## 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 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2009 This Form is Open to Public

Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

| For calendar p  |  | Identification Infor             |                                      |                      |  |          |  |                 |  |  |
|---|--|----------------------------------|--------------------------------------|----------------------|--|----------|--|-----------------|--|--|
|   | olan year 2009 or fis  | scal plan year beginning         | 01/01/200                            | 09                   | and ending                                 | 12/31/2  | 2009   |                 |  |  |
| A This return   | /report is for:  | x single-employer plar           | 1                                    | multiple-e           | mployer plan (not multiemployer)           |          | one-participa                                | nt plan         |  |  |
| <b>B</b> This return,   | This return/report is for: first return/report final return/report   |                                  |                                      |                      |  |          |  |                 |  |  |
|   |  | an amended return/r              | eport                                | short plan           | year return/report (less than 12 mg        | onths)   |  |                 |  |  |
| C Check box   | C Check box if filing under:   |                                  |                                      |                      |  |          |  | m               |  |  |
|   |  |                                  |                                      |                      |  |          |  |                 |  |  |
| Part II B   | Basic Plan Info  | rmation—enter all requ           | uested inforn                        | nation               |  |          |  |                 |  |  |
| 1a Name of p  |  |                                  |                                      |                      |  | 1b       | Three-digit                                  |                 |  |  |
| EAGLE MEDIA   | 401(K) PLAN  |                                  |                                      |                      |  |          | plan number                                  | 001             |  |  |
|   |  |                                  |                                      |                      |  |          | (PN) Figure (PN) Effective date of           |                 |  |  |
|   |  |                                  |                                      |                      |  | '        | 01/01/1                                      | •               |  |  |
|   |  | dress (employer, if for sin      | gle-employe                          | r plan)              |  | 2b       | 2b Employer Identification Number            |                 |  |  |
| EAGLE MEDIA   | PARTNERS, LP   |                                  |                                      |                      |  | 20       | (EIN) 16-1419                                | elephone number |  |  |
| 5910 FIRESTOI   |  |                                  |                                      |                      |  |          | 315-434                                      |                 |  |  |
| SYRACUSE, N   | Y 13206  |                                  |                                      |                      |  | 2d       | Business code (                              | ,               |  |  |
| 3a Plan admi  | inistrator's name an   | d address (if same as Pla        | an enoneor i                         | enter "Same          | ,"\  | 3h       | 511110<br>Administrator's I                  |                 |  |  |
|   | PARTNERS, LP   | a address (ii saine as i ii      | <b>5910 FIRES</b>                    | STONE DRI            | νΈ   |          | 16-1419                                      |                 |  |  |
|   |  |                                  | SYRACUSE                             | E, NY 13206          |  | 3с       | 3c Administrator's telephone is 315-434-8883 |                 |  |  |
| 4 If the name   | 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the |                                  |                                      |                      |  |          |  |                 |  |  |
| name, EIN,  | , and the plan numb  | per from the last return/re      | port. Spons                          | or's name            |  | 40       | DN   |                 |  |  |
| 5a Total num  | Total number of posticionate at the haringing of the plan year   |                                  |                                      |                      |  |          | PN   | 100             |  |  |
|   | 5a Total number of participants at the beginning of the plan year  |                                  |                                      |                      |  | 5a<br>5b |  | 109             |  |  |
