## 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 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

| Pa  | art I Annual Report Identification Information  |             |                                     |         |  |
|-----|---|-------------|-------------------------------------|---------|--|
| For | calendar plan year 2009 or fiscal plan year beginning 01/01/2009  | )           | and ending                          | 12/31/2 | 2009   |
| Α   | This return/report is for: Single-employer plan   | multiple-e  | mployer plan (not multiemployer)    |         | one-participant plan                           |
| В   | This return/report is for: first return/report  | final retur | n/report                            |         |  |
|     | an amended return/report  | short plan  | year return/report (less than 12 m  | onths)  |  |
| С   | Check box if filing under:  | automatic   | extension                           |         | DFVC program                                   |
|     | special extension (enter description  | n)          |                                     |         |  |
| Pa  | art II Basic Plan Information—enter all requested informa   | ,           |                                     |         |  |
|     | Name of plan  | 2011        |                                     | 1b      | Three-digit                                    |
|     | ISTOPHER REYNOLDS FOUNDATION, INC403 B TAX DEFERRE  | D ANNUI     | TY PLAN                             |         | plan number                                    |
|     |   |             |                                     | 4-      | (PN)   |
|     |   |             |                                     | 10      | Effective date of plan<br>01/01/2006           |
| 2a  | Plan sponsor's name and address (employer, if for single-employer   | plan)       |                                     | 2b      | Employer Identification Number                 |
|     | ISTOPHER REYNOLDS FOUNDATION, INC   | ,           |                                     |         | (EIN) 13-6129401                               |
|     |   |             |                                     | 2c      | Plan sponsor's telephone number                |
|     | FIFTH AVENUE, SUITE 914<br>/ YORK, NY 10016   |             |                                     | 2d      | 212-532-1606  Business code (see instructions) |
|     |   |             |                                     |         | 813000   |
|     | Plan administrator's name and address (if same as Plan sponsor, er  |             |                                     | 3b      | Administrator's EIN                            |
| CHR | ISTOPHER REYNOLDS FOUNDATION,INC 267 FIFTH AVNEW YORK,  |             |                                     | 30      | 13-6129401 Administrator's telephone number    |
|     |   |             |                                     | 30      | 212-532-1606                                   |
|     | f the name and/or EIN of the plan sponsor has changed since the las   |             | port filed for this plan, enter the | 4b      | EIN  |
|     | name, EIN, and the plan number from the last return/report. Sponsor   | r's name    |                                     | 4c      | PN   |
| 5a  | Total number of participants at the beginning of the plan year  |             |                                     |         | 2  |
| b   |   |             |                                     | . 5b    | 2  |
| С   | Total number of participants with account balances as of the end of   |             |                                     | 0.5     |  |
|     | complete this item)   |             |                                     | . 5c    | 2  |
| 6a  | Were all of the plan's assets during the plan year invested in eligible   |             | '                                   |         | X Yes   No                                     |
| b   | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a |             |                                     |         | X Yes ☐ No                                     |
|     | If you answered "No" to either 6a or 6b, the plan cannot use Fo   |             | •                                   |         |  |
| Pa  | rt III Financial Information  |             |                                     |         |  |
| 7   | Plan Assets and Liabilities   |             | (a) Beginning of Year               |         | (b) End of Year                                |
| а   | Total plan assets   | 7a          | 42049                               | 92      | 538612   |
| b   | Total plan liabilities  | 7b          |                                     |         |  |
| С   | Net plan assets (subtract line 7b from line 7a)   | 7c          | 42049                               | 92      | 538612   |
| 8   | Income, Expenses, and Transfers for this Plan Year  |             | (a) Amount                          |         | (b) Total                                      |
| а   | Contributions received or receivable from:  (1) Employers   | 8a(1)       | 3328                                | 34      |  |
|     | (2) Participants  | 8a(2)       |                                     | -       |  |
|     | (3) Others (including rollovers)  | 8a(3)       |                                     |         |  |
| b   | Other income (loss)   | 8b          | 8483                                | 36      |  |
| С   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c          |                                     |         | 118120   |
| d   | Benefits paid (including direct rollovers and insurance premiums  |             |                                     |         |  |
|     | to provide benefits)  | 8d          |                                     |         |  |
| е   | Certain deemed and/or corrective distributions (see instructions)   | 8e          |                                     |         |  |
| f   | Administrative service providers (salaries, fees, commissions)  | 8f          |                                     |         |  |
| g   | Other expenses  | 8g          |                                     |         |  |
| h   | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h          |                                     |         |  |
| i   | Net income (loss) (subtract line 8h from line 8c)   | 8i          |                                     |         | 118120   |
|     | Transfers to (from) the plan (see instructions)   | 8j          |                                     |         |  |

