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| b Total number of participants at the end of the plan year | C Plan N | ame | | | | | | |
| b Total number of participants at the end of the plan year | 5a Total r | number of participants a | at the beginning of the plan year | | | | 5a | 65 |
| complete this item) 30 30 d(1) Total number of active participants at the beginning of the plan year 5d(1) 63 d(2) Total number of active participants at the end of the plan year 5d(2) 58 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 3 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/12/2018 KELLY BLIESNER HERE Signature of plan administrator Date Enter name of individual signing as plan administrator | b Total r | number of participants a | at the end of the plan year | | | | 5b | 62 |
| d(1) Total number of active participants at the beginning of the plan year | | | | | · • | • | 5c | 50 |
| d(2) Total number of active participants at the end of the plan year 5d(2) 58 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 3 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5d(2) 58 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/12/2018 KELLY BLIESNER Signature of plan administrator Date Enter name of individual signing as plan administrator | • | , | | | | | 5d(1) | 63 |
| than 100% vested Se 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 HERE Filed with authorized/valid electronic signature. 10/12/2018 KELLY BLIESNER Signature of plan administrator Date Enter name of individual signing as plan administrator | d(2) Tota | al number of active part | ticipants at the end of the plan yea | ear | | | 5d(2) | 58 |
| Inan 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, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 10/12/2018 KELLY BLIESNER SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator | e Numb | per of participants who t | terminated employment during the | e plan year | r with accrued ber | nefits that were less | 5e | 3 |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/12/2018 KELLY BLIESNER Signature of plan administrator Date Enter name of individual signing as plan administrator | than ' | 100% vested | r incomplete filing of this return | n/report w | ill be assessed u | Inless reasonable car | | blished. |
| belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 10/12/2018 KELLY BLIESNER Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE HERE Image: Signature of plan administrator Image: Signature of plan administrator | Under pena | alties of perjury and oth | er penalties set forth in the instruc | ictions, I de | clare that I have e | examined this return/re | port, includ | ing, if applicable, a Schedule |
| HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Constraint of the second secon | | | | as well as t | the electronic vers | sion of this return/repor | t, and to the | e best of my knowledge and |
| Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE | | Filed with authorized/ | valid electronic signature. | 10 | /12/2018 | KELLY BLIESNER | | |
| SIGN HERE | HERE | Signature of plan ad | Iministrator | D | late | Enter name of individ | ual signing | as plan administrator |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | SIGN | | | | | | | |
| | HERE | Signature of employ | /er/plan sponsor | D | ate | Enter name of individ | ual signing | as employer or plan sponsor |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

| 6a b | Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | n indeper | ident qualified public accountant (IC | QPA) | X Yes No |
|---------|---|-----------|---------------------------------------|--------------|---------------------|
| | If you answered "No" to either line 6a or line 6b, the plan canno | ot use Fo | rm 5500-SF and must instead use | e Form 5500. | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC ins | surance p | rogram (see ERISA section 4021)? | Yes No | Not determined |
| | If "Yes" is checked, enter the My PAA confirmation number from the | | | | (See instructions.) |
| Pa | rt III Financial Information | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End | of Year |

| 7 Plan Assets and Liabilities | | (a) Beginning o | of Year | | | (b) End of Year |
|--|-----------------|--------------------|---------|-----|----|-----------------|
| a Total plan assets | . 7a | 263 | 34362 | | | 3336296 |
| b Total plan liabilities | . 7b | | | | | |
| C Net plan assets (subtract line 7b from line 7a) | | 263 | 34362 | | | 3336296 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | (b) Total |
| a Contributions received or receivable from: (1) Employers | . 8a(1) | 1' | 18219 | | | |
| (2) Participants | | 20 | 01821 | | | |
| (3) Others (including rollovers) | . 8a(3) | | 3009 | | | |
| b Other income (loss) | 8b | 40 | 63514 | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | 786563 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | . 8e | 8 | 33261 | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | 1368 | | | |
| g Other expenses | 8g | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | 84629 |
| i Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | 701934 |
| j Transfers to (from) the plan (see instructions) | . 8j | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions | | | | | | |
| 10 During the plan year: | | | | Yes | No | Amount |
| a Was there a failure to transmit to the plan any participant contribidescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) | Voluntary Fid | luciary Correction | 10a | | × | Amount |
| b Were there any nonexempt transactions with any party-in-interes reported on line 10a.) | | | 10b | | x | |
| C Was the plan covered by a fidelity bond? | | | 10c | x | | 333630 |
| d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | x | |
| e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.) | me or all of th | e benefits under | 10e | X | | 3141 |
| ${f f}$ Has the plan failed to provide any benefit when due under the plan | an? | | 10f | | х | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | as of year-en | d.) | 10g | х | | |
| h If this is an individual account plan, was there a blackout period? | | | | | | 61877 |
| 2520.101-3.) | | | 10h | | x | 61877 |

