Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed u	1065 of the Employee Re	etirement	2018					
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (Ef	RISA), and sections 605 evenue Code (the Code		Internal	This Form is Open to				
Pension Be	enefit Guaranty Corporation	 Complete all entries in acc 	00-SF.	Public Inspection						
Part I Annual Report Identification Information										
For calenda	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018									
A This ret	A This return/report is for:									
B This rot	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check I	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram				
		special extension (enter descripti								
Part II		mation—enter all requested inform	nation							
1a Name	•	IC. 401(K) PROFIT SHARING PLAN			1b Three plan	e-digit number				
LDIFICE CC		IC. 401(K) FROFTI SHARING FLAN		_	(PN)					
					1c Effect	tive date of plan 10/01/1996				
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O. B	ox)		2b Empl (EIN)	Employer Identification Number EIN) 81-3729748				
City or EDIFICE GC		e, country, and ZIP or foreign postal c	ode (if foreign, see instr	ructions)	2c Sponsor's telephone number					
				-	425-286-1350 2d Business code (see instructions)					
	STIAN ROAD				236200					
SUITE 1B WOODINVIL	LE, WA 98072-9787									
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Sponso	r.		3b Admi	nistrator's EIN				
				-	3c Administrator's telephone number					
		plan sponsor or the plan name has or sor's name, EIN, the plan name and			4b EIN	91-1083087				
a Spons	or's name EDIFICE CO	NSTRUCTION CO., INC.			4d PN	001				
C Plan N	lameEDIFICE CONSTR	RUCTION CO., INC. 401(K) PROFIT	SHARING PLAN							
5a Total r	number of participants a	at the beginning of the plan year			5a	35				
		at the end of the plan year			5b	27				
		ccount balances as of the end of the			5c					
d(1) Total number of active participants at the beginning of the plan year					5d(1)	19				
d(2) Total number of active participants at the end of the plan year					5d(2)	17				
than	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0				
		r incomplete filing of this return/re er penalties set forth in the instruction								
SB or Sche	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as w	vell as the electronic ver	rsion of this return/report	, and to the	best of my knowledge and				
SIGN		valid electronic signature.	06/21/2019	DONNA GOLDEN						
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	lividual signing as plan administrator					
SIGN										
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor				

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

Form 5500-SF (2018) v.171027

6a	a 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes	No		
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							ned		
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
		-					·			
	rt III Financial Information				-					
	Plan Assets and Liabilities		(a) Beginning				(b) End of Year			
<u>a</u>	Total plan assets	7a	20	55094			1206183			
b	Total plan liabilities	7b		55004			1000100			
	Net plan assets (subtract line 7b from line 7a)	7c		55094			1206183			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)		95267						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-	29938						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					65329			
d	· · · · · · · · · · · · · · · · · · ·									
	o provide benefits)									
е	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)	8f		19847						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					914240			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					-848911			
	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Chai	racteris	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	les in the instructions:			
Pa	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	,	,	100		х				
	Program) Were there any nonexempt transactions with any party-in-interest			10a		~				
	reported on line 10a.)	•		10b		X				
C	Was the plan covered by a fidelity bond?			10c	Х		500000			
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		x				
f				10c		Х				
				10g	Х	-	24			
		,	· · · · · · · · · · · · · · · · · · ·	ivy	~ ~		24			

 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
 10i

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 o	f 	[Yes	X No	
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) PN	۱(s)

	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Em Benefit Plan								
Inte	ernal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee F	Retirement	2018					
	Department of Labor Benefits Security Administration	Income Security Act of 1974	Revenue Code (the Code		e Internal	This Form is Open to					
Pension E	Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the inst	ructions to the Form 5	Public Inspection 5500-SF.						
Part I	and an	Identification Information									
For calend	dar plan year 2018 or fi	scal plan year beginning	01/01/2018	and ending		/31/2018					
A This re	eturn/report is for:	X a single-employer plan	list of participating employer information in accordance with the form instructions								
		a one-participant plan	a foreign plan								
B This ref	turn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	m/report (less than 12 m	nonths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram					
		special extension (enter descri	iption)								
Part II	Basic Plan Info	rmation—enter all requested info	ormation								
1a Name		•			1b Three	e-digit					
Edific	ce Constructio	n Co., Inc. 401(k)			plan	number					
Profit	Sharing Plan				(PN)	▶ 001 tive date of plan					
						01/1996					
Mailin	ng address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)			oyer Identification Number 81-3729748					
Edific	ce GC	e, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)	2c Sponsor's telephone number (425) 286-1350						
						Business code (see instructions)					
	. Bostian Roa	d									
SUITE Woodin			WА	98072-9787	220	200					
	_	nd address 🛛 Same as Plan Spon				200 nistrator's EIN					
					3c Administrator's telephone number						
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	s changed since the last r	eturn/report filed for	4b EIN	91-1083087					
a Spons	sor's name _{Edifice Cons}	nsor's name, EIN, the plan name a	nd the plan number from t	ne last return/report.	4d PN	91 1003007					
c Plan I	NameEdifice Co	nstruction Co., Inc.	401(k) Profit S	haring Plan							
						001					
5a Total	number of participants	at the beginning of the plan year			5a	35					
b Total	number of participants	at the end of the plan year			5b	27					
		account balances as of the end of t			5c	1.6					
	-	rticipants at the beginning of the pla			5d(1)	16 19					
					5d(2)	17					
 d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 					5e	I <i>1</i>					
than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca						0					
Under per	A penalty for the late	or incomplete filing of this return her penalties set forth in the instruc	/report will be assessed	unless reasonable ca	use is estab	olished.					
SB or Sch	edule MB completed an true, correct, and com	nd signed by an enrolled actuary, a	s well as the electronic ve	rsion of this return/repor	t, and to the	best of my knowledge and					
SIGN	Jana	Joldo	06/21/19	DONNA GOLDEN							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	as plan administrator					
SIGN	Harm	rt	6/2./19	Fred Van	Vurst	-					
HERE	Signature of emplo	yer/plan sponsor	Date		ual signing a	g as employer or plan sponsor					
For Paperw	vork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2018) v.171027					

