Foi	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury rnal Revenue Service	This form is required to be file		4065 of the Employee Retiremen	t <b>2017</b>
	epartment of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the Internal	This Form is Open to
Pension B	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 5500-SF.	Public Inspection
Part I		Identification Information	017	and and ing 40/04/004	7
For calend	ar plan year 2017 or its	scal plan year beginning 01/01/2		and ending <u>12/31/201</u> blan (not multiemployer) (Filers ch	
A This re	turn/report is for:	X a single-employer plan		mployer information in accordanc	-
<b>B</b> This ret	urn/report is				
		the first return/report	the final return/report		
		an amended return/report	a short plan year retu	rn/report (less than 12 months)	
C Check	box if filing under:	Form 5558	automatic extension		C program
		special extension (enter descr			
Part II		rmation—enter all requested inf	ormation		
1a Name	•	EAU INSURANCE AGENCY EMPL	OVEES SAVINGS PLAN		nree-digit an number
Character 1					N) ▶ 001
				1c E	fective date of plan 01/01/2017
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)		nployer Identification Number IN) 47-1019523
-	r town, state or provinc COUNTY FARM BURE	e, country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)	ponsor's telephone number
				<b>2d</b> Bu	859-792-2601 Isiness code (see instructions)
751 LEXING					524210
LANCASTE	R, KY 40444				
3a Plan a	administrator's name ar	nd address X Same as Plan Spor	nsor.	<b>3b</b> Ac	Iministrator's EIN
				3c Ad	Iministrator's telephone number
<b>4</b> If the	name and/or FIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for 4b El	N
		nsor's name, EIN, the plan name a		the last return/report.	
a Spons c Plan N	sor's name Name			<b>4d</b> PI	N
5a Total	number of participants	at the beginning of the plan year			4
		at the end of the plan year			4
	· ·	account balances as of the end of t			4
<b>d(1)</b> Tot	al number of active par	rticipants at the beginning of the pla	an year		0
<b>d(2)</b> Tot	tal number of active pa	rticipants at the end of the plan yea	ar		4
than	100% vested	terminated employment during the	• •		1
		or incomplete filing of this return her penalties set forth in the instruc			
SB or Sche		nd signed by an enrolled actuary, a			
SIGN		valid electronic signature.	02/21/2018	THOMAS NOE	
HERE	Signature of plan a	dministrator	Date	Enter name of individual signi	ng as plan administrator
SIGN					
HERE	Signature of emplo		Date	Enter name of individual signi	ng as employer or plan sponsor
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	-51.		Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)				X Yes 🗌 N	ю
b	Are you claiming a waiver of the annual examination and report of		· ·			,	X Yes 🗌 N	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann		,					10
c	If the plan is a defined benefit plan, is it covered under the PBGC in							Ч
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from the							
		000		an yea				.)
Pa	rt III Financial Information		1					
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End of Year	
a	Total plan assets	7a		0			62244	
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c		0			62244	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from:	0-(4)		00044				
	(1) Employers	8a(1)		62244				
	(2) Participants	8a(2)			-			
	(3) Others (including rollovers)	8a(3)			_			
<u>b</u>	Other income (loss)	8b			-		00044	_
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						62244		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e	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					0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					62244	
j	Transfers to (from) the plan (see instructions)	8j						
Ра	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E $2G$ 3D $2R$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acteris	tic Cod	les in the instructions:	
Pa	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•	•	10a		x		
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		x		
C	Was the plan covered by a fidelity bond?			10c		Х		
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		_

e Were any fees or commissions paid to any brokers, agents, or 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.....

f

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10e

10f

10g

10h

10i

Х

Х

Х

Х

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[	Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s)	)	13	c(3)	PN(s)