| D ( IV/ | DI   | <b>O</b> L |           |
|---------|------|------------|-----------|
| Part IV | Plan | Characi    | reristics |

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L

| <b>D</b>       | 1 (11)     | e plan provides welfare benefits, enter the applicable welfare featur  | c codes from the f   | ist of Flair Gharac   | torio  | .10 000  | 203 111 | uic iiistido | aioris.             |
|----------------|------------|--|----------------------|-----------------------|--------|----------|---------|--------------|---------------------|
| Part '         | V          | Compliance Questions   |                      |                       |        |          |         |              |                     |
| 10             | Dur        | ing the plan year:   |                      |                       |        | Yes      | No      |              | Amount              |
| а              |            | s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary  |                      |                       | 10a    |          | X       |              |                     |
|                |            | re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)  |                      | · ·                   | 10b    |          | Χ       |              |                     |
| С              | Wa         | as the plan covered by a fidelity bond?  |                      |                       | 10c    | X        |         |              | 200000              |
|                |            | the plan have a loss, whether or not reimbursed by the plan's fidelit lishonesty?  |                      |                       | 10d    |          | X       |              |                     |
|                | insı       | re any fees or commissions paid to any brokers, agents, or other pe<br>urance service or other organization that provides some or all of the<br>ructions.)                     | benefits under the   | e plan? (See          | 10e    |          | Х       |              |                     |
| f              | Has        | s 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 ye  | vear end.)           |                       | 10q    |          | Χ       |              |                     |
| h              | If th      | is is an individual account plan, was there a blackout period? (See i 0.101-3.)  | instructions and 29  | O CFR                 | 10h    |          | X       |              |                     |
| i              | lf 1       | Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3  | quired notice or on  | e of the              | 10i    |          | X       |              |                     |
| Part \         | /I         | Pension Funding Compliance   |                      |                       |        |          |         |              |                     |
|                |            | nis a defined benefit plan subject to minimum funding requirements?  | ,                    |                       |        |          |         | •            | Yes X No            |
| 12             | ls t       | his a defined contribution plan subject to the minimum funding requi   | irements of section  | 1 412 of the Code     | or se  | ction 3  | 802 of  | ERISA?       | Yes X No            |
| If y           | grai       | waiver of the minimum funding standard for a prior year is being am<br>nting the waivercomplete lines 3, 9, and 10 of Schedule MB  | (Form 5500), and     | Month                 | )      | ——<br>   | Day     |              |                     |
|                |            | er the minimum required contribution for this plan year  |                      |                       |        |          | 12b     |              |                     |
|                |            | er the amount contributed by the employer to the plan for this plan y<br>tract the amount in line 12c from the amount in line 12b. Enter the r                                 |                      |                       |        |          | 12c     |              |                     |
|                | neg        | ative amount)  |                      |                       |        |          | 12d     | □ Vaa        | □ No □ N/A          |
|                |            | the minimum funding amount reported on line 12d be met by the ful  | inding deadline?     |                       |        |          |         | Yes          | No N/A              |
| Part \         |            | Plan Terminations and Transfers of Assets  |                      |                       |        |          |         |              |                     |
|                |            | a resolution to terminate the plan been adopted during the plan year   |                      |                       |        |          |         |              | Yes X No            |
|                |            | es," enter the amount of any plan assets that reverted to the employ   |                      |                       |        |          | 13a     |              |                     |
|                |            | re all the plan assets distributed to participants or beneficiaries, trans   | another              | pian, or brought ui   | 10er   | tne co   | ntroi   |              | Yes X No            |
|                |            | uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)                                       | nis plan to another  | plan(s), identify the | e plai | n(s) to  |         |              |                     |
| 13             | Bc(1       | ) Name of plan(s):   |                      |                       |        | 130      | (2) EI  | IN(s)        | <b>13c(3)</b> PN(s) |
|                |            |  |                      |                       |        |          |         |              |                     |
|                |            |  |                      |                       |        |          |         |              |                     |
| Cautio         | on:        | A penalty for the late or incomplete filing of this return/report w  | vill be assessed ι   | ınless reasonable     | cau    | se is    | establ  | lished.      | L                   |
| Under<br>SB or | per<br>Sch | nalties of perjury and other penalties set forth in the instructions, I de<br>edule MB completed and signed by an enrolled actuary, as well as<br>true, correct, and complete. | eclare that I have e | examined this retur   | n/rep  | ort, in  | cludin  | g, if applic |                     |
| SIGN           | F          | iled with authorized/valid electronic signature.   | 0/14/2010            | NICHOLAS JACAN        | NGEI   | _0       |         |              |                     |
| HERE           | . г        | Signature of plan administrator  | Date                 | Enter name of inc     | lividu | ıal sigı | ning as | s plan adm   | ninistrator         |

