Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to **Public Inspection**

Part I		: Identification Information	l .							
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 1:	2/31/2018					
A 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	a foreign plan							
b This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	months)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m				
		special extension (enter desc	1 /							
Part II	Basic Plan Info	ormation—enter all requested in	formation		1	.				
1a Name JOSEPH RA	•	NC. ET AL 401K PLAN			1b Three-digi plan numb (PN) ▶					
					1c Effective of	late of plan 03/01/2000				
		oyer, if for a single-employer plan)) P)			dentification Number				
	`	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	structions)	(EIN)	13-3691315				
	ATNER COMPANY, IN		3,	· · · · · · · · · · · · · · · · · · ·		telephone number 2-697-0450				
					2d Business	code (see instructions)				
	T , 11 TH FLOOR , NY 10018-2267				531310					
	,									
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Administra	tor's EIN				
					3c Administra	tor's telephone number				
					7 tarrinistra	tor o torophone number				
4					4.					
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN					
a Spons	sor's name				4d PN					
C Plan N	Name									
5a Total	number of participants	s at the beginning of the plan year.			5a	35				
b Total	number of participants	s at the end of the plan year			. 5b	33				
C Numb	per of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c	27				
d(1) Tot	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)	31				
		articipants at the end of the plan ye			. 5d(2)	30				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca						
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.								
SIGN		d/valid electronic signature.	05/31/2019	CARYL RATNER						
HERE	Signature of plan	administrator	Date	Enter name of individ	individual signing as plan administrator					
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individual signing as employer or pla						

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Part III Financial Information (a) Beginning of Year	b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public attions.)	account st instea	ant (IC	QPA) • Form	า 5500.	X Yes [X Yes [No No nined
7 Plan Ássets and Liabilities (a) Beginning of Year (b) End of Year a 340179 3447433 3447433 3447433 3447433 3447433 3447433 3447433 3447433 3447433 3447433 3447433 344743 344743 344743							_		(See instructi	
a Total plan assets	Pa	rt III Financial Information								
b Total plan isabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	. 7a	34	00179		3447433			
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 46441 (2) Participants. (2) Participants. (3) Others (including rollovers). 8a(2) 222572 (3) Others (including rollovers). 8a(3) 6b Other income (loss). (6) Dither income (loss). (8) Dither income (loss) (loss). (8) Dither income (loss) (loss). (9) Other expenses. (108673 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) Other expenses. (9) Other plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (1) Other plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (1) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (1) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (1) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (1) Other plan provides welfar	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Sa(3) (5) Others (including rollovers). (6) Other income (loss). (6) Other income (loss). (6) Dother income (loss). (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Experimental of the provide providers (salaries, fees, commissions). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Certain deemed and/or corrective distributions (see instructions). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Certain deemed and/or corrective distributions (see instructions). (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) Other expenses. (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (9) Benefits paid (including direct rollovers (salaries, fees, commissions). (10) Benefits paid (including direct rollovers (salaries, fees, commissions). (11) Benefits paid (including direct rollovers (salaries, fees, commissions). (12) Benefits paid (including direct rollovers (salaries, fees, commissions). (13) Benefits paid (including direct rollovers (salaries, fees, commissions). (14) Benefits paid (including direct rollovers). (15) Benefits paid (including direct rollovers). (16) Benefits paid (including direct rollovers). (16) Benefits paid (including director rollovers). (16) Benefits paid (including director rollovers). (16) Benef	C	Net plan assets (subtract line 7b from line 7a)	7c	34	00179		344743			
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) ⁻	Total	
(3) Others (including rollovers)	a		8a(1)		46441					
b Other income (loss)		(2) Participants	8a(2)	2	22572					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 19699 e Certain deemed and/or corrective distributions (see instructions). 8e 24835 f Administrative service providers (salaries, fees, commissions) 8f 16885 g Other expenses	<u>b</u>	Other income (loss)	8b	-1	60340					
e Certain deemed and/or corrective distributions (see instructions) 8e 24835 f Administrative service providers (salaries, fees, commissions) 8f 16885 g Other expenses			8c						108673	
f Administrative service providers (salaries, fees, commissions)	d	1 \	8d		19699					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		24835					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 61419 i Net income (loss) (subtract line 8h from line 8c) 8i 47254 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions) 10b X c Was the plan covered by a fidelity bond? 10c X 350000 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 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) 10g X 10358i f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 10358i h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	f	Administrative service providers (salaries, fees, commissions)	8f		16885					
i Net income (loss) (subtract line 8h from line 8c)		·	8g							
Part IV Plan Characteristics	<u>h</u>									
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 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) 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.) 7 G Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	-		8i						47254	
9a	J									
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					. 01		0			
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)	Эa		reature co	odes from the list of Pi	ian 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	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the instr	uctions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						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	102		X			
C Was the plan covered by a fidelity bond? 10c X 350000 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 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 16670 f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 103580 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions						
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		,			10c	X			350000	1
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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					X		330000	<u>, </u>
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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							16675	5
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? 10f								
2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							103588	3
	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X			
exceptions to providing the notice applied under 29 GFK 2320.101-3	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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1 3.111 3333 3.1 (23.13)	i ago 🗸 📑

