## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2017

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report I	dentification information										
For calenda	ar plan year 2017 or fisc	cal plan year beginning 01/01/2	017	and ending 12/	/31/2017							
A This ret	turn/report is for:	X a single-employer plan				king this box must attach a vith the form instructions.)						
	·	a one-participant plan	a foreign plan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,						
<b>B</b> This retu	urn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year return	short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram						
		special extension (enter descr	iption)									
Part II	Basic Plan Infor	mation—enter all requested inf	ormation									
1a Name GARLOCK D		<u> </u>			1b Three plan (PN)	number						
					1c Effective date of plan							
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	). Box)		2b Empl	oyer Identification Number 26-0797701						
	town, state or province DISTRIBUTION, INC.	, country, and ZIP or foreign posta	al code (if foreign, see instr	ructions)	2c Sponsor's telephone number 360-595-4053							
					<b>2d</b> Busin	ness code (see instructions)						
4887 MAPLE FERNDALE,					484110							
<b>3a</b> Plan administrator's name and address ∑ Same as Plan Sponsor.						<b>3b</b> Administrator's EIN						
					3c Admi	nistrator's telephone number						
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last re	eturn/report filed for	4b EIN							
	an, enter the plan sponsor's name	sor's name, EIN, the plan name a	nd the plan number from th		<b>4d</b> PN							
C Plan N					<b>40</b> 110							
<b>5a</b> Total r	number of participants a	at the beginning of the plan year			5a	7						
		at the end of the plan year		_	5b	4						
compl	lete this item)	ccount balances as of the end of t			5c	2						
<b>d(1)</b> Tota	al number of active part	icipants at the beginning of the pla	an year		5d(1)	5						
		icipants at the end of the plan year		l l	5d(2)	4						
than	100% vested	erminated employment during the			5e	0						
Caution: A	A penalty for the late of	r incomplete filing of this return	n/report will be assessed	unless reasonable caus								
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a ete.										
SIGN	Filed with authorized/v	ralid electronic signature.	04/25/2018	RICK GARLOCK								
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ıal signing a	as plan administrator						
SIGN	Filed with authorized/v	ralid electronic signature.	04/25/2018	RICK GARLOCK								
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	vidual signing as employer or plan sponsor							

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
_	If you answered "No" to either line 6a or line 6b, the plan cann					_	_	☐ Not determined	
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the		-				· <u>-</u>	Not determined . (See instructions.)	
_		<u> </u>	Termain ming for this p	ian you				(000 indiractions.)	
Pa	rt III Financial Information	1			Ī				
	Plan Assets and Liabilities		(a) Beginning (				(b) End	of Year	
<u>a</u>	Total plan assets	7a	21	71263				318896	
<u>b</u>	Total plan liabilities	7b	0.	0				240000	
	Net plan assets (subtract line 7b from line 7a)	7c		71263				318896	
<u>8</u> а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	it			(b)	Total	
a	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	4	47803					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						47803	
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		170					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						170	
i	Net income (loss) (subtract line 8h from line 8c)	8i						47633	
j	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	odes in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the insti	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С				10c	X			32000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)					X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			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 complete Sch (Form 5500) and line 11a below)	B	Y	′es X 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 Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
<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 enter the date of the letter ruling granting the waiver									
lf y	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 of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [	Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0				
	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 brought under the 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), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to							
1	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service This form is required to

## 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 6057(b) and 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

