Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Part I	Annual Report	Identification Information							
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a one-participant plan									
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	ım			
		special extension (enter descr	. ,						
Part II	Basic Plan Info	ormation—enter all requested inf	formation						
1a Name MERCER AS	of plan SSET MANAGEMENT	401(K) PLAN			1b Three-diging plan number (PN) ▶				
					1c Effective of	date of plan 01/01/2015			
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer (EIN)	Identification Number 91-1927108			
•	town, state or province SSET MANAGEMENT	ce, country, and ZIP or foreign postar, INC.	al code (if foreign, see ins	structions)		s telephone number			
					2d Business code (see instructions)				
9229 OLYMF	PUS BEACH ROAD N E ISLAND, WA 98110	E			523900				
DAINBRIDG	L ISLAND, WA 90110								
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administrator's EIN				
					3c Administra	ator's tolonhone number			
					3C Administra	ator's telephone number			
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
	or's name		·	•	4d PN				
C Plan N	lame								
5a Total	number of participants	s at the beginning of the plan year			5a	2			
b Total	number of participants	s at the end of the plan year			5b	2			
		account balances as of the end of		· ·	5c	2			
d(1) Tot	al number of active pa	articipants at the beginning of the plant	an year		5d(1)	2			
		articipants at the end of the plan yea			5d(2)	1			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau	use is establish	ed.			
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	I/valid electronic signature.	07/03/2019	DAVID W. MERCER					
HERE	Signature of plan a	administrator	Date	Enter name of individ	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized	I/valid electronic signature.	07/03/2019	DAVID W. MERCER					
HERE	Signature of employer/plan sponsor Date Enter name of indivi					idual signing as employer or plan sponsor			

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If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is a Covered under the PBGC premium filing for this plan year. (See instructions. Fart III] Financial Information 7 Plan Assets and Liabilities A Total plan assets. 7 a 441333 458938 D Total plan isabilities. 7 b 441333 458938 D Total plan isabilities. 7 c 441333 458938 D Total plan isabilities. 8 (a) Beginning of Year (b) End of Year (b) End of Year (c) End of Year (c) End plan isabilities. 9 Total plan isabilities. 10 Total plan isabilities. 10 Total plan isabilities. 11 Employers and Transfers for this Plan Year (c) Participants. 12 (2) Participants. 13 Contributions received or receivable from: 14 Employers. 15 Employers. 16 (2) Participants. 16 Edg 2 24743 (c) Participants. 17 Employers. 18 Edg 2 24743 (c) Participants. 18 Edg 2 24743 (c) Participants. 18 Edg 2 24743 (c) Participants. 20 Porter (including rollovers). 38 (d) B 16574 (c) Total increme (loss) and sal(1), Sal(2), Sal(3), and 8b). 38 Edg 3 5405 (c) Total increme (loss) and sal(1), Sal(2), Sal(3), and 8b). 48 Edg 3 5405 (c) Total increme (and lines Sal(1), Sal(2), Sal(3), and 8b). 49 Edg 4 5405 (c) Total increme (and lines Sal(1), Sal(2), Sal(3), and 8b). 40 Edg 4 5405 (c) Total incremed and/or corrective distributions (see instructions). 40 Edg 5 Employers. 41 Total expenses (and fines Sal(1), Sal(2), Sal(3), and 8b). 42 Edg 5		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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
7 Plan Assets and Liabilities	c	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	[Yes No		
a Total plan assets	Pa	rt III Financial Information	-							
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	4	41333				458938	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 27034 (2) Participants. 8a(2) 24745 (3) Others (including rollovers)	<u>b</u>	Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	4	41333				458938	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(3) Others (including rollovers)	<u>а</u>		8a(1)	:	27034					
b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Edetain deemed and/or corrective distributions (see instructions). B C Certain deemed and/or corrective distributions (see instructions). B C Certain deemed and/or corrective distributions (see instructions). B C Certain deemed and/or corrective distributions (see instructions). B C C Certain deemed and/or corrective distributions (see instructions). B C C C Certain deemed and/or corrective distributions (see instructions). B C C C C C C C C C C C C C C C C C C		(2) Participants	8a(2)	2	24745					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	-	16374					
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 g Other expenses	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						35405	
f Administrative service providers (salaries, fees, commissions)	d	, , ,	. 8d		17700					
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		100					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17800	
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 2F 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions). 10e X 60000 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 10h X 10h X	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						17605	
9a	j	Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai	Part 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 60000 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 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	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	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.). h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the ins	tructions:	
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)	10	During the plan year:				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? • 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.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		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? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c	Х			60000)
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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 som	ne or all of	the benefits under	10e		Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
2520.101-3.)				•	10g		Х			
· · · · · · · · · · · · · · · · · · ·		2520.101-3.)	· ·····		10h		Χ			
	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 (Form 5500) and line 11a below)			Yes 🛚 No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12								
	(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, granting the waiver	and enter Da		e of the letter ruling Year				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A				
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to						
1	3c(1) Name of plan(s):	(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

