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

Part I	Annual Report	: Identification Information				
For calenda	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018	
A This ret	turn/report is for:	🛚 a single-employer plan		olan (not multiemployer) (mployer information in ac		
		a one-participant plan	a foreign 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	am
		special extension (enter descr	—			
Part II	Basic Plan Info	ormation—enter all requested inf	formation			
1a Name		one. an requestion in			1b Three-dig	it
AEC 401(K)	•				plan num	
()					(PN) ▶	001
					1c Effective	date of plan 01/01/2014
2a Plan s	ponsor's name (emplo	oyer, if for a single-employer plan)			2b Employer	Identification Number
Mailing	g address (include roo	om, apt., suite no. and street, or P.O			(EIN)	26-2504164
	ELECTRICAL CONTR	ce, country, and ZIP or foreign posta RACTORS, INC.	ai code (ii ioreigii, see iiis	structions)		s telephone number 06-679-7579
						code (see instructions)
13550 39TH						238210
SEATTLE, W	VA 98125					200210
36 Diam -	d				2h Administrator	-tows FINI
Ja Plan a	aministrators name a	nd address X Same as Plan Spor	isor.		3b Administr	alor's EIN
					3c Administr	ator's telephone number
4 If the r	name and/or FIN of th	e plan sponsor or the plan name ha	es changed since the last	return/report filed for	4b EIN	
		onsor's name, EIN, the plan name a				
•	or's name				4d PN	
C Plan N	lame					
5a Total i	number of participants	s at the beginning of the plan year			5a	7
_		s at the end of the plan year			5b	7
		account balances as of the end of t		· ·	5c	7
'	,	articipants at the beginning of the pla			5d(1)	6
		articipants at the end of the plan yea	-		5d(2)	7
e Numb	per of participants who	terminated employment during the	e plan year with accrued b	enefits that were less	5e	0
than	100% vested	or incomplete filing of this return	Vranort will be assessed	d unless reasonable car		
		ther penalties set forth in the instruc				
SB or Sche		and signed by an enrolled actuary, a				
SIGN		d/valid electronic signature.	07/12/2019	BILL MAHONEY		
HERE	Signature of plan a		Date	Enter name of individ	ual signing as pl	an administrator
SIGN		d/valid electronic signature.	07/12/2019	BILL MAHONEY	<u> </u>	
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as er	mployer or plan sponsor

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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 20 FF 2520.104-46 (2) Explain intructions on waiver eligibility and conditions). If you answered "No" to either line & or line &b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If I've is a defined benefit plan, is it covered under the PBGC premium filling for this plan year. If "Yes" is checked, orient the My PAA confirmation number from the PBGC premium filling for this plan year. Part III Financial Information Financial Inf	6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
If you answerd "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500-SF and 5500-SF and must instead use Form 5500-SF and 5500-SF and 5500-SF and 5500-SF and 5500-SF	b								X Yes	з П No
Part III Financial Information Financial Information		· · · · · · · · · · · · · · · · · · ·							. 🗀	, П
Part III Financial Information 7 Plan Assets and Liabilities 7a (a) Beginning of Year (b) End of Year a Total plan assets 7b 357336 5 Total plan inabilities 7b from line 7a) 7c 337336 6 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 9 Contributions received or receivable from: (1) Employers (a) Amount (b) Total 9 Contributions received or receivable from: (2) Participants (3) Others (including rollovers) 8a(2) 36853 (3) Others (including rollovers) 8a(3) (2) 56853 (3) Others (including officer followers and insurance premiums to provide benefits) 8a(2) 8a(3), 8a(3), 8a(3), 8a(3), 8a(3), 8a(3)	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	Г	Yes No	Not det	ermined
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instr	uctions.)
7 Plan Assets and Liabilities	Pa	rt III Financial Information								
a Total plan assets	7			(a) Beginning	of Year			(b) En	d of Year	
b Total plan liabilities	а		7a	` '				(0) =::		
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) Other (including rollovers). (5) Other (including rollovers). (6) Other income (loss). (8) Other income (loss). (8) Other stormer (loss) (subtract line 8h from line 8c). (8) It the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (8) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (8) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (9) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (10) During the plan year: (10) Other stormers to the plan any participant contributions within the time period described in 20 CPR 25 0.3 -0.402 (See instructions and DOL's Voluntary Fiduciary Correction Program). (10) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions to the plan any participant on the plan? (10) Other plan have any participan	b		7b							
a Contributions received or receivable from: (i) Employees (2) Participants (3) Others (including ollovers) (3) Others (including ollovers) (4) Ba(2) (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Bb (8) Cartain of the said (loss) (8) Cart	С	Net plan assets (subtract line 7b from line 7a)	7c	33	37127				397336	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total	
(2) Partioipanis	а		0-(4)		E7200					
(3) Others (including rollovers)		=	` '			-				
b Other income (loss)		·		,	33033					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,			20210					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		\ /			23213				64032	
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			80						04032	
f Administrative service providers (salaries, fees, commissions)		• • •	8d		458					
g Other expenses	<u>e</u>	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)	8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		3365					
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3823	
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: 2A 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.) f Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	<u>i</u>		8i						60209	
9a	<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 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.) 10	Pa	rt IV Plan Characteristics								
Part V Compliance Questions	9a		feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
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 30000 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	b		eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
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)										
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)		<u> </u>				Yes	No		Amount	
Program)	а									
reported on line 10a.)					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? 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	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?	C	Was the plan covered by a fidelity bond?			10c	X			30	000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	C				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	ne 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.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
2520.101-3.)	9			•			Χ			
	h	2520.101-3.)	` 		10h		X			
	i 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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes 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, 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