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Page 3- 1

| Part | VI | Pension Funding Compliance | | | | | |
|--------|-------|--|---------|------------|--------------------|----------------|--------|
| 11 | | nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below) | nedule | SB | | Yes | s 🗙 No |
| 11a | Ent | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | . 11a | | | | |
| 12 | ERI | his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | on 302 | of | | Yes | s 🗙 No |
| a | | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver | | r the date | e of the le Yea | | uling |
| lf y | you d | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | |
| b | Ente | r the minimum required contribution for this plan year | 12b | | | | |
| С | Ente | r the amount contributed by the employer to the plan for this plan year | 12c | | | | |
| d | | tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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 | es X | No | |
| | lf "Y | es," enter the amount of any plan assets that reverted to the employer this year | 13a | | | | |
| b | | re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC? | • | | Yes | ×I | No |
| С | | luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.) |) to | | | | |
| 1 | 3c(1 |) Name of plan(s): 13c(2 |) EIN(s | 5) | 130 | : (3) F | 'N(s) |
| | | | | | | | |

| 1 Unit | 5500-SF | Short Form Ann | ual Return/Report | of Small Emplo | yee | 0 | MB Nos. 1210-0110 1210-0089 |
|---|--|---|---|---|--|--|--|
| | t of the Treasury evenue Service | This form is required to be fil | Benefit Plan | 065 of the Employee Re | tirement | | 2017 |
| Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement ZU17 Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal This Form is Ope Employee Benefits Security Administration Revenue Code (the Code). This Form is Ope | | | | | | | orm is Open to |
| Pension Benefit (| Guaranty Corporation | Complete all entries in | accordance with the instr | uctions to the Form 55 | 00-SF. | rubii | c mapection |
| | | Identification Information | | and ending 12/31 | 1/2017 | | |
| For calendar pla | | scal plan year beginning 01/01/20 | | and ending 12/3 | | ing this box | must attach a |
| A This return/r | report is for: | X a single-employer plan ☐ a one-participant plan | list of participating em | ployer information in acc | cordance wi | th the form | instructions.) |
| B This return/re | enort is | | | | | | |
| | eportis | the first return/report | the final return/report | | | | |
| | | an amended return/report | a short plan year return | n/report (less than 12 mo | onths) | | |
| C Check box i | if filing under: | X Form 5558 | automatic extension | | DFVC pr | ogram | |
| | | special extension (enter des | cription) | | | | and the second |
| Part II B | asic Plan Info | rmation-enter all requested i | nformation | | | | |
| 1a Name of pl | lan | No. 1 March 1997 | 100 | | 1b Three | | |
| ALLEY PROCE | ESSING, INC. 401 | (K) RETIREMENT PLAN | | | (PN) | number | 003 |
| | | | | | 1c Effect | tive date of 1/1993 | plan |
| Mailing add | dress (include roon | yer, if for a single-employer plan) m, apt., suite no. and street, or P | .O. Box) | | the second s | oyer Identif 91-111164 | ication Number |
| City or tow ALLEY PROCE | n, state or province | e, country, and ZIP or foreign po | stal code (if foreign, see instr | ructions) | 2c Spon | | none number 337-8084 |
| P.O. BOX 246 | NE AVENUE | | | | 2d Busin 31140 | | see instructions) |
| SUNNYSIDE, W | | nd address 🗙 Same as Plan Sp | onsor. | 1000 | 3b Admi | nistrator's E | EIN |
| | | | | | 3c Admi | nistrator's t | elephone number |
| | | | | | | | |
| 4 If the name | e and/or EIN of the | e plan sponsor or the plan name | has changed since the last r | eturn/report filed for | 4b EIN | | |
| this plan, | enter the plan spor | nsor's name, EIN, the plan name | e and the plan number from t | he last return/report. | 4d PN | Contraine - | 13 1 1 1 1 1 1 |
| a Sponsor's c Plan Name | | | | | | | |
| C Flan Name | | | | | | | |
| | her of participants | at the beginning of the plan year | r | | 5a | | 65 |
| 5a Total num | | at the beginning of the plan year | | | 5a 5b | | 65 62 |
| 5a Total num b Total num c Number o | ber of participants of participants with | at the end of the plan year account balances as of the end of | of the plan year (only defined | l contribution plans | | | |
| 5a Total num b Total num c Number o complete | ber of participants of participants with this item) | at the end of the plan year account balances as of the end o | of the plan year (only defined | I contribution plans | 5b | | 62 |
| 5a Total num b Total num c Number o complete d(1) Total num | ber of participants of participants with this item) umber of active participants | at the end of the plan year account balances as of the end o articipants at the beginning of the | of the plan year (only defined plan year | l contribution plans | 5b 5c | | 62 50 |
