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	ar plan year 2018 or fis	scal plan year beginning 01/01/2	2019	and ending 0	9/04/2019					
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 reti	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	nonths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
	I =	special extension (enter descri	· · · ·							
Part II		rmation—enter all requested in	formation		141	T				
1a Name	•	DLV DDOELT CLIADING DLAN			1b Three-digit plan number					
HODGINS S	STUD WELDING SUPP	PLY PROFIT SHARING PLAN			(PN)	001				
						f plan				
2a Plans	nonsor's name (emplo	yer, if for a single-employer plan)			2b Employer Identi	1/1995				
Mailing	g address (include rooi	etructions)		351187						
	TUD WELDING SUPF	e, country, and ZIP or foreign post PLY, INC.	ai code (ii foreign, see ins	structions)	2c Sponsor's telep					
					2d Business code	(see instructions)				
2119 S.E. COLUMBIA WAY, STE. 340					3329	900				
VANCOUVER, WA 98661										
3a Plan a	dministrator's name ar	nd address X Same as Plan Spor	nsor.		3b Administrator's	EIN				
					3c Administrator's	telephone number				
						·				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN					
		STUD WELDING SUPPLY	·	•	4d PN					
C Plan N	lame									
5a Total	number of participants	at the beginning of the plan year			. 5a	2				
b Total	number of participants	at the end of the plan year			. 5b	0				
		account balances as of the end of		•	5c	0				
d(1) Tot	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	2				
d(2) Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	0				
		terminated employment during the			5e	0				
		or incomplete filing of this return			use is established.					
Under pena SB or Sche	alties of perjury and otledule MB completed a	her penalties set forth in the instructed actuary, a	ctions, I declare that I hav	e examined this return/re	port, including, if applic					
SIGN	Filed with authorized	valid electronic signature.	10/15/2019	GREG HODGINS						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan adı	ministrator				
SIGN		/valid electronic signature.	10/15/2019	GREG HODGINS	J J 32 p 3 s 4 s 5 s					

Date

HERE

Enter name of individual signing as employer or plan sponsor

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Line 20 CFR 2520 101-167 (See instructions on waiver eligibility and conditions) Yes If you answerd "No" to either line 8 or line 6, the plan cannot use Form \$500-\$F and must instead use Form \$550. 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 the plan of the plan of the plan have a continuation Yes" is checked, enter the My PAA confirmation number from the PBGC premium filling for this plan year See instruction Yes" is checked, enter the My PAA confirmation number from the PBGC premium filling for this plan year See instruction Yes" Yes No O O O O O O O O O									<u> </u>	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					Y	es No
### Committed Committed Part Part III Financial Information Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 8 Total plan assets 7a 221697 0 9 Total plan assets (subtract line 7b from line 7a) 7c 221697 0 10 Total plan assets (subtract line 7b from line 7a) 7c 221697 0 11 Net income (Expenses, and Transfers for this Plan Year (a) Amount (b) Total 12 Participants 8a(2) (2) Participants 8a(2) (3) Others (including rollovers) 8a(2) (3) Others (including rollovers) 8a(3) (3) Others (including rollovers) 8a(3) (4) Participants 8a(2) (3) Others (including rollovers) 8a(3) (4) Participants 8a(4) (4) Participants 8a(5) (4) Participants (С						_		□ Not de	etermined
Part III Financial Information Financial Informa				= :			<u></u>		<u> </u>	
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	2	21697				()
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 8a(2) (3) Others (including rollovers). (5) Other (including rollovers). (6) Other income (loss). (8) Ba B 9464 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) B 9464 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) B 9464 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (9) B 8c 9464 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (9) B 8c 9464 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (9) B 8d 231161 E Certain deemed and/or corrective distributions (see instructions). 8 B 231161 E Certain deemed and/or corrective distributions (see instructions). 8 B 9 G Other expenses. 8 g In Total expenses (add lines 8d, 8e, 8f, and 8g). 8 h 231161 I Net income (loss) (subtract line 8h from line 8c). 8 B 1 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: 2 A 2E 2F 2G 21 2K 2R 2T 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 A 2E 2F 2G 21 2K 2R 2T 3D 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 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program). 4 D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions pended on line 10a.). C Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty, or other presents by a final insurance carrier, or other persons by an insuran	b	Total plan liabilities	7b		0				()
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	2	21697				()
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(3) Others (including rollovers)	a		8a(1)			Ц				
b Other income (loss)		(2) Participants	8a(2)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 231161 e Certain deemed and/or corrective distributions (see instructions). 8d 231161 f Administrative service providers (salaries, fees, commissions)	<u>b</u>	Other income (loss)	8b		9464					
e Certain deemed and/or corrective distributions (see instructions)			8c						946	4
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	8d	2	31161					
g Other expenses	<u>e</u>	·	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)								
i Net income (loss) (subtract line 8h from line 8c)		·								
Transfers to (from) the plan (see instructions)	<u>h</u>	- -								
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 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) 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? 10a × 10b × 10b × 10c × 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? 4 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). 10b × 10c × 10c × 10d ×	-								-22169	7
Second Part V Compliance Questions			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				1 (11 11 (17)	01		0	1 1 1 1		
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.) 10h X		2A 2E 2F 2G 2J 2K 2R 2T 3D								
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 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les 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	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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? 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		Х			
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	X			3	0000
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			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		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.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
· · · · · · · · · · · · · · · · · · ·	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 (Form 5500) and line 11a below)		SB	Yes 🛚 No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	ERISA?						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
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?		X 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		X Yes 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

