN					
C Plan N	Name									
5a Total	number of participants	at the beginning of the plan year			5a	86				
_					5b	147				
		at the end of the plan yearaccount balances as of the end of								
comp	lete this item)				5c	134				
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	75				
d(2) Total number of active participants at the end of the plan year					5d(2)	125				
than	100% vested	terminated employment during the			5e	3				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable car						
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.								
SIGN		/valid electronic signature.	05/14/2019	TOM PRENZLOW						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pl	an administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individual signing as employer or plan spo						

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If you answered "No" to either line \$a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBCC insurance programs (see RISA) section 502(17):  If "Yes" is checked, enter the My PAA confirmation number from the PBCC premium filing for this plan year (see instruction for the page of the plan passes (see instruction for the pBCC premium filing for this plan year (see instruction for the pBCC) in the page of the plan passes (see instruction for the pBCC) in the page of the page of the pBCC premium filing for this plan year (b) End of Year 4 (see instruction for the pBCC) in the pBCC premium filing for this plan passes (see instruction for the pBCC) in the pBCC premium filing for this plan passes (see instruction for the pBCC) in the pBCC premium filing for this plan passes (see instruction for the pBCC) in the pBCC premium filing for this plan passes (see instruction for the pBCC) in the pBCC premium filing for this plan passes (see instruction for the pBCC) in the pBCC premium filing for this plan passes (see instruction for the pBCC) in the pBCC premium filing for this plan passes (see instruction for the pBCC) in the pBCC premium filing for this plan passes (see instruction for the pBCC) in the pBCC premium filing for this plan passes (see instruction for the pBCC) in the pBCC premium filing for this pBCC premium filing for th		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								s No
7	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	[	Yes No	ш	
a Total plan assets	Pa	rt III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	408						
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Dither income (loss). (8) Dither income (loss). (9) Dither income (loss). (10) Diving the plan income (loss).	<u>b</u>	Total plan liabilities	7b			_				
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Others (including rollovers) (6) Other income (losd) (6) Other other income (losd) (6) Other expenses (7) Other expenses (8) Other expenses (8) Other expenses (8) Other expenses (9) Other expenses (9) Other expenses (1) Other expenses (2) Other expenses (3) Other expenses (4) Other expenses (5) Other expenses (6) Other expenses (6) Other expenses (7) Other expenses (8) Other expenses (8) Other expenses (8) Other expenses (8) Other expenses (9) Other expenses (1) Other expenses (1) Other expenses (2) Other expenses (3) Other expenses (4) Other expenses (5) Other expenses (6) Other expenses (7) Other expenses (8) Other expenses (8) Other expenses (8) Other expenses (8) Other expenses (9) Other expenses (1) Other expenses (1) Other losd) (1) Other losd) (2) Other losd) (3) Other losd) (4) Other losd) (5) Other losd) (6) Other losd) (7) Other losd) (7) Other losd) (7) Other losd) (8) Other losd) (8		Net plan assets (subtract line 7b from line 7a)	7c	408	87999				4662099	
(1) Employers				(a) Amoun	t			(b)	Total	
(3) Others (including rollovers)	a		8a(1)	33	25535					
b Other income (loss)		(2) Participants	8a(2)	55	51248					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)	2	18369					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	-3	77596					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h total expenses (add lines 8d, 8e, 8f, and 8g) 8h total expenses (add lines 8d, 8e, 8f, and 8g) 8h lt income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j  Part IV Plan Characteristics  B If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  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) 10a  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b  C Was the plan rovered by a fidelity bond? 10c  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  F Has the plan failed to provide any benefit when due under the plan? 10f  F Has the plan failed to provide any benefit when due under the plan? 10g  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.010-3) 10g  If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						717556	
f Administrative service providers (salaries, fees, commissions)	d		8d	1;	30094					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	s, fees, commissions) 8f 13362							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						143456	
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:  2E 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) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X  c Was the plan covered by a fidelity bond? 10c X 95000  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) 10f X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 12055  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	. 8i						574100	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    Part V	<u>j</u>	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	Par	t IV Plan Characteristics								
Part V Compliance Questions  10 During the plan year: Yes No Amount  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) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X  c Was the plan covered by a fidelity bond? 10c X 95000  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  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 12055  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	9a		feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the ins	structions:	
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.)  10g X  12055  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		• • •				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b		`		10b		Χ			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			95	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 fidelity bond, that was caused by fraud or dishonesty?			10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some or all of the benefits under			10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the plan	ın?		10f		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g				10g	X			12	055
· · · · · · · · · · · · · · · · · · ·	h 	·	•		10h		X			
	i	· · · · · · · · · · · · · · · · · · ·	•		10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No
	(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	d enter t Day		of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	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	× 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
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## 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 Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form Is Open to **Public Inspection** 