| 5a Total num b Total num c Number o complete d(1) Total nu d(2) Total nu e Number o than 100 | ber of participants of participants with this item) umber of active par umber of active participants who % vested | at the end of the plan year account balances as of the end o articipants at the beginning of the articipants at the end of the plan y o terminated employment during t | of the plan year (only defined plan year year the plan year with accrued be | l contribution plans | 5b 5c 5d(1) 5d(2) 5e | | 62 50 63 |
| 5a Total num b Total num c Number of complete d(1) Total num d(2) Total num e Number of than 1000 Caution: A pe Under penaltie SB or Schedule | ber of participants of participants with this item) umber of active participants who % vested | at the end of the plan year account balances as of the end of articipants at the beginning of the articipants at the end of the plan y terminated employment during the or incomplete filing of this return ther penalties set forth in the insti- and signed by an enrolled actuary | of the plan year (only defined plan year year the plan year with accrued be urn/report will be assessed ructions, I declare that I have | I contribution plans enefits that were less unless reasonable cau examined this return/rep | 5b 5c 5d(1) 5d(2) 5e use is estal port, includi | ng, if applic | 62 50 63 58 3 cable, a Schedule |
| 5a Total num b Total num C Number o complete d(1) Total nu d(2) Total nu e Number o than 100^o Caution: A pe Under penaltie SB or Schedule belief, it is true | ber of participants of participants with this item) umber of active participants who of participants who % vested | at the end of the plan year account balances as of the end of articipants at the beginning of the articipants at the end of the plan y terminated employment during the or incomplete filing of this return ther penalties set forth in the insti- and signed by an enrolled actuary | of the plan year (only defined plan year year the plan year with accrued be urn/report will be assessed ructions, I declare that I have r, as well as the electronic ve | I contribution plans enefits that were less unless reasonable cau examined this return/report | 5b 5c 5d(1) 5d(2) 5e use is estal port, includi t, and to the | ng, if applic best of my | 62 50 63 58 3 cable, a Schedule knowledge and |
| 5a Total num b Total num c Number o complete d(1) Total nu d(2) Total nu e Number o than 100 Caution: A pe Under penaltie SB or Schedulo belief, it is true | ber of participants of participants with this item) umber of active participants who of participants who % vested | at the end of the plan year account balances as of the end of articipants at the beginning of the articipants at the end of the plan y terminated employment during the or incomplete filing of this return ther penalties set forth in the inst and signed by an enrolled actuary plete. | of the plan year (only defined plan year | enefits that were less unless reasonable cau examined this return/report rsion of this return/report | 5b 5c 5d(1) 5d(2) 5e use is estal port, includi t, and to the | ng, if applic best of my BULSI | 62 50 63 58 3 3 cable, a Schedule knowledge and |
| 5a Total num b Total num c Number o complete d(1) Total nu d(2) Total nu e Number o than 100 ⁰ Caution: A pe Under penaltie SB or Schedule belief, it is true SIGN HERE | ber of participants of participants with this item) umber of active participants who of participants who % vested | at the end of the plan year account balances as of the end of articipants at the beginning of the articipants at the end of the plan y terminated employment during the or incomplete filing of this return ther penalties set forth in the inst and signed by an enrolled actuary plete. | of the plan year (only defined plan year year the plan year with accrued be urn/report will be assessed ructions, I declare that I have r, as well as the electronic ve | I contribution plans enefits that were less unless reasonable cau examined this return/report | 5b 5c 5d(1) 5d(2) 5e use is estal port, includi t, and to the | ng, if applic best of my BULSI | 62 50 63 58 3 3 cable, a Schedule knowledge and |
| 5a Total num b Total num c Number o complete d(1) Total nu d(2) Total nu e Number o than 100' Caution: A pe Under penaltie SB or Scheduld belief, it is true SIGN HERE | ber of participants of participants with this item) umber of active participants who of participants who % vested | at the end of the plan year account balances as of the end of articipants at the beginning of the articipants at the end of the plan y terminated employment during the or incomplete filing of this return ther penalties set forth in the inst and signed by an enrolled actuary plete. | of the plan year (only defined plan year | enefits that were less unless reasonable cau examined this return/report rsion of this return/report | 5b 5c 5d(1) 5d(2) 5e use is estal port, includi t, and to the use is estal | ng, if applic best of my BULS as plan adr | 62 50 63 58 3 3 cable, a Schedule / knowledge and |