|   |  |                                  |                                      |                      | ear (defined benefit plans do not          | 30       |  | 107             |  |  |
|   |  |                                  |                                      |                      |  | . 5c     |  | 107             |  |  |
| 6a Were all   | of the plan's assets   | during the plan year inve        | ested in eligi                       | ble assets?          | (See instructions.)                        |          |  | X Yes No        |  |  |
|   |  |                                  |                                      |                      | dent qualified public accountant (IC ons.) |          |  | X Yes No        |  |  |
|   |  | •                                |                                      |                      | SF and must instead use Form 5             |          |  |                 |  |  |
| Part III F  | inancial Inforr  | nation                           |                                      |                      |  |          |  |                 |  |  |
| 7 Plan Asse   | ets and Liabilities  |                                  |                                      |                      | (a) Beginning of Year                      |          | (b) End                                      | of Year         |  |  |
|   |  |                                  |                                      |                      | 47400                                      | 8        |  | 591139          |  |  |
| <b>b</b> Total plan   | n liabilities  |                                  |                                      | 7b                   |  |          |  |                 |  |  |
| C Net plan a  | assets (subtract line  | e 7b from line 7a)               |                                      | 7с                   | 47400                                      | 8        |  | 591139          |  |  |
|   | •  | sfers for this Plan Year         |                                      |                      | (a) Amount                                 |          | (b) T  | otal            |  |  |
|   | ions received or recovers  | ceivable from:                   |                                      | 8a(1)                | 12   | 23       |  |                 |  |  |
|   |  |                                  |                                      |                      | 4497                                       | '3       |  |                 |  |  |
| (3) Other   | rs (including rollove  | rs)                              |                                      |                      | 1187                                       | 2        |  |                 |  |  |
| <b>b</b> Other inco   | ome (loss)   |                                  |                                      | 8b                   | 8448                                       | 5        |  |                 |  |  |
| C Total inco  | me (add lines 8a(1   | ) 8a(2) 8a(3) and 8h)            |                                      | 8c                   |  |          |  | 141453          |  |  |
|   |  | j, $Oa(2)$ , $Oa(3)$ , and $Ob)$ |                                      |                      |  |          |  |                 |  |  |
|   | oaid (including direc  | t rollovers and insurance        | premiums                             |                      | 2432                                       | 2        |  |                 |  |  |
| to provide  | paid (including direct<br>benefits)  |                                  | premiums                             | <u>8d</u><br>8e      | 2432                                       | 22       |  |                 |  |  |
| to provide  e Certain de  | paid (including direct<br>benefits)<br>eemed and/or corre  | ct rollovers and insurance       | premiums<br>structions)              | 8e                   | 2432                                       | 22       |  |                 |  |  |
| to provide  e Certain de  f Administra                            | paid (including direct<br>benefits)eemed and/or corre<br>ative service provide                                       | ective distributions (see in     | premiums<br>structions)              | 8e<br>8f             | 2432                                       | 22       |  |                 |  |  |
| to provide  Certain de  f Administra  Other exp                   | paid (including direct<br>be benefits)eemed and/or correct<br>ative service providuenses                             | ective distributions (see in     | premiums<br>structions)<br>sissions) | 8e<br>8f<br>8g       | 2432                                       | 22       |  | 24322           |  |  |
| to provide  e Certain de  f Administra  g Other exp  h Total expe | paid (including direct be benefits) eemed and/or correct ative service providuenses                                  | ective distributions (see in     | premiums<br>structions)<br>nissions) | 8e<br>8f<br>8g<br>8h | 2432                                       | 22       |  | 24322<br>117131 |  |  |