A LOOST REAL PROPERTY AND	5500-SF	Short Form Ann	ual Return/Report o	f Small Emple	oyee	O	MB Nos. 1210-0110 1210-0089
TAM BOLD	ment of the Treasury		Benefit Plan		-		
	al Revenue Service	This form is required to be fi	led under sections 104 and 406 '4 (ERISA), and sections 6057(I	5 of the Employee Rob) and 6058(a) of the	etirement		2017
Employee Be	nefits Security Administration		Revenue Code (the Code).				rm is Open to Inspection
T			n accordance with the instruc	tions to the Form 5	500-SF.		
Part I		t Identification Information fiscal plan year beginning	n 01/01/2017	and ending	12/2	1/2017	
or calenda	ir plan year 2017 of						must attach a
This retu	um/report is for:	X a single-employer plan ☐ a one-participant plan	a multiple-employer plan list of participating emplo a foreign plan				
<b>3</b> This retu	rn/report is						
		x the first return/report	the final return/report				
		an amended return/report	a short plan year return/re	eport (less than 12 m	onths)		
Check b	oox if filing under:	Form 5558	automatic extension		DFVC pro	ooram	
	Ū	special extension (enter des				-9	
Part II		ormation—enter all requested	information		4h		
<b>a</b> Name	of plan				1b Three	• I	001
arrard	County Farm	Bureau Insurance Age	ency Employees Savi	ngs Plan	(PN)	. 1	01
	-			:	1c Effect		plan
		loyer, if for a single-employer plan om, apt., suite no. and street, or P			, ,	oyer Identifio 47–1019	cation Number
	town, state or provin l County Farm	nce, country, and ZIP or foreign po n Bureau	stal code (if foreign, see instruc	tions)		sor's teleph	one number 1
51 Lex	ington Road				<b>2d</b> Busine 52421		ee instructions)
·							
ancast	er	KY 40444					
	-	KY40444and addressXSameas Plan Sp	oonsor.		<b>3b</b> Admir	nistrator's E	IN
Jancast <b>3a</b> Plana	-		ponsor				IN Ilephone number
3a Plan a	dministrator's name a	and address. 🖾 Sameas Plan Sp			3c Admir		
3a Plan ad	dministrator's name a		has changed since the last retu		3c Admin 4b EIN		
<b>3a</b> Plan ad If the r this pl	dministrator's name a name and/or EIN of t an, enter the plan sp or's name	and address. X Sameas Plan Sp he plan sponsor or the plan name	has changed since the last retu		3c Admir		
la Plan ad If the r this pl a Spons C Plan N	dministrator's name and/or EIN of t an, enter the plan sp or's name lame	and address. 🖾 Sameas Plan Sp he plan sponsor or the plan name ponsor's name, EIN, the plan name	has changed since the last retu e and the plan number from the	last return/report.	3c Admir 4b EIN 4d PN		
l If the r this pl a Spons C Plan N 5a Total r	dministrator's name and/or EIN of t an, enter the plan sp or's name ame	and address. X Same as Plan Sp he plan sponsor or the plan name ionsor's name, EIN, the plan name ts at the beginning of the plan yea	has changed since the last retu e and the plan number from the	last return/report.	3c Admir 4b EIN 4d PN 5a		
<ul> <li>If the r this pl</li> <li>Spons</li> <li>Plan N</li> <li>Plan N</li> <li>Total r</li> <li>Total r</li> <li>Numb</li> </ul>	dministrator's name and/or EIN of t an, enter the plan sp or's name ame number of participan number of participants wit	and address. X Same as Plan Sp he plan sponsor or the plan name ionsor's name, EIN, the plan name ts at the beginning of the plan yea ts at the end of the plan year h account balances as of the end	has changed since the last retu e and the plan number from the r of the plan year (only defined co	last return/report.	3c Admir 4b EIN 4d PN		
<ul> <li>a Plan ad</li> <li>b If the r this pl</li> <li>a Spons</li> <li>c Plan N</li> <li>c Plan N</li> <li>b Total r</li> <li>b Total r</li> <li>c Numb compl</li> </ul>	dministrator's name and/or EIN of t an, enter the plan sp or's name ame number of participan number of participan er of participants wit ete this item)	and address. X Same as Plan Sp he plan sponsor or the plan name bonsor's name, EIN, the plan name ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end	has changed since the last retu a and the plan number from the r 	last return/report.	3c Admir 4b EIN 4d PN 5a 5b 5c		
<ul> <li>a Plan ad</li> <li>lf the r this pl</li> <li>a Spons</li> <li>c Plan N</li> <li>a Total n</li> <li>b Total n</li> <li>c Numb compl</li> <li>d(1) Tota</li> </ul>	dministrator's name and/or EIN of t an, enter the plan sp or's name lame number of participan number of participants wit ete this item)	and address. X Same as Plan Sp be plan sponsor or the plan name bonsor's name, EIN, the plan name ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end participants at the beginning of the	has changed since the last retu e and the plan number from the r of the plan year (only defined co plan year	last return/report.	3c Admir 4b EIN 4d PN 5a 5b 5c 5d(1)		