2017

This Form is Open to Public Inspection

A This return/report is for:    a single-employer plan   a multiple employer plan (not missingle-employer) (Flare checking this box must attach a one-participant plan   a one-participant plan   a one-participant plan   a one-participant plan   a short plan year return/report (less than 12 months)   a short plan year return/report (less than 12 months)   a short plan year return/report (less than 12 months)   a short plan year return/report (less than 12 months)	P	art I Annual Report	lde	entification Information										
A This return/report is for:    a one-perticipant plan   the first return/report   a namendad return/report   a foreign plan   the final return/report   a short plan year return/report (less than 12 months)	For	calendar plan year 2017 or fi	scal	plan year beginning		01/01/2017		and ending	1	2/31/2017	· · · · · · · · · · · · · · · · · · ·			
B Tris return/report is:	A	This return/report is for:	х		¦a	list of participating e								
an amended return/report   a short plan year return/report (less than 12 months)  C Check box if filing under:   Form 5558   autometic extension   DFVC program	В -	This return/report is:	Н		=	• .								
C Check box if filing under:	_	Triis Totali Proport is:	H		Η	•		anort (less than 12	monthe	1				
Part II   Basic Plan Information — enter all requested information   1a Name of plan   CARLOCK DISTRIBUTION, INC. 401k Plan			Ш	an amended return/report	□ª	Short plan year retur	#F 1 1/ C	epon (less than 12	HORINS	,				
Park   Basic Plan Information	C	Check box if filing under:			ш.	utomatic extension				DFVC pro	ogram			
18 Name of plan GARLOCK DISTRIBUTION, INC. 401k Plan  10 Ciffective date of plan 10/01/2012  2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (includar room, apt., suite no and street of P.O. Box) City or fown, state or provincies, country, and ZiP or foreign postal code (if foreign, see instructions) GARLOCK DISTRIBUTION, INC.  2b Employer Identification Number (EIN) 26-0797701  2c Sponsor's telephone number (360) 1595-4053  2d Business code (see instructions) 4887 Maple Ln  155 Periodate Na. 98248  3a Plan administrator's name and address IX Same as Plan Sponsor  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filled for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  3 Sponsor's name c Plan Name  4 If the name of participants at the beginning of the plan year  C Plan Name  5a Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of the plan year  (11) Total number of participants at the end of the plan year  (11) Total number of participants at the end of the plan year  (11) Total number of participants at the end of the plan year  (11) Total number of participants at the end of the plan year  (11) Total number of participants with account balances as of the end of the plan year  (11) Total number of participants at the end of the plan year  (11) Total number of participants with account balances as of the end of the plan year  (11) Total number of participants at the end of the plan year  (12) Total number of participants with account balances as of the end of the plan year  (13) Society the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Caution: A penalty for the late or incomplete filling of this return	CZZ	**************************************	<u>L</u>											
GARLOCK DISTRIBUTION, INC. 401k Plan    Comparison   Comp			orn	nation enter all requested	inform	ation			16	Throp digit	1			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and arreet, or P.O. Box) City or fown, state or province, country, and ZP or foreign postal code (if foreign, see instructions) GARLOCK DISTRIBUTION, INC.  4887 Maple In US Feendale No. 98248  3a Plan administrator's name and address X Same as Plan Sponsor  484110  4 If the name end/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name. EIN, the plan name and the plan number from the last return/report.  5a Total number of participants at the end of the plan year C Plan Name  5b Total number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with employment during the plan year with accrued benefits that were less than 10% vested C Number of participants who terminated employment during the plan year with accrued benefits that were less than 10% vested and signed by an enrolled actuary, as well as the electronic version of this return/report, Including, if applicable, a Schedule Mprompleted and signed by an enrolled actuary, as well as the electronic version of this return/report, Including, if applicable, a Schedule Mprompleted and signed by an enrolled actuary, as well as the electronic version of this return/report, Including, if applicable, a Schedule Mprompleted and signed by a	ıa	•							''		r			
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GARLOCK DISTRIBUTION, INC.  4887 Maple In  US Ferndale NA 99248  3a Plan administrator's name and address Is Same as Plan Sponsor  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name  c Plan Name  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.  a Sponsor's name  c Plan Name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the plan year  d(1) Total number of active participants at the end of the plan year  d(2) Total number of active participants at the end of the plan year  e less than 100% vested  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Under penalties of peritury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule Sio of Schedule Mily 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 bellef, it is true, project, and possibility.  425 IN Rick Carlock  Signetury of plan administrator  4 participants are constitutions)	2a	Mailing Address (include ro	om.	apt., suite no. and street, or P.C	). Box)	) o (if familian, soo inst	truc	tions)	2b	1 -				
2d Business code (see instructions) 484110  2d Business code (see instructions) 484110  3a Plan administrator's name and address X Same as Plan Sponsor  3b Administrator's telephone number  4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  4d PN  5a Total number of participants at the beginning of the plan year c Number of participants at the end of the plan year (only defined contribution plans complete this item)  4d PN  5d (1) Total number of active participants at the beginning of the plan year  4d PN  5c 2  5d(1) 5  6d(2) 4  8 Number of participants who terminated employment during the plan year with accrued benefits that were essential to the possible set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB prompleted and sorged 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, gorbed, and conscious the plan administrator  4b EIN  4d PN  4d PN  5a 7  5b 4 9  5c 2  5d(1) 5  5d(2) 4  6 Number of participants at the end of the plan year  5d(2) 4  6 Number of participants at the end of the plan year  6 Number of participants who terminated employment during the plan year with accrued benefits that were essential to the plan year with accrued benefits that were essential to the plan year with accrued benefits that were essential to the plan year with accrued benefits that were essential to the plan year with accrued benefits that were essential to the plan year with accrued benefits that were essential to the plan year with accrued benefits that were essential to the plan year with accrued benefits that were essential to the plan year with accrued benefits that were essential to the plan year with accrued benefits that were essential to the plan		· ·		•	ai cou	ខ (៣ ហេចស្វាក, ១៩៩ ៣១០	uuc	uoris)	20	·				
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3b Administrator's name and address										484110				
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this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name c Plan Name  5a 7  b Total number of participants at the beginning of the plan year							30	3C Administrator's telephone number						
a Sponsor's name c Plan Name  5a Total number of participants at the beginning of the plan year	4								4b	EIN				
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complete this item)	b	Total number of participant	s at	the end of the plan year		***************************************			5	b	4			
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Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  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, gorect, and complete  Signature of plan administrates  Date,  Enter name of individual signing as plan administrator  4/25/17  Enter name of individual signing as plan administrator	d(	1) Total number of active pa	rtici	pants at the beginning of the pla	ın yea				<b>5</b> 0	l(1)	5			
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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 MP pompleted 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, gorpect, and complete	e	, .	ten	minated employment during the	plan y					5e	_ 0			
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 MP 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 completed  4/25/18  Signature of plan administrator  Date,  Enter name of individual signing as plan administrator  4/25/17  Signature of plan administrator	C		n nr	incomplete filing of this retur	n/repr	ort will be assessed	d ur	iless reasonable	cause is	established	· · · · · · · · · · · · · · · · · · ·			
Signature of plan administrator  Date, Enter name of individual signing as plan administrator  4/25/14 Rick Garleck	Un SE	ider penalties of perjury and of or Schedule M9/2cmpleted	othe and	penalties set forth in the instru signed by an enrolled actuary,	ctions,	I declare that I have	e ex	camined this return	/report,	including, if ap	pplicable, a Schedule			
Signature of plan administrator  Date, Enter name of individual signing as plan administrator  4/25/14 Rick Garleck		- Kirly		1/2 0 1/		4/25/18	-	Rick	Ga	rlock				
fall Malell 4/25/18 Rick Garlock		Signatura of plan ad				Date	F	nter name of indivi	dual sion	nino as olan a	dministrator			
The sound of the state of the s	50. 2	J. L	1	Juli 1		11/25/10	+	1>, r			/			
Signature of employer/plan sponsor Date Enter name of Individual signing as employer or plan sponsor		Sanature of employ		lan sponsor		Date	F	nter name of Indivi	dual side	ning as emplo	ver or plan sponsor			