	art I	Annual Report	Identification Information			00/04/001/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
For	calenda	r plan year 2018 or fis	scal plan year beginning	01/01/2019	and ending	09/04/2019				
A	This retu	urn/report is for:	x a single-employer plan	a multiple-employer pl a list of participating en	an (not multiemployer) mployer information in	(Filers checking this accordance with the	box must attach form instructions.)			
			a one-participant plan	a foreign plan						
В	This retu	urn/report is:	the first return/report	x the final return/report						
			an amended return/report	x a short plan year retur	n/report (less than 12 r	months)				
C	hack h	oox if filing under:	Form 5558	automatic extension		DFVC pr	ogram			
	STIECK D	ox if filling direct.	special extension (enter descr	rintion)		_				
-	art II		ormation enter all requested	information		1b Three-digit				
1a	Name HODG		NG SUPPLY PROFIT SHARIN	G PLAN		plan numbe (PN) ▶	r 001			
	1c Effective date of plan 01/01/1995									
2a	Mailin	a Address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O. Box)		2b Employer Id (EIN) 91-	lentification Number -1351187			
	City or	r town, state or provin	nce, country, and ZIP or foreign post	tal code (if foreign, see instr	uctions)		elephone number			
	HODG	INS STUD WELDI	ING SUPPLY, INC.			(360) 69				
	2119	S.E. COLUMBIA	WAY, STE. 340			2d Business of 332900	ode (see instructions)			
3a		NCOUVER WA 98661	and address X Same as Plan Sp	onsor		3b Administrator's EIN				
Ja	I Iaii c	diffillistrator 3 flame t	and dudresse E sums as them sp							
						3c Administrat	or's telephone number			
4	If the	name and/or EIN of the	he plan sponsor or the plan name h onsor's name, EIN, the plan name a	as changed since the last re	eturn/report filed for	4b EIN				
a	Spons	sor's name HODGIN	NS STUD WELDING SUPPLY	and the plan number from the	o last rotalismoposis	4d PN				
С	Plan I	Name								
<u> </u>	Total	number of participant	ts at the beginning of the plan year		***************************************	. 5a	2			
b			ts at the end of the plan year				0			
	Numb	er of participants with	n account balances as of the end of	the plan year (only defined	contribution plans	5c	0			
d(articipants at the beginning of the pl				2			
	(2) Tota	al number of active pa	articipants at the end of the plan yea	ar	***************************************	. 5d(2)	0			
е	Numb	per of participants who	o terminated employment during the	e plan year with accrued be		. 5e	0			
			te or incomplete filing of this retu				i.			
Ur	nder pe	nalties of periury and	other penalties set forth in the instru land signed by an enrolled actuary,	uctions. I declare that I have	e examined this return/	report, including, if a	pplicable, a Schedule			
	NO.	AT)KHU	Sta in	10-15.19	Greg He	dans				
	IGN /	Signature of plan ad	Iministrator	Date	Enter name of individ	lual signing as plan	administrator			
-	that the	Signature or pian ad	a a	10-15-19	110	cams				
	SIGN	1 XX	Sam	1200 FEED.			over or plan sponsor			
1	HERE Signature of employer/pran sponsor Date Enter name of individual signing as employer or plan sponsor									

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	ee instructions.)			*******	******	•••••	X Yes N	0
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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
	If you answered "No" to either line 6a or line 6b, the plan cannot	use Form	5500-SF and must inste	4024	Se FU	//// 55 		□ No	Not determ	ined
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	gram (see ERISA section	4021): •	•••••	165		inot determ	1
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pren	nium filing for this year _					(3	see instructions	.)
Do	rt III Financial Information									
	· ·		(a) Beginning of	Year			(b) End o	f Year	
	Plan Assets and Liabilities	7a		1,69	7				0	
	Total plan assets	7b		1,00	0				0	
	Total plan liabilities		22	1,69		+-			0	
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	1,09	,	_		(b) To		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(2)		
а	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		9,46	54					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9,464	
d	Benefits paid (including direct rollovers and insurance premiums									
u	to provide benefits)	8d	23	1,16	51					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
q	Other expenses	8g							720	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							231,161	
i	Net income (loss) (subtract line 8h from line 8c)	8i							(221,697)	
i	Transfers to (from) the plan (see instructions)	8j								
D	art IV Plan Characteristics									
00	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Ch	aracte	eristic	Code	s in the	instruction	ons:	
	2A 2E 2F 2G 2J 2K 2R 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	racte	ristic	Codes	in the i	nstruction	ns:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		tions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fid	uciary Correction							
	Program)			10a		X				
k	Were there any nonexempt transactions with any party-in-interest	? (Do not in	clude transactions	10b		x				
_	reported on line 10a.)			10c	Х				30,	000
(Was the plan covered by a fidelity bond?			100		-			307	-
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	**************	***************************************	10d		X				
6	Were any fees or commissions paid to any brokers, agents, or other	ner persons	by an insurance							
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		Х				
<u> </u>				10f		х				
_	The state of the s			10g		x				
_				3						
	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	he required 1-3	notice or one of the	10i						

Form 5500-SF 2018

Part	VI	Pension Funding Compliance						
11	Is this a	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c	omplete Sch	nedule S	BB		∕es ∑	No No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of FRISA? Yes X No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month							
If v	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b		he minimum required contribution for this plan year.		12b				
C		he amount contributed by the employer to the plan for the plan year		12c				
d	. It was the result (enter a minus sign to the left of a							
е		e minimum funding amount reported on line 12d be met by the funding deadline?			Yes] No		1/A
Part	VII	Plan Terminations and Transfers of Assets						
*************		resolution to terminate the plan been adopted in any plan year?	************	2	Yes		No	
		" 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?					X,	Yes [N	0
С	If, duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
1		ame of plan(s):	13c(2) E	IN(s)		130	c(3) PN	l(s)
	-1-/							