-	Form 5500-SF Short Form Annual Return/Report of Small Employment of the Treasury Benefit Plan									
Inter De	Internal Revenue Service         This form is required to be filed under sections 104 and 4065 of the Employee I Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code).						2 <b>018</b> rm is Open to			
	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	,	00-SF	Public	Inspection				
Part I	Annual Report									
For calend	ar plan year 2018 or fi	31/2019								
A This ret	turn/report is for:	X a single-employer plan	olan (not multiemployer) (F mployer information in acc		-					
B This return/report is       a one-participant plan       a foreign plan         Image: the first return/report       the final return/report										
		ırn/report (less than 12 mo	months)							
C Check box if filing under:						rogram				
		special extension (enter descri	iption)							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation		-					
1a Name ALFREDO'S	•	C. PROFIT SHARING PLAN			•	number				
					(PN)	tive date of p	001			
						06/01/				
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	(EIN)	Employer Identification Number(EIN)13-2536242				
	FOREIGN CARS, INC				<b>2c</b> Sponsor's telephone number 914-834-4222					
2050 80570	ON POST ROAD				2d Business code (see instructions)					
LARCHMON					441110					
3a Plan a	dministrator's name ai	nd address 🛛 Same as Plan Spon	nsor.		<b>3b</b> Administrator's EIN					
					3c Admi	nistrator's tel	lephone number			
		e plan sponsor or the plan name ha			4b EIN					
	lan, enter the plan spo or's name	nsor's name, EIN, the plan name a	nd the plan number from		<b>4d</b> PN					
C Plan N	lame									
5a Totalı	number of participants	at the beginning of the plan year			5a		1			
		at the end of the plan year			5b		1			
	· ·	account balances as of the end of t			5c		1			
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)		1			
• •		rticipants 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					5e		0			
Caution: A	A penalty for the late	or incomplete filing of this return her penalties set forth in the instruc	n/report will be assessed	d unless reasonable caus			bla a Cabadula			
SB or Sche		nd signed by an enrolled actuary, a								
SIGN HERE	Filed with authorized	/valid electronic signature.	04/08/2020	SILVANA GULLA						
HERE	Signature of plan a	Idministrator	Date	Enter name of individu	vidual signing as plan administrator					
SIGN										
HERE	Signature of emplo		Date	Enter name of individu	al signing a					
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018) v.171027									

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 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.										
с	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 instructio										
			<b>Č</b> .								
	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (				(b) End of Year				
<u>a</u>	Total plan assets	7a	70	82123			736075				
b	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c		82123			736075				
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)									
	(3) Others (including rollovers)	8a(3)									
b		8b		4265							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00					4265				
d	Benefits paid (including direct rollovers and insurance premiums										
						50313					
е	Certain deemed and/or corrective distributions (see instructions) 8e										
f	Administrative service providers (salaries, fees, commissions)										
g	Other expenses										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h						50313				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					-46048				
	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E = 3D$	feature co	des from the List of Pla	an Chai	racteris	stic Co	des in the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:				
Der	t V Compliance Questions										
Par					Vee	Na	• •				
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	utiono withi	n the time period		Yes	No	Amount				
6	described in 29 CFR 2510.3-102? (See instructions and DOL's V										
	Program)			10a		Х					
k	<ul> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>	•		10b		х					
C	Was the plan covered by a fidelity bond?			10c	х		300000				
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		х					
f				10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10a		Х					

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.) .....

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 .....

Х

10g

10h

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	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 d	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)		130	:(3) PN	l(s)