		identification information				The state of the s					
For calendar plan	year 2018 or fis	cal plan year beginning	01/01/2018	and end	13.	12/31/201					
A This return/rep	port is for:	X a single-employer plan		ver plan (not multien ng employer informa							
		a one-participant plan	a foreign plan								
B This return/rep	ort is	the first return/report	the final return/re	port							
		an amended return/report	a short plan year	return/report (less t	nan 12 months	s)					
C Observation to a service of the se					П _						
C Check box if f	ning under:	Form 5558	automatic exten	sion	Пр	FVC program					
		special extension (enter desc									
		rmation—enter all requested in	nformation		1						
1a Name of plan					1b	Three-digit plan number					
SYSTIMA	SYSTIMA TECHNOLOGIES, INC. 401(k) PLAN					(PN)	001				
					1c	Effective date	of plan				
						06/03/200					
		yer, if for a single-employer plan)			2b	Employer Iden	tification Number				
		n, apt., suite no. and street, or P.		instructions)		(EIN) 27-00	11081				
•	TECHNOLOG	e, country, and ZIP or foreign pos IES. INC.	ital code (il loreign, se	s instructions)	2c	Sponsor's tele	•				
		,,			24	425-487-4					
10809 -	120TH AVE	. N.E.			20	Business code	(see instructions)				
WIDE AND	,	W7 000									
KIRKLANI		WA 980				541330					
3a Pian adminis	trator's name an	d address 🛛 Same as Plan Spo	onsor.		36	3b Administrator's EIN					
					3c	Administrator's	telephone number				
		plan sponsor or the plan name hasor's name, EIN, the plan name			eport.	EIN					
a Sponsor's na	ime				4d	PN					
C Plan Name											
5a Total number	r of participants	at the beginning of the plan year		-		5a	86				
		at the end of the plan year				5b	147				
		account balances as of the end o			lone	5c					
complete thi	s item)					d(1)	134 75				
• •	•	ticipants at the beginning of the p			_		125				
		rticipants at the end of the plan ye				1(2)	120				
than 100%	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e					
Linder popultion	of porium and of	or incomplete filing of this retu her penalties set forth in the instr	rn/report will be asse	have evamined this	return/report	including if ann	licable, a Schedule				
SB or Schedule in belief, it is true, c	MB completed ar	nd signed by an enrolled actuary,	as well as the electro	nic version of this re	urn/report, and	d to the best of n	ny knowledge and				
SIGN	1	~/(	5/14/	om Prer	zlow						
HERE	ature of plan a	dministrator	Date		of individual s	igning as plan a	dministrator				
SIGN											
HERE	nature of emplo	yer/plan sponsor	Date	Enter name	of individual s	igning as emplo	yer or plan sponsor				
Joigi	or omplo	, p.a openeo.	1 20.0			M	Ferm 5500 SE (2018)				

P	а	a	е	2

b .	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.)								No No
CI	If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined	
Par	t III   Financial Information		**						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	d of Year	
a	Total plan assets	7a	4,	088,	407			4,663,3	26
b_	Total plan liabilities	7b			408			1,2	.27
C_	Net plan assets (subtract line 7b from line 7a)	7c	4,	087,	999			4,662,0	199
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)		325,	535				
	2) Participants	8a(2)		551,	248				
	(3) Others (including rollovers)	8a(3)		218,	369				
_ b (	Other income (loss)	8b	-	377,	596		T. II.		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						717,5	556
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		130,	094				
	Certain deemed and/or corrective distributions (see instructions)	8e			_				_
f /	Administrative service providers (salaries, fees, commissions)	8f		13,	362				_
g	Other expenses	8g							
<u>h_</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						143,4	_
للل	Net income (loss) (subtract line 8h from line 8c)	8i						574,1	.00
_ j	Transfers to (from) the plan (see instructions)	8j							
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary F	iduciary Correction	10a		х		,	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х			95,0	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
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.)	ne or all of	the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	in?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Х			12,0	)55
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
i 	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part '	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	omplete Scho	edule 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 Co	de or section	1 302 o	f 		Yes	X No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instigranting the waiver.		l enter t		of the le Yea		uling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
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		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lengative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part '	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	nt under the			Yes	x 1	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred.						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) P	N(s)