Date

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

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).

1210-0089

2009

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. Pension Benefit Guaranty Corporation **Annual Report Identification Information** Part I 12/31/2009 01/01/2009 For calendar plan year 2009 or fiscal plan year beginning and ending one-participant plan This return/report is for: single-employer plan multiple-employer plan (not multiemployer) В This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) C DFVC program Check box if filing under: Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information - enter all requested information Three-digit 1a Name of plan plan number (PN) CHRISTOPHER REYNOLDS FOUNDATION, INC.-403 B 002 TAX DEFERRED ANNUITY PLAN 1c Effective date of plan 01/01/2006 Employer Identification Number (EIN) 2a Plan sponsor's name and address (employer, if for single-employer plan) 13-6129401 CHRISTOPHER REYNOLDS FOUNDATION, INC 2c Plan sponsor's telephone number 212-532-1606 267 FIFTH AVENUE, SUITE 914 2d Business code (see instructions) NY 10016 813000 NEW YORK 3b Administrator's EIN 3a Plan administrator's name and address (If same as Plan sponsor, enter "Same") 13-6129401 CHRISTOPHER REYNOLDS FOUNDATION, INC 3c Administrator's telephone number 212-532-1606 4b EIN 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 number from the last return/report. 4c PN 5a 5a Total number of participants at the beginning of the plan year 2 **b** Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the plan year (defined 2 benefit plans do not complete this item) 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.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

| Pa       | rt III Financial Information  |       |                       | 1               |
|----------|---|-------|-----------------------|-----------------|
| 7        | Plan Assets and Liabilities   |       | (a) Beginning of Year | (b) End of Year |
| а        | Total plan assets   | 7a    | 420,492               | 538,612         |
| b        | Total plan liabilities  | 7b    |                       |                 |
| С        | Net plan assets (subtract line 7b from line 7a)                                       | 7c    | 420,492               | 538,612         |
| 8        | Income, Expenses, and Transfers for this Plan Year                                    |       | (a) Amount            | (b) Total       |
| а        | Contributions received or receivable from:  |       |                       |                 |
|          | (1) Employers   | 8a(1) | 33,284                |                 |
|          | (2) Participants  | 8a(2) |                       |                 |
|          | (3) Others (including rollovers)  | 8a(3) |                       |                 |
| b        | Other income (loss) SEE STATEMENT 1   | 8b    | 84,836                |                 |
| С        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                  | 8c    |                       | 118,120         |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d    |                       |                 |
| е        | Certain deemed and/or corrective distributions (see instructions)                     | 8e    |                       |                 |
| f        | Administrative service providers (salaries, fees, commissions)                        | 8f    |                       |                 |
| g        | Other expenses  | 8g    |                       |                 |
| h        | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h    |                       |                 |
| i        | Net income (loss) (subtract line 8h from line 8c)                                     | 8i    |                       | 118,120         |
| <u>i</u> | Transfers to (from) the plan (see instructions)                                       | 8j    |                       |                 |

| Form | 5500-SF | (2009) |
|------|---------|--------|

| Page | 2- |
|------|----|
| 1095 |    |

| Part IV |           |  |
|---------|-----------|--|
|         | Character |  |
|         |           |  |
|         |           |  |
|         |           |  |