Part I

Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

01/01/2018

and ending

▶ 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

12/31/2018

A	This return/report is for:	x a single-employer plan		plan (not multiemployer) (Filer employer information in accor				
		a one-participant plan	a foreign plan	a list of participating employer information in accordance with the form instructions.) a foreign plan				
В	This return/report is:	the first return/report	the final return/repor	, ,				
		an amended return/report	a short plan year ret	urn/report (less than 12 month	s)			
С	Check box if filing under:	☐ Form 5558	automatic extension		☐ DFVC progra	am		
•		special extension (enter desc	_					
	artil Basic Plan Info	ormation enter all requested						
	Name of plan	Jillation enter all requested	Information	1	b Three-digit			
	Mercer Asset Manag	ement 401(k) Plan			plan number			
	nerect indee iming			4	(PN) ►	001		
				ļ "	C Effective date of 01/01/2015			
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			b Employer Identi (EIN) 91-19	ification Number		
	•	ce, country, and ZIP or foreign pos	stal code (if foreign, see ins		C Sponsor's telep			
	Mercer Asset Manag	ement, inc.		-	(206) 842-			
				20	d Business code	(see instructions)		
	9229 Olympus Beach	Road NE			523900			
_	US Bainbridge Island WA							
3a	Plan administrator's name a	and address X Same as Plan Sp	onsor	31	b Administrator's	EIN		
				30	C Administrator's	telephone number		
4	If the name and/or FIN of th	e plan sponsor or the plan name h	as changed since the last	return/report filed for 4	b EIN			
•		nsor's name, EIN, the plan name a			-			
а	Sponsor's name			40	d PN			
C	Plan Name							
	Total number of participants	at the beginning of the plan year			5a	2		
b		at the end of the plan year			5b	2		
C	Number of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	ic	2		
d(rticipants at the beginning of the pla			d(1)	2		
d((2) Total number of active particle	rticipants at the end of the plan yea	ar	50	d(2)	1		
e	Number of participants who	terminated employment during the	plan year with accrued be	enefits that were	5e	0		
Ca		or incomplete filing of this retu			s established			
		other penalties set forth in the instru				ahle a Schedule		
SE	or Schedule MB completed a lief, it is true correct, and con	and signed by an enrolled actuary,	as well as the electronic v	ersion of this return/report, and	to the best of my	knowledge and		
		w.	7.3.19	DAVID W. A	MERCE	70		
3098	ERE Signature of plan adn		Date		,			
posts	T 2 1 C N A 1 A N A N A N A N A N A N A N A N A							
(, 299448	IGN Signature of employe	ur/mlan ananar		12771	JEFUE!	<u> </u>		
2989	Cate Tame of Individual signing as employed or pian sponsor							
FO	r Paperwork Reduction Act	Notice, see the instructions for	Form 5500-SF.		F	orm 5500-SF (2018)		

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							_	
									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.								
C	If the plan is a defined benefit plan, is it covered under the PBGC ins		-						Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(Se	ee instructions.)
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of	Year
а	Total plan assets	7a	4.	41,3	33				458,938
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	4.	41,3	33				458,938
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) Tot	al
а	Contributions received or receivable from: (1) Employers	8a(1)	:	27,0	34				
	(2) Participants	8a(2)	:	24,7	45				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	(10	6,37	4)				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							35,405
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	17,7	00				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1	00				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							17,800
ī	Net income (loss) (subtract line 8h from line 8c)	8i							17,605
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	art IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
	2E 2F 2G 2J 2K 2R 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Cha	aracte	ristic (Codes	in the	instructions	:
Pa	art V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Α	mount
а	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction						
	Program)			10a		х			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x			
				10c	x				60,000
									<u> </u>
	by fraud or dishonesty?	-		10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	•	,						
	the plan? (See instructions.)			10e		x			
f	Has the plan failed to provide any benefit when due under the plan	1?	••••••	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х			
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 th exceptions to providing the notice applied under 29 CFR 2520.101			10i					

Form 5500-SF 2018		

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500 and line 11a below)		SB Yes X No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an	d enter	the date of the letter ruling					
	granting the waiver Month Month	_ Da	y Year					
If y	ou 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 the 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 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					
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13	c(1) Name of plan(s): 13c(2) El	N(s)	13c(3) PN(s)					

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