Form 5500-SF Short Form Annual Return/Report of Small Emp Department of the Treasury Benefit Plan						OMB Nos. 1210-0 1210-00			
Internal Revenue Service Department of Labor Employee Benefits Socurity Administration						int	2018		
Employe	ee Benefits Security Administration		6057(b) and 6058(a) of th code).	the Internal This Form is Op					
	n Benefit Guaranty Corporation	Complete all entries in	Revenue Code (the Code).  Complete all entries in accordance with the instructions to the For						
Part	Annual Repor	T Identification Informatio	n	istructions to the Form	5500-SF.				
-or cale	andar plan year 2018 or	fiscal plan year beginning	06/01/2018	and ending	0	5/31/201	9		
A This	return/report is for:	X a single-employer plan	a multiple-employe	er plan (not multiemployer) employer information in a	(Filers c	hecking this be	ox must attach a		
		a one-participant plan	a foreign plan	employer information in a	accordan	ce with the for	m instructions.)		
5 This I	return/report is	the first return/report	the final return/rep	ort					
		an amended return/report	<u> </u>	eturn/report (less than 12 n	nonthe)				
Che	ck box if filing under:			nummeport (less than 12 h	nontins)				
	and a	X Form 5558	automatic extension	n	DFVC program				
Part I	I Pasia Dian Inf	special extension (enter dese	cription)		1-4 C.N.				
	ne of plan	ormation-enter all requested in	nformation						
		n Cars, Inc. Profit S	Chan's 21			hree-digit			
		n cars, inc. Profit :	Sharing Plan			lan number PN)	001		
						ffective date o			
a Dir						6/01/197			
Ividii	ing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O Box)				over Identification Number 13-2536242		
Al	fredos Foreign	Cars, Inc.	stal code (il loreign, see il	istructions)	2c Sponsor's telephone number 914-834-4222				
20	50 Boston Post	Road			2d Bu	usiness code (	see instructions		
	rchmont	NY 105			4	41110			
a Plan	administrator's name a	ind address 🛛 Same as Plan Spo	onsor.			dministrator's l	EIN		
					3c Ad	dministrator's t	elephone numb		
If the	e name and/or EIN of th	e plan sponsor or the plan name h	as changed since the las	t return/report filed for	4h FI	N			
this	plan, enter the plan spo	e plan sponsor or the plan name han sponsor's name, EIN, the plan name a	as changed since the las and the plan number from	t return/report filed for the last return/report.	4b EI				
a Spor	plan, enter the plan spo nsor's name	e plan sponsor or the plan name h nsor's name, EIN, the plan name a	as changed since the las and the plan number fron	t return/report filed for the last return/report.	4b El 4d Pr				
a Spor C Plan	plan, enter the plan spo nsor's name Name	nsors name, EIN, the plan name a	and the plan number fron	the last return/report.	4d P				
a Spor Plan Tota	plan, enter the plan spo nsor's name Name	nsors name, EIN, the plan name a at the beginning of the plan year	and the plan number from	n the last return/report.	4d Pr 5a				
a Spor C Plan Tota Tota Num	plan, enter the plan spo nsor's name Name I number of participants I number of participants uber of participants with	at the beginning of the plan year at the end of the plan year	and the plan number from	n the last return/report.	4d P				
a Spor C Plan a Tota D Tota C Num com	plan, enter the plan spo nsor's name Name I number of participants I number of participants uber of participants with plete this item)	at the beginning of the plan year at the end of the plan year	and the plan number fron	n the last return/report.	4d Pr 5a 5b 5c				
a Spor C Plan Tota Tota Num comj	plan, enter the plan spo nsor's name Name I number of participants I number of participants ober of participants with plete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan yearat account balances as of the end of rticipants at the beginning of the plan	and the plan number fron the plan year (only defin-	n the last return/report.	4d Pr 5a 5b 5c 5d(1)	N			
a Spor C Plan Tota Tota Num com d(1) To d(2) To Num	plan, enter the plan spo nsor's name Name I number of participants I number of participants with a plete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the	and the plan number from the plan year (only defin- lan year a plan year with accrued	ed contribution plans	4d P 5a 5b 5c 5d(1) 5d(2)	N			
a Spor Plan Tota Num com (1) To (2) To Num than	plan, enter the plan spo nsor's name Name I number of participants I number of participants uber of participants with plete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the pl rticipants at the end of the plan yea terminated employment during the	and the plan number from the plan year (only define lan year a plan year with accrued	n the last return/report. ed contribution plans benefits that were less	4d Pt 5a 5b 5c 5d(1) 5d(2) 5e	N			
a Spor C Plan Tota D Tota D Tota C Num com d(1) To d(2) To d(2) To d(2) To d(2) To d(2) To d(2) To d(3) To d(3) To d(3) To d(3) To d(3) To d(3) To d(3) To ta d(3) To ta To ta d(3) To ta d(3) To ta To ta d(3) T	I number of participants I number of participants I number of participants I number of participants ber of participants with plete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the per incomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, a	and the plan number from the plan year (only define an year a plan year with accrued n/report will be assessed	n the last return/report. ed contribution plans benefits that were less d unless reasonable ca	4d Pt 5a 5b 5c 5d(1) 5d(2) 5e use is es	tablíshed.	able, a Scheduli		
a Spor C Plan Tota D Tota D Tota C Num comp d(1) Tota d(2) Tota d(2) Tota d(2) Tota d(2) Tota d(1) Tota d(2) Tota comp d(1) Tota d(2) Tota comp d(1) Tota co	I number of participants name number of participants number of participants ber of participants with plete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the per incomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, a	and the plan number from the plan year (only define an year a plan year with accrued n/report will be assessed	the last return/report.	4d Pt 5a 5b 5c 5d(1) 5d(2) 5e use is es	tablíshed.	able, a Schedule knowledge and		
a Spor C Plan Tota D Tota D Tota C Num comp d(1) To d(2) To d(2) To d(2) To c Num than iution: der per or Sch lief, it is SN	plan, enter the plan spo nsor's name Name I number of participants I number of participants uber of participants with plete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan yea terminated employment during the por incomplete filing of this return rer penalties set forth in the instruc- tod signed by an enrolled actuary, a plete.	and the plan number from the plan year (only defin- lan year a plan year with accrued <b>n/report will be assesse</b> tions, I declare that I hav is well as the electronic y	a the last return/report. ed contribution plans benefits that were less d unless reasonable ca re examined this return/report ersion of this return/report Silvana Gulla	4d Pr 5a 5b 5c 5d(1) 5d(2) 5e use is es port, inclut, and to the	tablished. uding, if applic the best of my	knowledge and		
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a Spor C Plan Tota D Tota D Tota C Num comp d(1) To d(2) To d(2) To d(2) To c Num than iution: der per or Sch lief, it is SN	plan, enter the plan spo nsor's name Name I number of participants I number of participants uber of participants with plete this item)	at the beginning of the plan name a at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the princomplete filing of this return her penalties set forth in the instruct disigned by an enrolled actuary, a plete.	and the plan number from the plan year (only defin- lan year a plan year with accrued <b>n/report will be assesse</b> tions, I declare that I hav is well as the electronic y	a the last return/report. ed contribution plans benefits that were less d unless reasonable ca re examined this return/report ersion of this return/report Silvana Gulla	4d Pr 5a 5b 5c 5d(1) 5d(2) 5e use is es port, inclut, and to the ual signin	tablished. Juding, if applic the best of my	knowledge and		