| Part IV | Plan | Charac | teristics |
|---------|------|--------|-----------|

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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 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 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  | X                    | No X X X    |              | Ame      | ount     | 1000        |     |
|--|----------------------|-------------|--------------|----------|----------|-------------|-----|
| 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  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b  c Was the plan covered by a fidelity bond? 10c  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  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  f Has the plan failed to provide any benefit when due under the plan? 10f  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i   | X                    | x<br>x<br>x |              | Amo      | ount     | 1000        |     |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b  C Was the plan covered by a fidelity bond? 10c  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  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  f Has the plan failed to provide any benefit when due under the plan? 10f  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i   | X                    | X<br>X<br>X |              |          |          | 1000        |     |
| on line 10a.)  | X                    | X<br>X<br>X |              |          |          | 1000        |     |
| 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 exceptions to providing the notice applied under 29 CFR 2520.101-3.  |                      | X           |              |          |          | 1000        |     |
| or dishonesty?   |                      | X           |              |          |          |             | )00 |
| 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.)  10g  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  10i   |                      | X           |              |          |          |             |     |
| 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.)  |                      |             |              |          |          |             |     |
| 2520.101-3.)   |                      | X           |              |          |          |             |     |
| exceptions to providing the notice applied under 29 CFR 2520.101-3   |                      | Χ           |              |          |          |             |     |
|  |                      |             |              |          |          |             |     |
| art VI Pension Funding Compliance  | <u> </u>             |             | I.           |          |          |             | _   |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$5500))  |                      |             |              |          | Yes      | X           | No  |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec   |                      |             |              |          | Yes      | X           | No  |
| (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   | 01.011.00            | 02 01 1     |              | <u> </u> | J        | ш           |     |
| <b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions,  | and en               | nter th     | e date of    | the le   | tter rul | ing         |     |
| granting the waiverMonth   |                      |             |              |          |          |             | -   |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |                      | 401         |              |          |          |             |     |
| <b>b</b> Enter the minimum required contribution for this plan year  |                      | 12b         |              |          |          |             |     |
| C Enter the amount contributed by the employer to the plan for this plan year  | 1                    | 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         |              | П.       |          | <del></del> |     |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline?   |                      |             | Yes          |          | No       | N/          | /A  |
| art VII Plan Terminations and Transfers of Assets  |                      |             |              |          | ,        |             |     |
| 3a Has a resolution to terminate the plan been adopted during the plan year or any prior year?   |                      |             | Т            |          | Yes      | X           | No  |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year  | 1                    | 13a         |              |          |          |             |     |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?   | the con              | ntrol<br>   |              |          | 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 which assets or liabilities were transferred. (See instructions.)  | n(s) to              |             |              |          |          |             |     |
| 13c(1) Name of plan(s):  | <b>13c(2)</b> EIN(s) |             |              |          | 13c(3)   | PN(         | s)  |
|  |                      |             |              |          |          |             |     |
|  |                      |             |              |          |          |             |     |
| Paution. A paudity for the lete or incomplete filling of this return from the control will be accorded under the control of th |                      |             | iobod        |          |          |             |     |
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau<br>Inder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rep  |                      |             |              | -1.1.    |          |             |     |
| onder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report selection in the selectronic version of this return/report selection, it is true, correct, and complete.   | ort incl             |             | y, ii appilc |          | a Cab    |             |     |
| SIGN Filed with authorized/valid electronic signature. 09/30/2010 JOHN A. MCINTYRE   |                      | o the c     | pest of my   |          |          |             | ;   |

