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).

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

| Part I | Annual Report | i Identification Information | | | | | | | | |
|---|----------------------------|--|---------------------------|--|------------------------------|----------------------------------|--|--|--|--|
| For calenda | ar plan year 2017 or f | iscal plan year beginning 10/01/2 | 2017 | and ending 1 | 2/31/2017 | | | | | |
| A This ret | urn/report is for: | X a single-employer plan | | plan (not multiemployer) (employer information in ac | - | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | | |
| B This retu | ırn/report is | the first return/report | X the final return/report | t | | | | | | |
| | | an amended return/report | X a short plan year retu | urn/report (less than 12 m | 2 months) | | | | | |
| C Check b | oox if filing under: | Form 5558 | automatic extension | 1 | DFVC progra | am | | | | |
| | | special extension (enter desc | ' / | | | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested in | formation | | | | | | | |
| 1a Name ORISON B. (| of plan CURPIER COMPANY | 7, INC. 401(K) PLAN | | | 1b Three-dig plan num (PN) ▶ | | | | | |
| | | | | | 1c Effective | date of plan 01/01/1992 | | | | |
| | | oyer, if for a single-employer plan) | O. Pov) | | | Identification Number | | | | |
| | ' | ce, country, and ZIP or foreign pos | , | structions) | (EIN) | 16-1002481 s telephone number | | | | |
| ORISON B. (| CURPIER COMPANY | ', INC. | | | | 07-432-5732 | | | | |
| 222 HILLSID | | | | | 2d Business | code (see instructions) | | | | |
| ONEONTA, N | | | | | | 511190 | | | | |
| 20 Diam - | daniaintantanta a a a a a | and address V Come to Dies Com | | | 3b Administra | otorio FINI | | | | |
| Ja Flali a | ummistrator s name a | nd address ⊠ Same as Plan Spo | TISOL. | | 3D Administra | ator 5 Liiv | | | | |
| | | | | | 3c Administra | ator's telephone number | | | | |
| | | | | | | | | | | |
| 4 If the r | name and/or EIN of th | e plan sponsor or the plan name h | as changed since the last | return/report filed for | 4b EIN | | | | | |
| this pla | an, enter the plan spo | onsor's name, EIN, the plan name a | | | 4d PN | | | | | |
| a Sponse C Plan N | | | | | 4u PN | | | | | |
| | | | | | | | | | | |
| _ | | s at the beginning of the plan year. | | | 5a | 4 | | | | |
| | | s at the end of the plan year account balances as of the end of | | | . 5b | 0 | | | | |
| | | account balances as of the end of | | | 5c | 0 | | | | |
| d(1) Tota | al number of active pa | articipants at the beginning of the p | lan year | | 5d(1) | 2 | | | | |
| d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less | | | | | 5d(2) | 0 | | | | |
| than 1 | 100% vested | | | | . 5e | 0 | | | | |
| | | or incomplete filing of this retur ther penalties set forth in the instru | | | | | | | | |
| SB or Sche | dule MB completed a | and signed by an enrolled actuary, | | | | | | | | |
| SIGN | rue, correct, and com | d/valid electronic signature. | 05/01/2018 | BRIAN CURPIER | | | | | | |
| HERE | Signature of plan | <u>_</u> | Date | Enter name of individ | lual signing as pl | an administrator | | | | |
| SIGN | , | | | | <u> </u> | | | | | |
| HERE | Signature of emple | over/nlan snonsor | Date | Enter name of individ | lual signing as er | mnlover or plan sponsor | | | | |