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

| h If the plan provides walfare handits enter the analigable walfare facture and a few at a line of   |  |  |  |   |
|--|--|--|--|---|
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of   | Plan C   | haract   | eristic  | Codes in the instructions:  |
| Par V Compliance Questions   | <u> </u>   |  |  | · · · · · · · · · · · · · · · · · · ·   |
| 10 During the plan year:   |  | Yes  | No   | Amount  |
| a Was there a fallure to transmit to the plan any participant contributions within the time period described   |  | 1  |  | Attiount  |
| 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.)  | 105  |  | x  | • •   |
| C Was the plan covered by a fidelity bond?   | 100  | X  |  | 100,000   |
| 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   |  |  | i  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |
| carrier, insurance service or other organization that provides some or all of the benefits under   |  |  |  |   |
| the plan? (See Instructions.)  | 10e  | ٠. [   | X  |   |
| f Has the plan falled 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.)  | 109  |  | X  | •   |
| h If this is an individual account plan, was there a blackout period? (See instructions  |  |  | 963  |   |
| and 29 CFR 2520.101-3.)  | 10h  |  | X  |   |
| 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 2620.101-3  | 101  |  | X  |   |
| Rad 19 Pension Funding Compliance  |  |  |  |   |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instruction  | ns and c   | amos   | ete  | •   |
| Schedule SB (Form 5500))   |  |  |  | Yes No  |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of   | of the C   | ode o  |  | 7.00  |
| section 302 of ERISA? (If "Yes," complete 12s or 12b, 12c, 12d, and 12c below, as applicable.)   |  |  | •  | ON X seY  |
| a If a walver of the minimum funding standard for a prior year is being amortized in this plan year,   | see Inst   | ructio   | 29. BDC  | enter the date of the letter  |
| ruling granting the waiver Month   |  |  |  |   |
|  |  | Dav  |  | Year  |
| If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to   | line 1   |  |  | , Year  |
| If you completed line 12e, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to b Enter the minimum required contribution for this plan year  |  | 3.   |  | , Year  |
| b Enter the minimum required contribution for this plan year   |  | 3.<br>[  | 126  | Year  |
| b Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  |  | 3.<br>[  |  | , Year  |
| b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign   | to   | 3.<br>   | 12b  | , Year  |
| b Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  | to   | <b>3.</b>  | 126<br>12c   |   |
| b Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  | to   | <b>3.</b>  | 12b  |   |
| b Enter the minimum required contribution for this plan year  C Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets   | to   | <b>3.</b>  | 126<br>12c<br>12d  | No N/A  |
| b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  | to   | 3.   | 126<br>12c   | No N/A  |
| b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  | to   | 3.   | 126<br>12c<br>12d  | No N/A  |
| b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or   | to to or broug                                     | 3  | 126<br>12c<br>12d<br>12d   | s No N/A  |
| b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or under the control of the PBGC?  | to<br>or broug                                     | 3.   | 126<br>12c<br>12d<br>Ye  |   |
| b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or under the control of the PBGC?  | to<br>or broug                                     | 3.   | 126<br>12c<br>12d<br>Ye  |   |
| b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or under the control of the PBGC?  c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), liabilities were transferred. (See instructions.)   | to  or broug  identify                             | ht the p   | 126<br>12c<br>12d<br>12d<br>13a  | S NO N/A  Yes X No  Yes X No  o which assets or   |
| b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or under the control of the PBGC?  | to  or broug  identify                             | 3.   | 126<br>12c<br>12d<br>12d<br>13a  |   |
| b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or under the control of the PBGC?  c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), liabilities were transferred. (See instructions.)   | to  or broug  identify                             | ht the p   | 126<br>12c<br>12d<br>12d<br>13a  | S NO N/A  Yes X No  Yes X No  o which assets or   |
| b Enter the minimum required contribution for this plan year  c Enter the amount contributed by the employer to the plan for this plan year  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign the left of a negative amount)  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or under the control of the PBGC?  c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), liabilities were transferred. (See instructions.)   | to  or broug  identify                             | ht the p   | 126<br>12c<br>12d<br>12d<br>13a  | S NO N/A  Yes X No  Yes X No  o which assets or   |
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