## 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

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit plan number ABAIR-LAVERY INCORPORATED 401(K) RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2000 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 06-0944719 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number ABAIR-LAVERY INCORPORATED 860-953-9000 2d Business code (see instructions) 32 BRIXTON ST 812990 WEST HARTFORD, CT 06110-1501 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN Sponsor's name C Plan Name 5a 5a Total number of participants at the beginning of the plan year ...... 19 5<sub>b</sub> 19 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 13 5c complete this item)..... 5d(1) 16 d(1) Total number of active participants at the beginning of the plan year..... 5d(2) d(2) Total number of active participants at the end of the plan year..... 16 Number of participants who terminated employment during the plan year with accrued benefits that were less  $\cap$ 

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.	06/21/2018	MICHAEL LAVERY					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	06/21/2018	MICHAEL LAVERY					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons					

Form 5500-SF 2017 Page **2** 

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountsnt (ICPA) If you answered "No" to either line 6 are 1 inc 6 b, the plan cannot use Form 5500-8" and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC instance program (see ERISA section 40217) — "Yes  No  Not determine if "Yes" is checked, enter the My PAA confirmation number from the PBGC promium filing for this plan year.  Part III Financial Information  7 Plan Assets and Liabilities  (a) Beginning of Year  (b) End of Year  8 Total plan assets  7 A 841642  1037361  5 Total plan assets  7 B 441642  1037361  5 Total plan issets (subtract line 7b from line 7a)  7 C 844642  1037361  5 Total plan issets (subtract line 7b from line 7a)  7 C 844642  1037361  8 Income, Expenses, and Transfers for this Plan Year  (c) Employers  8 (1) 27778  8 Income, Expenses, and Transfers for this Plan Year  (d) Participants  (d) Participants  (d) Participants  (d) Participants  8 (e) 3 34865  (d) Offers (including allowers)  8 8 (2) 34885  (d) Offers (including allowers)  8 8 (1) 330566  C Total income (loss)  9 C Total income (loss)  9 C Total incomed and/or corrective distributions (see instructions)  8 8 (1) 0  9 C Total incomed and/or corrective distributions (see instructions)  8 8 (1) 0  9 Other expenses  9 0  9 Other expenses  10 Not given provides (salatine, fees, commissions)  8 1 0  10 In Net income less) (subtract line 80, 80, 81, and 80)  8 8 0  9 Other expenses  9 0  9 Other expenses  10 During the plan year:  10 During the plan aver a failure to innermit to the plan any participant contributions swithin the time period described in the instructions:  2 A 2E 2F 2G 20 2X 2T 3T 3D  3 During the plan aver a failure to innermit		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Ye	s No	
If you answered "No" to either line 6 aro line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								s No	
If "Yee" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year										- Ш	
Part III   Financial Information 7 Plan Assets and Liabilities   7a   841642   1037361 a Total plan assets   7b   0   0   0   0   0   0   0   0   0	С									ermined	
7   Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								uctions.)	
7   Plan Assets and Liabilities	Pa	rt III Financial Information									
a Total plan assets	7			(a) Beginning	of Year			(b) End	of Year		
b Total plan liabilities	a		7a	, , , , , , , , , , , , , , , , , , ,				(0) =			
8 income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers		·			0				0		
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	84	41642			1037361			
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) ·	Total		
(2) Participants	а		- 40		.===						
(3) Others (including rollovers)		. , , , , , , , , , , , , , , , , , , ,									
b Other income (loss)				•							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·		44		-					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				I.	33036				105710		
to provide benefits)			80						1957 19		
f Administrative service providers (salaries, fees, commissions)			8d		0						
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	8f 0							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g 0								
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0		
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 2F 2G 2J 2K 2T 3D  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)  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.)  10e X  2142  f Has the plan failed to provide any benefit when due under the plan?  2520.101-3.)  10g X  4243  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X	i	Net income (loss) (subtract line 8h from line 8c)	8i						195719		
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 2F 2G 2J 2K 2T 3D  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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Par	t IV Plan Characteristics									
Part V   Compliance Questions	9a	If the plan provides pension benefits, enter the applicable pension 2A 2F 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plant	an Cha	racteri	istic 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.)  10g X  4243  h 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	b		eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des 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.)  10g X  4243  h 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	_										
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)							L		_		
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	• • •	tions withi	n the time period		Yes	NO		Amount		
reported on line 10a.)	a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  • 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	b				10b		Х				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			50	000	
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d						X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some or all of the benefits under				X			2	142	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan?					X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				X			4	243	
	h	· · · · · · · · · · · · · · · · · · ·					X				
	i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the									

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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 Sci (Form 5500) and line 11a below)	nedule S	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 ERISA?	f 	Y	′es X No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling
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>b</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

Department of Labor Employee Benefite Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the internal Revenue Code (the Code).