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)	••••••	•••••	••••••		•••••	XYes	No
b	Are you claiming a waiver of the annual examination and report of an	•			,	,			_	_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								x Yes	∐No
_									o 🗆 Note	latarminad
C	If the plan is a defined benefit plan, is it covered under the PBGC ins		= '			_				letermined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year						(See instru	ictions.)
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	l of Year	
а	Total plan assets	7a	2'	71,2	63				318	,896
b	Total plan liabilities	7b			0					
С	Net plan assets (subtract line 7b from line 7a)	7c	27	71,2	63				318	,896
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	8a(2)			0					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4	47,8	03					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							47	,803
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		1	70					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								170
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							47	,633
<u>_i</u> _	Transfers to (from) the plan (see instructions)	8j								
Pá	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instruc	tions:	
	2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	aracte	ristic (	Codes	in the	instructi	ons:	
Pá	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а		ions withir	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction							
	Program)			10a		х				
t	<ul> <li>Were there any nonexempt transactions with any party-in-interest?</li> <li>reported on line 10a.)</li> </ul>			10b		x				
				10c	x					32,000
										•
	by fraud or dishonesty?	-		10d		х				
e	<ul> <li>Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some</li> </ul>	•	•							
	the plan? (See instructions.)			10e		х				
f	Has the plan failed to provide any benefit when due under the plan	1?	••••••••••	10f		х				
			· · · · · · · · · · · · · · · · · · ·	10g		х				
r	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			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 complete Scho (Form 5500 and line 11a below)			Yes [	X No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 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, and				ling	
	granting the waiver Month Month	_ Day		Year		
lf y	ou 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 the 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 of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗌	No 🔲 N	N/A	
Par	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		] Yes	X 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 brought under the control of the PBGC?	•••••	Y	es 🗓 N	0	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	) to				
1:	3c(1) Name of plan(s): 13c(2) EIN	N(s)		<b>13c(3)</b> PN	l(s)	