h Total expenses (add lines 8d, 8e, 8f, and 8g) .....

i Net income (loss) (subtract line 8h from line 8c) .....

Part IV Plan Characteristics

Transfers to (from) the plan (see instructions).....

j

9a

b

2E 3D

50,313

-46,048

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)	X Yes No
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	ot use Fo	orm 5500-SF and must instead us	e Form 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)?	P Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	. (See instructions.)
Pa	rt III Financial Information	1		
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	782,123	736,075
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	782,123	736,075
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	4,265	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		4,265
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	50,313	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
0	Other expenses	8a		

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Compliance Questions				
Nuring the plan year				
During the plan year:		Yes	No	Amount
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	10a		Х	
	10b		Х	
Nas the plan covered by a fidelity bond?	10c	Х		300,000
	10d		Х	
arrier, insurance service, or other organization that provides some or all of the benefits under	10e		Х	
las the plan failed to provide any benefit when due under the plan?	10f		Х	
oid the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
	10h		Х	
	10i			
	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)	Was there a failure to transmit to the plan any participant contributions within the time period       10a         Was there a failure to transmit to the plan any participant contributions within the time period       10a         Program)       10a         Were there any nonexempt transactions with any party-in-interest? (Do not include transactions eported on line 10a.)       10b         Was the plan covered by a fidelity bond?       10c         Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d         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         Has the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g         f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h	Was there a failure to transmit to the plan any participant contributions within the time period       10a         Was there a failure to transmit to the plan any participant contributions within the time period       10a         Program)       10a         Was there any nonexempt transactions with any party-in-interest? (Do not include transactions eported on line 10a.)       10b         Was the plan covered by a fidelity bond?       10c         Was the plan covered by a fidelity bond?       10c         Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d         Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10f         Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g         f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h       10h         f 10h was answered "Yes," check the box if you either provided the required notice or one of the       10h	Was there a failure to transmit to the plan any participant contributions within the time period       Image: control of the period         Was there a failure to transmit to the plan any participant contributions within the time period       Image: control of the period         Program)       Image: control of the plan any participant contributions within the time period       Image: control of the period         Were there any nonexempt transactions with any party-in-interest? (Do not include transactions       Image: control of the period       X         Was the plan covered by a fidelity bond?       Image: control of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused       Image: control of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused       Image: control of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused       Image: control of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused       Image: control of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused       Image: control of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused       Image: control of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused       Image: control of the plan have any participant loans? (If "Yes," agents, or other persons by an insurance       Image: control of the plan failed to provide any benefit when due under the plan?       Image: control of the plan have any participant loans? (If "Yes," enter amount as of year-end.)       Image: control of the pla

Page 3-

Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)			В	Yes No	c
11a	Ente	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.)			f 	Yes X No	<u>с</u>
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter _ Day		of the letter ruling Year	
lf	you c	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	Entei	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?			Yes	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?			[ [	Yes X No	_
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred.	ify the plan(s)	to			
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> PN(s)	_
							-
							_