2017

OMB Nos. 1210-0110 1210-0069

This Form is Open to Public

Fenalon Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.								
Annual Report Ider	itification information	inalica Mitti dia 1119	ulucuons to the Form 55	100-SF, ]				
For calendar plan year 2017 or fiscal pl	an year beginning	01/01/2017	and ending	12/31	/2017			
This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer Information in accordance with the form instructions.)  a one-participant plan the first return/report  an amended return/report  a short plan year return/report (less than 12 months)								
<u> </u>	om 5558 Epecial extension (enter description	 ] automatic extensio. on)	n	DF	VC program			
120 Basic Plan Informat	tion enter all requested info	rmalion			2007-2004-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
Abair-Lavery Incorporat	ed 401(k) Retirement	Plan		(PN) 1c Effect	number ► 001 ive date of plan			
2a Plan sponsor's name (employer, if Mailing Address (include room, apl City or town, state or province, cou	i., sulle no, and street, or P.O. B ntry, and ZIP or foreign postat c	ox) ode (if foreign, see in	sirucilons)	2b Emple	01/2000 Dyer IdenUfication Number 06-0944719			
Abair-Lavery Incorporat	ed	•	·	2c Spons	sor's telephone number 1) 953-9000			
32 Brixton St				2d Business code (see Instructions) 812990				
US West Hartford CT 05110-1503								
3a Plan administrator's name and add	ress 💹 Same as Plan Sponso	it			Istralor's EIN Istralor's telephone number			
4 If the name and/or EIN of the plan s this plan, enter the plan sponsor's n 3 Sponsor's name C Plan Name	ponser or the plan name has ch ame, EIN, the plan name and th	anged since the last e plan number from (	return/report filed for he last return/report.	4b EIN				
5a Total number of participants at the b 5 Total number of participants at the e 6 Number of participants with account	nd of the plan yearbalances as of the ni	an vaar (only defined	contribution nions	6a 5b	19 19			
complete this item)d(1) Total number of active participants	al the beginning of the plan yes	34007,000,000,000,000,000,000,000,000,000	[49]7]7977444444444444444444444444444444	5d(1)	13 16			
$oldsymbol{ ext{d(2)}}$ Total number of active participants	al the end of the plan year .		***************************************	5d(2)	16			
e Number of participants who terminate less than 100% yested	ed employment during the plan	year with accrued be	nefils that were	5e	0			
Caulion: A penalty for the late or incoluder penalties of perjury and other penalties of perjury and other penalties or schedule MB completed and incompleted and incompleted. It is that copied, and political	mplete filing of this return/rep	ort will be assessed	uniess reasonable cau		le l			
ICIN / In A TOTAL		6/21/18	Michael F. Laver	у				
Stiniture of plan authoristrate	or /	Date	Enter name of Individual		an administrator			
11 (a) Sippature of employe iplan sp		0/81/15 Date	Michael F. Laver Entername of Individual		Midvet or plan appear			