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## 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 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

2009

This Form is Open to Public Inspection

|    | Part I Annual Report Identification Information  |              |                                      |            |                     |                  |
|----|--|--------------|--------------------------------------|------------|---------------------|------------------|
| F  | or calendar plan year 2009 or fiscal plan year beginning   | 01/01,       | 2009 and ending                      |            | 12/31/200           | 9                |
| Α  | This return/report is for:   | multiple     | e-employer plan (not multiemployer)  |            | one-participan      | t plan           |
| В  | This return/report is for: first return/report   | final re     | turn/report                          |            |                     |                  |
|    | an amended return/report   | H            | lan year return/report (less than 12 | nonthe)    |                     |                  |
| 0  | Check box if filing under: X Form 5558   |              |                                      | 110111115) |                     |                  |
|    |  |              | tic extension                        |            | DFVC program        | n                |
|    | special extension (enter descrip   |              |                                      |            |                     |                  |
|    | Part II Basic Plan Information—enter all requested information   | mation       |                                      |            |                     |                  |
| 18 | Name of plan Eagle Media 401(k) Plan   |              |                                      | 1b         | Three-digit         |                  |
|    | ragie Media 401(k) Plan  |              |                                      |            | plan number         | 0.01             |
|    |  |              |                                      | 10         | (PN)                | 001              |
|    |  |              |                                      | 10         | Effective date of p | olan             |
| 28 | Plan sponsor's name and address (employer, if for single-employer Eagle Media Partners, LP   | er plan)     |                                      | 2b         | Employer Identific  | ration Number    |
|    | Eagle Media Partners, LP   | , ,          |                                      |            | (EIN) 16-1419       |                  |
|    |  |              |                                      | 2c         | Plan sponsor's tel  | ephone number    |
|    | 5910 Firestone Drive   |              |                                      |            | (315) 434-88        | 383              |
|    | Syracuse   |              | NIV. 12206                           | 2d         | Business code (se   | ee instructions) |
| 3a | Plan administrator's name and address (if same as Plan sponsor,  | enter "Sar   | NY 13206                             | 3h         | Administrator's Ell | NI .             |
|    | SAME   | ontor our    | ,                                    | 35         | Administrator 5 En  | IN.              |
|    |  |              |                                      | 3c         | Administrator's tel | ephone number    |
| 1  | If the name and/or FINI (1)  |              |                                      |            |                     |                  |
| 4  | If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report. Sponsor | ast return/i | eport filed for this plan, enter the | 4b         | EIN                 |                  |
|    | and the plan number from the fact return report. Oponion   | or 3 manne   |                                      | 4c         | PN                  |                  |
| 5a | Total number of participants at the beginning of the plan year   |              |                                      |            |                     | 109              |
|    | Total number of participants at the end of the plan year   |              |                                      |            |                     | 107              |
|    | Total number of participants with account balances as of the end of  |              |                                      | 30         |                     | 107              |
|    | complete this item)  |              |                                      | . 5c       |                     | 107              |
| 6a | Were all of the plan's assets during the plan year invested in eligib  | ole assets   | ? (See instructions.)                |            |                     | X Yes No         |
| b  | Are you claiming a waiver of the annual examination and report of  | f an indepe  | endent qualified public accountant ( | QPA)       |                     |                  |
|    | under 29 CFR 2520.104-46? (See instructions on waiver eligibility  | and condi    | tions.)                              |            |                     | X Yes No         |
| Pa | If you answered "No" to either 6a or 6b, the plan cannot use F   | orm 5500     | -SF and must instead use Form 5      | 500.       |                     |                  |
| 7  | Plan Assets and Liabilities  |              |                                      | T          |                     |                  |
|    | Total plan assets  | 7.           | (a) Beginning of Year                | 00         | (b) End of          |                  |
|    | Total plan liabilities   |              | 474,0                                | 08         |                     | 591,139          |
|    |  | 7b           | 17.1.0                               |            |                     |                  |
|    | Net plan assets (subtract line 7b from line 7a)  | 7c           | 474,0                                | 08         |                     | 591,139          |
| 8  | Income, Expenses, and Transfers for this Plan Year   |              | (a) Amount                           |            | (b) Tota            | al               |
| а  | Contributions received or receivable from: (1) Employers   | 8a(1)        | 1                                    | 23         |                     |                  |
|    | (2) Participants   | 8a(2)        | 44,9                                 |            |                     |                  |
|    | (3) Others (including rollovers)   |              | 11,8                                 |            |                     |                  |
| h  | Other income (loss)  | 8a(3)        |                                      |            |                     |                  |
|    | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8b           | 84,4                                 | 5 5        |                     | 1 4 1 4 5 0      |
|    | Benefits paid (including direct rollovers and insurance premiums   | 8c           |                                      | -          |                     | 141,453          |
| ы  | to provide benefits)   | 8d           | 24,3                                 | 22         |                     |                  |
| е  | Certain deemed and/or corrective distributions (see instructions)  | 8e           |                                      | $\neg$     |                     |                  |
| f  | Administrative service providers (salaries, fees, commissions)   | 8f           |                                      | $\neg$     |                     |                  |
| g  | Other expenses   | 8g           |                                      | $\dashv$   |                     |                  |
| _  | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h           |                                      | +          |                     | 2/ 200           |
|    |  | 011          |                                      |            |                     | 24,322           |
| 1  | Net Income (loss) (subtract line 8h from line 8c)  | Ωi           |                                      |            |                     | 117 101          |
|    | Net income (loss) (subtract line 8h from line 8c)  | 8i<br>8i     |                                      |            |                     | 117,131          |

