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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 5500	0-SF.		
Pa	art I Annual Report Id	entification Information					
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010	
A	Γhis return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-particip	ant plan
В	This return/report is for:	first return/report	final retur	n/report		_	
	·	an amended return/report	short plar	n year return/report (less than 12 mor	nths)		
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progr	am
		special extension (enter description	on)				
Ps	rt II Basic Plan Inforn	nation—enter all requested information					
	Name of plan	mation enter an requested inform	ation		1b	Three-digit	
	SEWITZ SAVINGS AND INVEST	TMENT PLAN				plan number	002
						(PN) ▶	002
					1c	Effective date	
20	Diamana and address	and the single continue	-l\		2h	01/01/	
	•	ess (employer, if for single-employer G COMPANY OF ELMIRA NY INC.	pian)		20	(EIN) 16-100	tification Number
					2c	Plan sponsor's	telephone number
	JPPER OAKWOOD AVENUE RA HEIGHTS, NY 14903				0.1		67-9999
	,				2a	Business code 32310	(see instructions)
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's	EIN
HOR	WITZ PAPER AND PACKAGINO RA NY INC.	G COMPANY OF 340 UPPER (ELMIRA HEI	OAKWOO	D'AVENUE		16-100	
LLIVII	TOTAL INC.	ZEMIO (TIEI	01110,111	14000	3c		telephone number 67-9999
4	the name and/or FIN of the pla	In sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	EIN	77 0000
	•	r from the last return/report. Sponso		port med for this plan, enter the	710	LIIN	
					4c	PN	
5a	Total number of participants at	the beginning of the plan year			5a		65
b	Total number of participants at	the end of the plan year			5b		55
С		th account balances as of the end of		` .	5c		51
62	•	uring the plan year invested in clinib		(See instructions.)			X Yes No
	•	0 , ,		ndent qualified public accountant (IQF			☐ 165 ☐ 1 1 6
-				ions.)			X Yes No
			orm 5500-	SF and must instead use Form 550	00.		
Pa	rt III Financial Informa	ation			-		
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End o		
а	Total plan assets		. 7a	1210869)		1227140
b	•		. 7b	4040000			1007110
С		b from line 7a)	. 7c	1210869	,		1227140
8	Income, Expenses, and Transfe			(a) Amount		(b)	Total
а	Contributions received or received (1) Employers	vable from:	8a(1)	0)		
			8a(2)	80137	,		
	• • • • • • • • • • • • • • • • • • • •			0)		
b	, ,		, ,	116640)		
С	` ,	8a(2), 8a(3), and 8b)					196777
d		rollovers and insurance premiums		470070			
	to provide benefits)		. 8d	170970	_{		
е	Certain deemed and/or correcti	ive distributions (see instructions)	. 8e	0	_		
f	Administrative service provider	s (salaries, fees, commissions)	. 8f	9536	_		
g	Other expenses		. 8g	0)		400500
h	•	Be, 8f, and 8g)					180506
į		8h from line 8c)					16271
j	Transfers to (from) the plan (se	ee instructions)	8i	0			

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in t	the instructions:
	2E 2G 2J 2K 2S 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	octorica	ic Cor	loc in t	ha instructions:
U	in the plan provides wellare benefits, effect the applicable wellare feature codes from the List of Flan Chara	iciensi	.10 000	162 III U	ne mstructions.
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		200000
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	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		30362
h	If this is an individual account plan, was there a blackout period? (See instructions 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 2520.101-3	10i			
art	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA? Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			· .	
b	Enter the minimum required contribution for this plan year			12b	
С	Enter the amount contributed by the employer to the plan for this plan year			12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		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 during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/07/2011	LARRY RUDAWSKY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor imployee Benefits Security Administration