_	Form 5500-SF 2017		Page 2						
				***************************************		_			
			•						
		٠							
68	Were all of the plan's assets during the plan year tovested in eligible	relappe of	(See legionalisms)		_			F-7.4	
Ŀ	Are you claiming a waiver of the annual examination and report of	an Indoner	an olldur bailileum Irabl	aaunt		mas		•	∍s ∏No
	Auger to CLY 104-401 (269 IURITORIOUS OU MAIABL BIIDIRIN	and conditi	ons.}				ldud ved annument	<b>श</b> िर	95 TNo
_	in you answered no to either line of or line 6b, the plan cann	ot use For	nn 5500-SF and must I	กรโละ	d usa	Form	5500		_
C	the Lagrange sevient high is a covered rather the LDCC II	nsurance p	rogram (see ERISA sec	ilon 4	021)7	*****	., 🔲 Yes	□No □No	t delermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emlum filing for this yes	ar				(See Ins	Iructions.)
1;	Financial Information			_				······································	
7	Plan Assets and Liabilities		(a) Beginning	ı of Y	887	<del></del> -		(b) End of Year	
а	Total plan assets management assets	. 7g	, , , , , , , , , , , , , , , , , , , ,		642	+			7 261
b				V-2.	0	$\neg \vdash$		1,03	7,361
C	Net plan assets (subtract line 7b from line 7a)	. 7c		941	642		•	1 02	0 7,361
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou			$\top$		(b) Total	7,302
3	Contributions received or receivable from:  (1) Employers	D-(4)		A.				(1) 1 1 1 1	
**************	(2) Participants	8a(1)	· • • • • • • • • • • • • • • • • • • •		778	-			
	(3) Others (including rollovers)	82(3)		34,	885	-1			
b	Other income (loss)	8b		133,					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- êc		2007	020			100	
ď	Banefits paid (including direct rollovers and insurance premiume							199	5,719
0	lo provide benefits)	8d			0				
f	Administrative service providers (salaries, fees, commissions)				0				
g		81	·	<del></del>					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h			0		·		
1	Net income (loss) (subtract line th from line 8c)	81							0
<u>i_</u>	Transfers to (from) the plan (see instructions)	81			0			195	719
1	Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fer	alure code:	s from the List of Plan C	hare	iorle(l.	c Code	oe in the it	- Iduallana	
_	2A 2E 2F 2G 2J 2K 2F 3D		and the second	ri ivi u	/(O1   Z	C Cour	oo iii ule ii	istructions;	
b	If the plan provides welfare benefits, unter the applicable welfare feat	ure codes	from the List of Plan Ch	arari		Codor	In the Inc	la setta a	
			· · · · · · · · · · · · · · · · · · ·	idi nçt	-119UG	Couce	s in wi <del>o</del> ms	vuctions;	
Œb	Compliance Questions					_			
0	During the plan year:	***************************************	· · · · · · · · · · · · · · · · · · ·		Y98	No	· M/V	Amount	
а	was a sense to a green to ag black guld batticibable could bill	ns within t	he ilme period	T				100000	
	described in 29 CFR 2510.3-1027 (See Instructions and DOL's Volu	inlary Fidu	dary Correction			ĺ			
b	Were there any nonexempl fransactions with any narry in interest?	(Do not less	durin france a state	10a		Х			
	The state of the s	************	155747114414144444444444444444444444444	10b		х	:		
C	vvas the plan covered by a fidelity bond?			10c				MILE .	50,000
a	Did the plan have a loss, whether or not reimbursed by the plan's fld	ellly bond.	that was caused						20,000
8	Were any fees or commissions paid to any brokers, agents, or other			10d		х			
-	ANTIGOT HIS COUNTY SET YIELD. BY UNITED BEING HELD BY DECOMPOSE ASSAULT	ar all at the	L Ct 1		]				4
_	210 Parts (Oco [19]14060183) International Commission of the Commi	41715711771112771	**************************	10e	x				2,142
f	Has the plan falled to provide any benefit when due under the plan?	PHI Distriction of		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	f year end	.)	10g	х				4,243
h	If this is an individual account plan, was there a blackout period? (Se	e Instruction	ons and 29 CFR			•			4,440
1	2020, (U 170.) International Control of the Control			10h		X			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required no	olice or one of the	40.					
	71 27 77 77 20 710 70	***********	INT (13) (1) CARLOL CANADAS MENANTERS SAID	101					

	Form 5500-SF 2017 Page 3 -				
1 (1. le)			170MAN		-140.4
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500 and line 11a below)	hedule	SB	Yes X	] No
118		11a	anamina.		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 412 of the	200	of $\square$	Yes X	No
a	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, at granting the walver	nd enter			ig
117	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year.	12b			
C	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			***************************************
e	Will the minimum funding amount reported on line 12d be mel by the funding deadline?		Yes No	□ N/A	<del></del>
1" 1	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			
þ	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	
c	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.)	ło			
13	c/1) Name of olan(s)-	1/1/1		44) =>=(.)	
	13c(2) El	ν(8)	130	(3) FN(s)	
			İ		
****		***************************************			