Form 5500-SF 2017 Page **2**

| C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | | No No |
|--|----------|--|-------------|--------------------------|---------|---------|---------|------------------|------------|-------|
| 7 Plan Assets and Liabilities | | C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See ERISA section 4021)? | | | | | | | | |
| a Total plan assets | Pa | | | | | ı | | | | |
| D Total plan liabilities | _7_ | Plan Assets and Liabilities | | | | ' | | (b) End | of Year | |
| C Net plan assets (subtract line 7b from line 7a) | <u>a</u> | Total plan assets | . 7a | 30 | | | | | | |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers | | • | . 7b | | _ | | | | 0 | |
| a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Others (including rollovers) (6) Other income (loss) (7) Other income (loss) (8) Others (including rollovers) (8) Bb 4291 (8) Other income (loss) (8) Other expenses (loss) (8) Other expenses (loss) (9) Other expenses (loss) (9) Other expenses (10) Ot | <u> </u> | Net plan assets (subtract line 7b from line 7a) | . 7c | 30 | 06725 | | | | 0 | |
| (2) Participants | _8_ | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b) ⁻ | Total | |
| (3) Others (including rollovers) | a | | . 8a(1) | | 0 | | | | | |
| b Other income (loss) | | (2) Participants | 8a(2) | | 0 | | | | | |
| b Other income (loss) | | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | b | | . 8b | | 4291 | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 4291 | | |
| f Administrative service providers (salaries, fees, commissions) | | Benefits paid (including direct rollovers and insurance premiums | . 8d | 3 | 310751 | | | | | |
| g Other expenses | <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | . 8e | | 0 | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | f | Administrative service providers (salaries, fees, commissions) | . 8f | | 265 | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) | g | Other expenses | . 8g | | 0 | | | | | |
| Transfers to (from) the plan (see instructions) 8j | h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | 311016 | | | |
| 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: 2A 2E 2G 2J 2T 3D 3H 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: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | i | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | -306725 | | | |
| Part IV Plan Characteristics | j | Transfers to (from) the plan (see instructions) | - 8i | | 0 | | | | | |
| 9a | Pai | rt IV Plan Characteristics | | | | | | | | |
| Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 0 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X 0 c Was the plan covered by a fidelity bond? 10c X 40000 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 0 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 218 f Has the plan failed to provide any benefit when due under the plan? 10g X 0 g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 0 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X | 9a | | feature co | des from the List of Pl | an Cha | racteri | stic Co | odes in the ins | tructions: | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). l If 10h was answered "Yes," check the box if you either provided the required notice or one of the | b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acteris | tic Cod | les in the instr | uctions: | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | Par | t V Compliance Questions | | | | | | | | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10 | During the plan year: | | | | Yes | No | | Amount | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | а | described in 29 CFR 2510.3-102? (See instructions and DOL's V | oluntary F | iduciary Correction | 10a | | X | | | 0 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | b | | • | | 10b | | X | | | 0 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | С | Was the plan covered by a fidelity bond? | | | 10c | X | | | 400 | nn |
| 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 | d | | • | · | | | X | | 400 | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | е | 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 | | | 10e | X | | | 2 | 18 |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | f | Has the plan failed to provide any benefit when due under the pla | ın? | | 10f | | Х | | | 0 |
| 2520.101-3.) | 9 | Did the plan have any participant loans? (If "Yes," enter amount a | s of year-e | end.) | 10g | | X | | | |
| | h | 2520.101-3.) | ` | | 10h | | X | | | |
| | i | | | | 10i | | | | | |

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| Part ' | /I 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) | edule S | B | Yes | No X | | | |
| 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 | a 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 | 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 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 \ | /II Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | X Ye | s No | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | C | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | X Yes I | 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 | 3c(1) Name of plan(s): 13c(2) | EIN(s) | | 13c(3) P | N(s) | | | |
| | | | | | | | | |

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).