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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For		01/01/20	10 and ending		12/31/2010
A	This return/report is for: Single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participant plan
B	This return/report is for: first return/report	final return/	report		
	an amended return/report	short plan y	ear return/report (less than 12 mo	nths)	
C	Check box if filing under: Form 5558	automatic e	xtension		☐ DFVC program
	special extension (enter descripti	on)			
Pa	ert II Basic Plan Information—enter all requested inform	nation			
1a	Name of plan Imagewitz Savings and Investment Plan			Ė	Three-digit plan number (PN) ▶ 002
				10	Effective date of plan 01/01/2000
2a	Plan sponsor's name and address (employer, if for single-employer HORWITZ PAPER and PACKAGING COMPANY	r plan)		2b	
	OF ELMIRA NY INC.			20	(EIN) 16-1000972 Plan sponsor's telephone number
	340 Upper Oakwood Avenue				(607) 767-9999
				2d	Business code (see instructions) 323100
	Elmira Heights Plan administrator's name and address (if same as Plan sponsor, e	enter "Same")	NY 14903	3h	Administrator's EIN
	SAME	oner came,			Administrator's telephone number
					(607) 767-9999
4 1	f the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso	st return/repo	rt filed for this plan, enter the	4b	EIN
	name, cirt, and the plan number from the last return/report. Sponst	JI S Hallie		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	65
b	Total number of participants at the end of the plan year	•••••		5b	55
C	Total number of participants with account balances as of the end of	f the plan yea	r (defined benefit plans do not		
	complete this item)		****	5c	51
6a	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of	ole assets? (S	ee instructions.)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	s.)t qualined public accountant (IC	(PA)	X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-SF	and must instead use Form 55	00.	
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
	Total plan assets		1,210,86	9	1,227,140
	Total plan liabilities	. 7b			
	Net plan assets (subtract line 7b from line 7a)	. 7c	1,210,86	59	1,227,140
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)		0	
	(2) Participants		80,13	7	
	(3) Others (including rollovers)			0	
b	Other income (loss)		116,64	0	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				196,777
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	170,97	0	
е	Certain deemed and/or corrective distributions (see instructions)		,,	0	
f	Administrative service providers (salaries, fees, commissions)		9,53	6	
g	Other expenses			0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			29	180,506
i	Net income (loss) (subtract line 8h from line 8c)				16,271
j	Transfers to (from) the plan (see instructions)		****	0	ELIKOVIO PEREKO STREVO SAN

Form	5500	SE	201	^

D	•	
race	Z =	

Par 9a							
Ja	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2G 2J 2K 2S 2T 3D 3H						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in	the instr	ruction	s:
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Ar	nount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in						Tount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X			
C	Was the plan covered by a fidelity bond?	10b		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х	•			200
е	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.)	10d		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		7				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g	Х	х			30
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	10ii					
art '	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete S	Sched	ule SB	(Form	55 ST-165	
a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.	e or sec ctions,	ction 3	02 of E	RISA?	. [Yes 2 Yes 2 etter ruling
a If you	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monitor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	or sections,	and e	02 of Enter the Day _	RISA?	. [Yes 2
a If you b is c is d is	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monitoring the waiver. Monitoring the waiver. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left.)	ctions,	and er	02 of E	RISA?	. [Yes 2
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a If you b c if d if e	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monitor our completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the minimum funding amount reported on line 12d be met by the funding deadline?.	e or sec	and er	02 of Enter the Day	RISA?	of the le	Yes 2
a If you b c d :	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Montour completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	e or sec	and er	02 of Enter the Day	ERISA?	of the le	Yes 2 etter ruling ar
a If you b c d :	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monitoring the waiver. Out completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Has a resolution to terminate the plan been adopted during the plan year or any prior year? f "Yes," enter the amount of any plan assets that reverted to the employer this year.	e or sec	and er	02 of E	ERISA?	of the le	Yes 2
a If you be compared to a second to a seco	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monitoring the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? Mere all the plan assets distributed to participants or beneficiaries, transferred to another plan or bounts.	e or sec	and er	02 of Enter the Day	ERISA?	of the le	Yes 2 etter ruling ar
a lf y/b c d : e / l art \ b / c l c l	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monitoring the waiver. Monitoring the waiver. Monitoring the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left energative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) identify the	e or sec	and er	02 of Enter the Day	ERISA?	of the le	Yes 2 etter ruling ar
a lf you b c d d d d d d d d d d d d d d d d d d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monitoring the minimum required contribution for this plan year. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? Mere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	e or sec	and er	02 of Enter the Day	ERISA? e date o	of the let Yes	Yes 2 etter rulingar No Yes X
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a lify b c d : e v art v b v c c c c c c c c c c c c c c c c c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver. Montour completed Ilne 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the plan megative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? I Plan Terminations and Transfers of Assets 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e or sec	and er	02 of Enter the Day	ERISA? e date o	of the let Yes	Yes 2 etter rulingar No Yes X
a lf you b c d d d d d d d d d d d d d d d d d d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monour completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left one plan to the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets 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. Nere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) c(1) Name of plan(s):	of a	and er	02 of Enter the Day	Yes	of the let Yes	Yes 2 etter rulingar No Yes X
a If you b c c c c d d d d d d d d d d d d d d d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver. Montour completed Ilne 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the plan megative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? I Plan Terminations and Transfers of Assets 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a under t	and er	02 of Enter the Day	Yes Shed.	of the let Yes	Yes EX Yes X Yes X
a If you b c c c c d d d d d d d d d d d d d d d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions or the minimum funding standard for a prior year is being amortized in this plan year, see instructions or the waiver	of a under t e caus m/report,	and er	02 of Enter the Day	Yes Shed.	of the let Yes	Yes EX Yes X Yes X
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