Form 5500-SF (2018)

6a	Were all of the plan's assets during the plan year invested in eligib		X Yes No					
b								
	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	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
Pa	Part III Financial Information							
7	Plan Assets and Liabilities	that petern	(a) Beginning of Year	(b) End	of Year			
					1 000 100			

7	Plan Assets and Liabilities	COLLINERY DESIRE	(a) Beginning o	f Year			(b) Ei	nd of Ye		
а	Total plan assets	7a	2,(055,0	94				1,206,3	183
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	2,()55,C	94				1,206,3	183
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)			-			helo	lo ensile i	s.P.
	(2) Participants	8a(2)		95,2	267	10.2	re l'actea	15.000	ap 1 2 m	4
	(3) Others (including rollovers)	8a(3)					usta E	UX1BO	s 71201	
b	Other income (loss)	8b	-	-29,9	38	in in		. marine	La Martin	in the second
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	npiayer gran	is-algh	100				65,3	329
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		894,3	393	1960 %	ORIVOTI; 10-	elast 50	an to ratio Big 4 Lak	8
е	Certain deemed and/or corrective distributions (see instructions)	8e				1				11.
f	Administrative service providers (salaries, fees, commissions)	8f		19,8	347	Gin.	1.12.1			
g	Other expenses	8g					FUNATION FAILS	indiana.	di anis	2
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							914,	-
i	Net income (loss) (subtract line 8h from line 8c)	8i	in State Sports	Seme	3 30				-848,	911
	Transfers to (from) the plan (see instructions)	0								
j		8j			_					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co								
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the plan provides welfare benefits, enter the plan provides welfare benefits, enter the plan plan plan plan plan plan plan plan	feature co								
9a b Pa	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare from provides welfare benefits, enter the applicable welfare from the transformation of the plan provides welfare from the transformation of the plan provides welfare benefits, enter the applicable welfare from the transformation of the plan provides welfare benefits, enter the transformation of	feature co							s:	
9a b Pa	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions During the plan year: 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)	feature cod eature cod itions within /oluntary F	es from the List of Plar n the time period iduciary Correction		cteris	ic Cod		struction	s:	
9a b Pa 10	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the plan provides welfare benefits, en	feature cod eature cod itions within /oluntary F	es from the List of Plar n the time period iduciary Correction nclude transactions	n Chara	cteris	ic Cod		struction	s:	
9a b Pa 10	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest	feature cod reature cod utions within /oluntary F	es from the List of Plan n the time period iduciary Correction nclude transactions	n Chara	cteris	No X		struction	s:	
9a b Pa 10	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides welfare benefits, enter the applicable welfare free plan provides plan provides welfare benefits, enter the applicable welfare free plan provides plan provides plan plan plan plan plan plan plan plan	feature cod eature cod utions within /oluntary F t? (Do not i	es from the List of Plan in the time period iduciary Correction include transactions ind, that was caused	n Chara 10a 10b	Yes	No X		struction	s: nt	
9a b Pa 10	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature cod eature cod itions within /oluntary F t? (Do not i fidelity boo her person ne or all of	es from the List of Plar in the time period iduciary Correction include transactions ind, that was caused is by an insurance the benefits under	10a 10b 10c	Yes	No X X		struction	s: nt	
9a b Pa 10	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some service.	feature cod eature cod utions within /oluntary F t? (Do not i i fidelity boo her person ne or all of	es from the List of Plar the time period iduciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No X X X		struction	s: nt	
9a b Pa 10	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Util the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	feature cod feature cod itions within /oluntary F fidelity bon her person ne or all of	es from the List of Plan in the time period iduciary Correction nclude transactions ind, that was caused s by an insurance the benefits under	10a 10b 10c 10d 10e	Yes	No X X X X		struction	s: nt	
9a b Par 10 a k c c c c c c c c c c c c c c c c c c	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan provides welfare benefits, enter the applicable welfare from the plan year: Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature cod eature cod itions within /oluntary F t? (Do not i fidelity boo her person ne or all of an? (See instru (See instru	es from the List of Plan in the time period iduciary Correction include transactions and, that was caused is by an insurance the benefits under and.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X	es in the in	struction	s: nt	0000

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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)	edule S	B	Yes X	No
<u>11a</u>	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?	n 302 o	f		No
a	the date	of the letter ruling 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			
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 the left of a negative amount)	12d			
e	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	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[Yes X No	
С	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			
	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)	