▶ 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**

| Part | | ort identification information | | | | | | | |
|--------------------|--|---|---|---|---|--|--|--|--|
| For calenda | ar plan year 2017 o | r fiscal plan year beginning | 10/1/2017 | and ending | 12/31/201 | 17 | | | |
| A This ret | urn/report is for: | a single-employer plan | | er plan (not multiemployer) g employer information in ac | | | | | |
| B This retu | urn/rapart is | a one-participant plan | a foreign plan | | | | | | |
| D This retu | ini/report is | the first return/report | the final return/report | | | | | | |
| | | an amended return/report | a short plan year r | eturn/report (less than 12 m | onths) | | | | |
| C Check b | oox if filing under: | Form 5558 | automatic extensi | on | DFVC program | n | | | |
| | | special extension (enter desc | | | | | | | |
| Part II | Basic Plan In | formation—enter all requested in | nformation | | | | | | |
| 1a Name | | PANY, INC. 401(k) PLAN | | | 1b Three-digit plan number (PN) ▶ | | | | |
| | | | | | 1c Effective da | ate of plan 1992 | | | |
| 2a Plan sp | ponsor's name (em | ployer, if for a single-employer plan) | | | | dentification Number | | | |
| Mailing | address (include re | oom, apt., suite no. and street, or P. | O. Box) | instructions) | (EIN) 16-1 | | | | |
| | B. CURPIER COMP | ince, country, and ZIP or foreign pos PANY, INC. | tal code (if foreign, see | instructions) | | telephone number 07-432-5732 | | | |
| 222 HILLS | IDE DRIVE | | | | 2d Business code (see instructions) | | | | |
| ONEONTA 13820 | A | NY | | | 511 | 190 | | | |
| 3a Plan ac | dministrator's name | and address Same as Plan Spo | nsor | | 3b Administrat | or's EIN | | | |
| | | N. sarran | | | 3c Administrat | or's telephone number | | | |
| this pla | an, enter the plan s | the plan sponsor or the plan name has ponsor's name, EIN, the plan name | nas changed since the la and the plan number fro | ast return/report filed for om the last return/report. | 4b EIN | | | | |
| C Plan N | or's name lame | | | | 4d PN | | | | |
| 5a Total r | number of participar | nts at the beginning of the plan year | | | 5a | 4 | | | |
| | | nts at the end of the plan year | | | 5b | 0 | | | |
| C Number | er of participants wi | ith account balances as of the end o | f the plan year (only def | ined contribution plans | 5c | 0 | | | |
| | | participants at the beginning of the p | | | 5d(1) | 2 | | | |
| d(2) Tota | al number of active | participants at the end of the plan ye | ear | | 5d(2) | 0 | | | |
| e Numb | per of participants w | who terminated employment during th | e plan year with accrue | ed benefits that were less | 5e | 0 | | | |
| Caution: A | penalty for the la | te or incomplete filing of this retur | n/report will be assess | sed unless reasonable cau | use is establishe | d. | | | |
| SB or Sche | alties of perjury and edule MB completed true, correct, and co | other penalties set forth in the instru and signed by an enrolled actuary, amplete. | ctions, I declare that I has well as the electroni | ave examined this return/report of this return/report | po rt, including, if a rt, and to the best o | applicable, a Schedule of my knowledge and | | | |
| SIGN | Xug | u por | 4/20/20 | 18 BRIAN CUI | RPIER | | | | |
| HERE | Signature of plan | n administrator | Date | Enter name of individ | lual signing as pla | n administrator | | | |
| SIGN HERE | 0 | | | | | | | | |
| | | ployer/plan sponsor | Date | Enter name of individ | dual signing as em | ployer or plan sponsor | | | |

| Form | 5500-3 | SF 2017 |
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|------|--------|---------|