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|---------|------|-----|--------|
|         | 5500 | -5- | 7(1()( |

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|------|----|---|
| Page | 4- |   |

|                | rt IV              | Plan Characteristics   |                        |   |          |        |         |             |                                |
|----------------|--------------------|--|------------------------|---|----------|--------|---------|-------------|--------------------------------|
| 9a             | If the             | plan provides pension benefits, enter the applicable pension f   | eature codes from      | the List of Plan Char   | racteris | tic Co | des in  | the instru  | ictions:                       |
| b              | If the             | 2E 2F 2G 2J 3D plan provides welfare benefits, enter the applicable welfare fe   | eature codes from the  | he List of Plan Chara   | acterist | ic Co  | des in  | the instruc | ctions:                        |
| Pai            | rt V               | Compliance Questions   |                        |   |          |        |         |             |                                |
| 10             |                    | ng the plan year:  |                        |   | Т        | Yes    | No      |             | A                              |
| â              | Nas                | there a failure to transmit to the plan any participant contributi   | ons within the time    | period described in   |          |        | 140     |             | Amount                         |
|                | 29 0               | CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc  | ciary Correction Pro   | gram)   | 10a      |        | X       |             |                                |
| t.             | Were on lin        | there any nonexempt transactions with any party-in-interest? e 10a.)   | (Do not include tra    | nsactions reported  | 10b      |        | Х       |             |                                |
| C              |                    | the plan covered by a fidelity bond?   |                        |   | 10c      | X      |         |             | 100,00                         |
| C              | Did the            | ne plan have a loss, whether or not reimbursed by the plan's fine honesty?   | delity bond, that wa   | s caused by fraud   | 10d      |        | Х       |             | 100700                         |
| е              | Were               | any fees or commissions paid to any brokers, agents, or other ance service or other organization that provides some or all of ctions.)                         | r persons by an ins    | urance carrier,   | 10e      |        | X       |             |                                |
| f              |                    | ne plan failed to provide any benefit when due under the plan?   |                        | CONTRACTOR OF THE PROPERTY OF | 10f      |        | Х       |             |                                |
| g              |                    | e plan have any participant loans? (If "Yes," enter amount as  |                        |   | 10g      |        | X       |             |                                |
| h              | If this            | is an individual account plan, was there a blackout period? (S<br>101-3.)  | ee instructions and    | 29 CFR  |          |        | X       |             |                                |
| i              | If 10h             | was answered "Yes," check the box if you either provided the tions to providing the notice applied under 29 CFR 2520.101-3                                     | required notice or     | one of the  | 10h      |        | Δ       |             |                                |
| Part           |                    | Pension Funding Compliance   |                        |   |          |        |         |             |                                |
| 11             | Is this            | a defined benefit plan subject to minimum funding requiremen   | nts? (If "Yes," see in | structions and comp   | olete Sc | hedu   | le SB   | (Form       | П у                            |
| 12             |                    | 3 defined contribution plan subject to the minimum funding   |                        |   |          |        |         |             | Yes X No                       |
| 1 24           |                    | a defined contribution plan subject to the minimum funding re  |                        | on 412 of the Code  | or secti | on 30  | 2 of E  | RISA?       | Yes X No                       |
| 2              | (II TE             | s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable  | ole.)                  |   |          |        |         |             |                                |
| u              | grantin            | iver of the minimum funding standard for a prior year is being g the waiver.   | amortized in this pl   | an year, see instruct   | ions, ar | nd en  | ter the | date of th  | ne letter ruling               |
| lf y           | ou con             | npleted line 12a, complete lines 3, 9, and 10 of Schedule N  | //B (Form 5500) as     | nd skin to line 13  | -        |        | Day _   |             | Year                           |
| b              |                    | he minimum required contribution for this plan year  |                        |   |          | 1      | 2b      |             |                                |
| С              |                    |  |                        |   |          | -      | 2c      |             |                                |
| d              | Subtrac            | ne amount contributed by the employer to the plan for this plan<br>of the amount in line 12c from the amount in line 12b. Enter the                            | n year                 |   |          | 1      | 20      |             |                                |
|                | negativ            | e amount)  |                        |   |          |        | 2d      |             |                                |
|                | 1                  | minimum funding amount reported on line 12d be met by the  | funding deadline?.     |   |          |        |         | Yes         | No N/A                         |
| Part           |                    | Plan Terminations and Transfers of Assets  |                        |   |          |        |         |             |                                |
| 13a            | Has a r            | esolution to terminate the plan been adopted during the plan y   | ear or any prior ye    | ar?   |          |        |         |             | Yes X No                       |
|                | If "Yes,           | enter the amount of any plan assets that reverted to the emp   | loyer this year        |   |          | 1      | 3a      |             |                                |
|                | of the F           | ll the plan assets distributed to participants or beneficiaries, tra<br>PBGC?  |                        |   |          |        | rol<br> |             | Yes X No                       |
| С              | If during which a  | g this plan year, any assets or liabilities were transferred from ssets or liabilities were transferred. (See instructions.)                                   | this plan to another   | r plan(s), identify the   | plan(s)  | to     |         |             |                                |
| 13             | 3c(1) Na           | ime of plan(s):  |                        |   |          | 13c(2  | EIN(    | s)          | 13c(3) PN(s)                   |
|                |                    |  |                        |   |          |        |         |             |                                |
|                |                    |  |                        |   |          |        |         |             |                                |
| Cautio         | n: A pe            | enalty for the late or incomplete filing of this return/report   | will be assessed       | unless reasonable   | cause    | is est | ablish  | <br>ned.    |                                |
| Under<br>SB or | penaltie<br>Schedu | es of perjury and other penalties set forth in the instructions, I c<br>e MB completed and signed by an enrolled actuary, as well as<br>correct, and complete. | declare that I have    | examined this return  | /report  | inclu  | dina i  | f annlicah  | le, a Schedule<br>nowledge and |
| SIGN           |                    | Jun M  | 9/18                   | John A  | n CI     | 140    | ie.     |             |                                |
| HERE           | Sign               | entere of plan administrator   | Nate                   | Enter name of indi  | vidual s | igning | g as pl | an admini   | strator                        |
| SIGN           |                    | fram/f   | 9/18                   | John A  |          |        |         |             |                                |
| HERE           | Sign               | ture of employer/plan sponsor  | Date                   | Enter name of indiv   |          |        |         | nployer or  | plan sponsor                   |