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).

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 Repor	t Identification Information				40/01/0010		
For calendar plan year 2018 or f	iscal plan year beginning		01/01/2018	and ending	12/31/2018		
A This return/report is for:	x a single-employer plan	an ali	nultiple-employer plar st of participating em	n (not multiemployer) ployer information in	(Filers checking this accordance with the	box must attach form instructions.)	
	a one-participant plan	af	oreign plan				
B This return/report is:	the first return/report	the	final return/report				
	an amended return/report	as	short plan year return/	report (less than 12 r	months)		
C Check box if filing under:	Form 5558	\sqcup	tomatic extension		DFVC pro	ogram	
	special extension (enter descrip	tion)					
Part II Basic Plan In	formation enter all requested in	forma	tion		dla Ti diaia		
1a Name of plan					1b Three-digit plan numbe	r	
AEC 401(k) Plan					(PN) ▶	001	
					1c Effective da 01/01/20		
Mailing Addrong (includer	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O.	. Box)	(if famign and instru	otione)	2b Employer lo (EIN) 26-	lentification Number -2504164	
	ince, country, and ZIP or foreign posta al Contractors, Inc.	i code	(ii toreign, see msuu	ictions)	2c Sponsor's telephone number (206) 679-7579		
					2d Business co	ode (see instructions)	
13550 39th Ave NE							
US Seattle WA 98125						I FIN	
3a Plan administrator's name	and address X Same as Plan Spo	nsor			3b Administrat	or's EIN	
					3c Administrat	or's telephone number	
					Ale Citi		
4 If the name and/or EIN of	the plan sponsor or the plan name ha ponsor's name, EIN, the plan name an	s char	nged since the last ret	turn/report filed for	4b EIN		
	ponsors name, EIN, the plan hame an	iu iiie	plan number from the	, lade rotal in opoliti	4d PN		
a Sponsor's name							
c Plan Name							
	nts at the beginning of the plan year				5a	7	
b Total number of participa	nts at the end of the plan year		13000000000000000000000000000000000000	000000000000000000000000000000000000000	5b	7	
c Number of participants w	ith account balances as of the end of t	he pla	n year (only defined	contribution plans	5c	7	
complete this item)	participants at the beginning of the pla	ın yea	F ************************************		5d(1)	6	
	participants at the end of the plan year		000000000000000000000000000000000000000	***************************************	5d(2)	7	
e Number of participants w	ho terminated employment during the	plan y	ear with accrued ben	efits that were	5e	0	
			art will be accessed	unless reasonable	cause is establishe	d.	
Caution: A penalty for the I	ate or incomplete filing of this returned other penalties set forth in the instru	otions	I doclare that I have	examined this return	/report, including, if	applicable, a Schedule	
Under penalties of perjury an SB or Schedule MB complete belief, it is true, correct, and	ed and signed by an enrolled actuary,	as we	Il as the electronic ve	rsion of this return/rep	port, and to the best	of my knowledge and	
Delier, it is true, correct, and	\sim		1110110	Bill Mahoney			
SIGN 51	THE		Data		idual signing as plan	administrator	
HERE Signature of plan	administrator		Date 112-119				
SIGN AND	Hory		Date	Bill Mah		loyer or plan sponsor	
The state of the s	oyer/plan spopeor A et No tice, see the instructions for	Form			0 0 1	Form 5500-SF (2018) v.171027	
		- 1	I			V. 17 1027	