Form 5500-SF 2017

| Pa | ~ | | |
|----|---|---|---|
| га | ч | c | ~ |

| 6a Were all of the plan's assets during the plan year invested b Are you claiming a waiver of the annual examination and runder 29 CFR 2520.104-46? (See instructions on waiver e If you answered "No" to either line 6a or line 6b, the pl c If the plan is a defined benefit plan, is it covered under the If "Yes" is checked, enter the My PAA confirmation number | eport of an independ ligibility and condition an cannot use Form PBGC insurance pro | dent qualified public accountant (IQF ons.) m 5500-SF and must instead use ogram (see ERISA section 4021)? | PA) Yes No Form 5500. |
|--|--|--|--------------------------|
| Part III Financial Information | and the state of the | ne je nastrostanoj-sut | |
| 7 Plan Assets and Liabilities | feed in the second | (a) Beginning of Year | (b) End of Year |
| a Total plan assets | 70 | 2634362 | 2226206 |

| а | Total plan assets | 7a | 2634362 | 3336296 |
|----|--|--------------|---|--|
| b | Total plan liabilities | 7b | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 2634362 | 3336296 |
| 8 | Income, Expenses, and Transfers for this Plan Year | Section 1 | (a) Amount | (b) Total |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | 118219 | |
| | (2) Participants | 8a(2) | 201821 | CARLON AND AND AND AND AND AND AND AND AND AN |
| | (3) Others (including rollovers) | 8a(3) | 3009 | States and States |
| b | Other income (loss) | 8b | 463514 | an and a state |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 786563 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | Construction of the second sec |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 83261 | NUMBER OF STREET, STREE |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 1368 | |
| g | Other expenses | 8g | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 84629 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | States that the service of the | 701934 |
| j | Transfers to (from) the plan (see instructions) | 8j | | |
| Pa | rt IV Plan Characteristics | | Ter second | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D | feature code | es from the List of Plan Characteristic | Codes in the instructions: |

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 descr bed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | × | and south the |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | il et l | x | analogue ostenne kapt 18 |
| С | Was the plan covered by a fidelity bond? | 10c | x | | 333630 |
| 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 | salitie en e-en debat (Effe |
| 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 | i i i | 3141 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | x | ew; a fill showing a ch |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | X | 7 | 61877 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | the state | x | and the second se |
| 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 complete (Form 5500) and line 11a below) | Sche | edule S | B | | Yes 🛛 No |
| | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA? | ction | 302 o | f | . 🗆 | Yes 🛛 No |
| a | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver | and | enter Da | | of 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 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 left of a negative amount) | | 12d | | | |
| e | 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? | | | 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 control of the PBGC? | the | Yes X No | | | |
| с | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.) | | to | | | _ |
| 1 | 3c(1) Name of plan(s): 13 | (2) | EIN(s) | | 13c(: | 3) PN(s) |
| | | | | | | |