a Plan ad If the r this pl a Spons c Plan N b Total r c Numb compl d(1) Tota d(2) Tot	dministrator's name and/or EIN of t an, enter the plan sp or's name humber of participan number of participants wit ete this item)	and address. X Same as Plan Sp be plan sponsor or the plan name bonsor's name, EIN, the plan name ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan year	has changed since the last retu e and the plan number from the r of the plan year (only defined co plan year	last return/report.	3c Admir 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)		
<ul> <li>a Plan ad</li> <li>a Plan ad</li> <li>b If the r this plan ad</li> <li>a Spons</li> <li>c Plan N</li> <li>a Total r</li> <li>b Total r</li> <li>b Total r</li> <li>c Numb</li> <li>d(1) Total</li> <li>d(2) Total</li> <li>e Numb</li> </ul>	dministrator's name and/or EIN of t an, enter the plan sp or's name lame number of participan er of participants witt ete this item)	and address. X Same as Plan Sp he plan sponsor or the plan name bonsor's name, EIN, the plan name ts at the beginning of the plan yea ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan year no terminated employment during the	has changed since the last retu e and the plan number from the r of the plan year (only defined co plan year year	last return/report.	3c Admir 4b EIN 4d PN 5a 5b 5c 5d(1)		
a Plan ad If the r this pl a Spons c Plan N b Total r b Total r c Numb compl d(1) Tota d(2) Tot e Numt chan caution: A	dministrator's name and/or EIN of t an, enter the plan sp or's name ame number of participan number of participan er of participants wit ete this item)	and address. X Same as Plan Sp he plan sponsor or the plan name bonsor's name, EIN, the plan name ts at the beginning of the plan yea ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan year to terminated employment during the e or incomplete filing of this return	has changed since the last retu e and the plan number from the r  of the plan year (only defined co plan year year the plan year with accrued bene urn/report will be assessed ur	last return/report. ontribution plans fits that were less	3c Admir 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is estab	histrator's te	elephone number
a Plan ad lif the r this pl a Spons c Plan N a Total r b Total r c Numb compl d(1) Tota d(2) Tot e Numb than caution: A Juder pena SB or Sche	dministrator's name and/or EIN of t an, enter the plan sp or's name ame number of participan number of participan er of participants witt ete this item) al number of active p al number of active p oper of participants wh 100% vested	and address. X Same as Plan Sp he plan sponsor or the plan name bonsor's name, EIN, the plan name ts at the beginning of the plan yea ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan year to terminated employment during the te or incomplete filing of this return other penalties set forth in the inst and signed by an enrolled actuary	has changed since the last retu e and the plan number from the r 	last return/report. ontribution plans fits that were less iless reasonable ca amined this return/re	3c Admir 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is estab	histrator's te	elephone number
<ul> <li>Ja Plan ad</li> <li>If the r this pl</li> <li>a Spons</li> <li>c Plan N</li> <li>b Total r</li> <li>b Total r</li> <li>c Numb compl</li> <li>d(1) Total d(2) Total</li> <li>d(2) Total</li> <li>d(3) Total</li> <li>d(2) Total</li> <li>d(2) Total</li> <li>d(3) Total</li> <li>d(4) Total</li> <li>d(4) Total</li> <li>d(4) Total</li> <li>d(4) Total</li> <li>d(4) Total</li> <lid(4) li="" total<=""> <li>d(4) T</li></lid(4)></ul>	dministrator's name and/or EIN of t an, enter the plan sp or's name lame number of participan er of participants with ete this item)	and address. X Same as Plan Sp he plan sponsor or the plan name bonsor's name, EIN, the plan name ts at the beginning of the plan yea ts at the end of the plan year h account balances as of the end participants at the end of the plan y no terminated employment during the participants at the end of the plan year to terminated employment during the participants at the end of the plan year the or incomplete filing of this return other penalties set forth in the inst and signed by an enrolled actuary mplete.	has changed since the last retu e and the plan number from the r of the plan year (only defined co plan year year the plan year with accrued bene urn/report will be assessed ur ructions, I declare that I have ex , as well as the electronic version	last return/report. ontribution plans fits that were less iless reasonable ca amined this return/re	3c Admir 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is estab	histrator's te	elephone number