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220	10	"
ac	10	Alies

C- 10	ere all of the plan's assets during the plan year invested in eligible a	ssets? (Se	e instructions.)	00000000	0000000	000000000		00000	XYes	□No
b Ar	re you claiming a waiver of the annual examination and report of an	independer	nt qualified public account 5.)	000000000	00000000	0000000000		00000	XYes	□No
If	you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC insu	use Form	5500-SF and must instead	10 us 1021)	2		l Yes	ПNо	□Not o	letermined
C If	the plan is a defined benefit plan, is it covered under the PBGC inst	rance prog	grann (see ERISA section -	1021)			1.00	(3	See instru	ictions.)
lf	"Yes" is checked, enter the My PAA confirmation number from the F	BGC prem	lium niing for this year							
Part	III Financial Information									
Cumming	Ian Assets and Liabilities		(a) Beginning of Y	/ear			(b) End		
	otal plan assets	7a	337	,12	7				397	,336
	otal plan liabilities ************************************	7b								
	let plan assets (subtract line 7b from line 7a)	7c	337	,12	7					,336
8 Ir	ncome, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
ac	Contributions received or receivable from:	0. (4)	57	7,39	R					
	1) Employers •••••••••••••••••••••••••••••	8a(1)		5,85						
	2) Participants ************************************	8a(2)		700						
	3) Others (including rollovers)	8a(3)	129	,219	1					
	Other income (loss)	8b	(29)	, 213	,				64	1,032
C T	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							<u> </u>	,,,,,,,
d E	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		45	8					
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g		3,36	5					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							:	3,823
	Net income (loss) (subtract line 8h from line 8c)	8i							6	0,209
	Transfers to (from) the plan (see instructions)	8j								
									55	
Pai	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Cha	aracte	eristic	Code	s in the	instruct	tions:	
	2A 2E 2F 2G 2J 2K 2R 3D									A CONTRACTOR OF THE PARTY OF TH
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racter	istic	Codes	in the	instructio	ons:	
Pa	rt V Compliance Questions						TT			
10	During the plan year:				Yes	No	N/A		Amoun	t
a	Was there a failure to transmit to the plan any participant contribu	tions withir	the time period			1				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fig	duciary Correction	40-		x				
	Program) ••••••••••••••••••••••••••••••••••••	0 (5	- de de des acotions	10a						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	(Do not i	nclude transactions	10b		x				
	LL Cd-lite band?			10c	X					30,000
C	the plan's	fidelity bor	nd, that was caused							
d	by fraud or dishonesty?	00000000000000000	000000000000000000000000000000000000000	10d		X				
е	carrier insurance service, or other organization that provides son	ie or all or	the penents ander			47				
	the plan? (See instructions.)	000000000000000000000000000000000000000	000000000000000000000000000000000000000	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	in?	***************************************	10f		X				
C	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance						
11	Is this a	defined benefit plan subject to minimum funding requirements and line 11a below)	s? (If "Yes," see instructions and	complete Sch	edule SI	B	Yes	X No
11a	Enter th	be uppaid minimum required contributions for all years from S	chedule SB (Form 5500) line 40	00000000	11a		1	
12	Is this	a defined contribution plan subject to the minimum funding re	quirements of section 412 of the	Code or section	n 302 of	********	☐ Yes	X No
	(If "Ve	s " complete line 12a or lines 12b 12c 12d, and 12e below.	as applicable.)					
а	If a wai	ver of the minimum funding standard for a prior year is being g the waiver	amortized in this plan year, see in	nstructions, an Month	d enter t Day	he date	of the letter i	ruling ———
I£ v	granun	pleted line 12a, complete lines 3, 9, and 10 of Schedule N	B (Form 5500), and skip to line	13.				
b		he minimum required contribution for this plan year.			12b			
c		he amount contributed by the employer to the plan for the pla			12c			
d	Subtra	ct the amount in line 12c from the amount in line 12b. Enter t	he result (enter a minus sign to th	ne left of a	12d			
e		e minimum funding amount reported on line 12d be met by the				Yes _	No 🗌	N/A
Par	: VII	Plan Terminations and Transfers of Assets						
		resolution to terminate the plan been adopted in any plan yea	1?	000000000000000000000		Yes	X No	
		," enter the amount of any plan assets that reverted to the en		0000000000000000000000	13a			
b	Were	all the plan assets distributed to participants or beneficiaries,	transferred to another plan, or bro	ought under the	3		Yes X	No
С	If, duri	ng this plan year, any assets or liabilities were transferred fro assets or liabilities were transferred. (See instructions.)			s) to			
A		ame of plan(s):		13c(2) E	IN(s)		13c(3)	PN(s)
	30(1) 1	and or planty).		-				80