| Page 2 | 2 |
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| 6a Were all of the plan's assets during the plan year invested in | in eligible assets? (9 | (ae instructions) | | | | Yes | No |
|--|-------------------------|--------------------------|----------|---------|-----------|-----------------------------------|----------|
| b Are you claiming a waiver of the annual examination and re | port of an independe | ent qualified public ac | countai | nt (IQF | PA) | | _ 140 |
| under 29 CFR 2520.104-46? (See instructions on waiver el | igibility and condition | ns.) | | | | Yes [| No |
| If you answered "No" to either line 6a or line 6b, the pla | | | | | | | |
| C If the plan is a defined benefit plan, is it covered under the P | | | | | | | |
| If "Yes" is checked, enter the My PAA confirmation number | from the PBGC pre | mium filing for this pla | an y ear | | | (See instructi | ions.) |
| Part III Financial Information | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning o | f Year | | | (b) End of Year | |
| a Total plan assets | 7a | | 306 | 6725 | | | 0 |
| b Total plan liabilities | 7b | | | 0 | | | 0 |
| C Net plan assets (subtract line 7b from line 7a) | 7c | | 306 | 725 | | | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | t | | | (b) Total | |
| Contributions received or receivable from: (1) Employers | 8a(1) | | | 0 | | | |
| (2) Participants | 8a(2) | | | 0 | | | |
| (3) Others (including rollovers) | 8a(3) | | | 0 | | | |
| b Other income (loss) | 8b | | 4 | 291 | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 429 | 1 |
| d Benefits paid (including direct rollovers and insurance prem to provide benefits) | | | 310 | 751 | | | |
| e Certain deemed and/or corrective distributions (see instruct | ions) 8e | 0 | | | | | Services |
| f Administrative service providers (salaries, fees, commission | ns) 8f | 265 | | | | | |
| g Other expenses | 8g | | 0 | | | A constraint of the constraint of | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | 311010 | 6 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | -306725 | | |
| j Transfers to (from) the plan (see instructions) | 8j | 0 | | | | | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable p | ension feature code | s from the List of Pla | n Chara | ctorie | tic Codes | in the instructions: | |
| 2A 2E 2G 2J 2T 3D 3H | onoron routure coue | o morn the clot of that | ii Onare | oterio | iic Oddes | in the manuchons. | |
| b If the plan provides welfare benefits, enter the applicable w | elfare feature codes | from the List of Plan | Charac | teristi | Codes in | the instructions: | |
| Part V Compliance Questions | | | | | | | |
| 10 During the plan year: | | | | Yes | No | Amount | |
| Was there a failure to transmit to the plan any participant described in 29 CFR 2510.3-102? (See instructions and Program) | DOL's Voluntary Fid | uciary Correction | 10a | | | | |
| b Were there any nonexempt transactions with any party-in | -interest? (Do not in | clude transactions | IVa | | | | |
| reported on line 10a.) | | | 10b | | ~ | | |
| C Was the plan covered by a fidelity bond? | | | 10c | ~ | | | 40000 |
| d Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty? | | | 10d | | ~ | | |
| Were any fees or commissions paid to any brokers, agent carrier, insurance service, or other organization that provide the plan? (See instructions.) | des some or all of th | e benefits under | 10e | V | | | 218 |
| f Has the plan failed to provide any benefit when due under | | | 10f | | ~ | 9 | |
| g Did the plan have any participant loans? (If "Yes," enter ar | | | 10g | | V | | |
| h If this is an individual account plan, was there a blackout p 2520.101-3.) | period? (See instruct | ions and 29 CFR | 10g | | _ | | |
| i If 10h was answered "Yes," check the box if you either pro- exceptions to providing the notice applied under 29 CFR 2 | vided the required r | notice or one of the | 10h | | | | |
| | | | | | | | |

| Fr | rm | 550 | 10-5 | F 20 | 117 |
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| | | | | | |

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| raue | J- | |

| Part | VI Pension Funding Compliance | | | | | | | |
|---|---|-----------|-----|------------|-----|--|--|--|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Se (Form 5500) and line 11a below) | hedule S | В | 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 Code or sec ERISA? | ion 302 (| of | Yes [| No. | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| a | 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. Month Day Year | | | | | | | |
| If | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 3. | | | | | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | | | | | |
| c | Enter the amount contributed by the employer to the plan for this plan year | 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) | | | | | | | | |
| 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 No | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | 0 | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 9 | | Yes No | | | | |
| С | | | | | | | | |
| 1 | 13c(1) Name of plan(s): 13c(2) | | | 13c(3) PN(| (s) | | | |
| | | | | | | | | |