<ul> <li>Ja Plan ad</li> <li>If the r this pl a Spons</li> <li>C Plan N</li> <li>C Plan N</li> <li>Total r</li> <li>C Numb compl</li> <li>d(1) Tota</li> <li>d(2) Tot</li> <li>e Numb than</li> <li>Caution: A</li> <li>Jnder pens</li> <li>B or Sche</li> </ul>	dministrator's name and/or EIN of t an, enter the plan sp or's name ame number of participan number of participan er of participants witt ete this item) al number of active p al number of active p oper of participants wit 100% vested A penalty for the lat alties of perjury and edule MB completed	and address. Same as Plan Sp he plan sponsor or the plan name bonsor's name, EIN, the plan name ts at the beginning of the plan yea ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan y no terminated employment during the or incomplete filing of this retu- other penalties set forth in the inst and signed by an enrolled actuary mplete.	has changed since the last return a and the plan number from the r of the plan year (only defined complan year plan year the plan year with accrued bence the plan year with accrued bence ructions, I declare that I have ex total as the electronic version 2 - 2   -  8	last return/report. ontribution plans fits that were less iless reasonable ca camined this return/report	3c Admir 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is estab port, includir rt, and to the	nistrator's te Dished. ng, if applica best of my	elephone number
a Plan ad If the r this pl a Spons C Plan N b Total r b Total r c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Juder pena B or Sche belief, it is	dministrator's name and/or EIN of t an, enter the plan sp or's name lame number of participan er of participants with ete this item) al number of active p al number of active p or of participants with 100% vested per of participants with 100% vested al number of active p or of participants with 100% vested	and address. Same as Plan Sp he plan sponsor or the plan name bonsor's name, EIN, the plan name ts at the beginning of the plan yea ts at the end of the plan year h account balances as of the end participants at the beginning of the participants at the end of the plan y no terminated employment during the or incomplete filing of this retu- other penalties set forth in the inst and signed by an enrolled actuary mplete.	has changed since the last return a and the plan number from the r of the plan year (only defined complan year plan year the plan year with accrued bence the plan year with accrued bence ructions, I declare that I have ex total as the electronic version 2 - 2   -  8	last return/report. ontribution plans efits that were less ness reasonable ca camined this return/report on of this return/report homas Noe	3c Admir 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is estab port, includir rt, and to the	nistrator's te Dished. ng, if applica best of my	elephone number

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BUC orm 5500-SF 2017

Page **2** 

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
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.)	🗙 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	0	62,244
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	0	62,244
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	62,244	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		62,244
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				0
<b>j</b> .	Net income (loss) (subtract line 8h from line 8c)	8i		
j	Transfers to (from) the plan (see instructions)	8i		

## Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 3D 2R

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

## Part V Compliance Questions

10	During the plan year:		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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c	Was the plan covered by a fidelity bond?	10c		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?	10d		х	
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		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		x	
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			



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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)					Yes 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or sectior	n 302 of	F		Yes 🛛 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	l enter t Day		f the lette Year	er ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	<del>)</del> 13.				
b	Enter the minimum required contribution for this plan year		12b			
	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 negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	<u> </u>
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	1 🛛	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?				] Yes [	X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	to			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(	3) PN(s)
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