Part	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
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?		:	Y	es X No				
	(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 granting the waiver	d enter t Day		of the lette Year _	r 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							
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?		Yes	× 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?									
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)	PN(s)				

Short Form Annual Return/Report of Small Employee Benefit Plan

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Composition

Form 5500-SF

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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

	· · · · · · · · · · · · · · · · · · ·		accordance with the instr	uctions to the Form 560	00-SF.				
Part I		<u>t Identification Information</u>	1						
For calend	ar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/2	018			
A This re	A This return/report is for: a single-employer plan								
0 -									
D Inis ret	um/report is								
		an amended return/report	a short plan year retur	n/report (less than 12 mo	nths)				
C Check	box if filing under:	☐ Form 5558	automatic extension		DFVC program	n			
		special extension (enter desc							
Part II		ormation—enter all requested In	formation						
1a Name JOSE		MPANY, INC. ET AL 401	K PLAN		1b Three-digit plan numbe (PN) ▶				
					1c Effective da 03/01/2				
Mailin	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b Employer k (EiN) 13 - 3	dentification Number 3691315			
-	rtown, state or provin PH RATNER CO	ice, country, and ZIP or foreign pos MPANY, INC.	tal code (If foreign, see instr	uctions)	2c Sponsor's 212-693	telephone number			
8 W	40TH ST , 11	TH FLOOR				ode (see instructions)			
พาสเพ	YORK	NY 10018-	. วว ๔ ฃ						
					531310				
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.					3b Administrator's EIN				
A 161	3c Administrator's telephone number								
		he plan sponsor or the plan name h onsor's name, EIN, the plan name :			4b EIN				
-	or's name			,	4d PN				
C Plan N	lame								
5a Total	number of participant	s at the beginning of the plan year.			5a	35			
	, -	s at the end of the plan year			5b	33			
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	27			
-	•	articipants at the beginning of the p			5d(1)	31			
	•	articipants at the end of the plan ye	-		5d(2)	30			
Number of participants who terminated employment during the plan year with accrued benefits that were less					5e	0			
than 100% vested									
Under pen SB or Sche	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	examined this return/repo	ort, including, if a	ipplicable, a Schedule			
SIGN	· austo.		5.31.19	Caryl Ratner					
HERE	Signature of plan	A 1 1/2	Date	Enter name of individua		n administrator			
SIGN	Mugh	3. Aut I	5.31.19	CARYL B. RAT	NER				
HERE For Paperw		oyer/plan sponsor	Date 0-SF	Enter name of individua	al signing as em	ployer or plan sponsor Form 5500-SF (2018)			

	Form 5500-SF (2016)		Page 2						
	Were all of the plan's assets during the plan year invested in eligit Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on walver eligibility	an indeper	aldur befileup trebr	account	ant ()C	PA)	-	Yes No	
	If you answered "No" to either line 6s or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
c	If the plan is a defined benefit plan, is it covered under the PBCC is							iot determined	
	If "Yes" is checked, enter the My PAA confirmation number from th								
D ₂									
<u> </u>		<u> </u>							
	Plan Assets and Liabilities	— —	(a) Beginning				(b) End of Ye		
	Total plan assets	7a	, Е	400,	179			3,447,433	
	Total plan liabilities	7b	<u> </u>						
	Net plan assets (subtract line 7b from line 7a)	7¢	3,	400,	179			3,447,433	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt _			(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)		46,					
	(2) Participants	8a(2)		222,	572				
	(3) Others (including rollovers)	8a(3)			_				
<u> </u>	Other income (loss)	86		160,	340				
C	Total income (add fines 6a(1), 8a(2), 8a(3), and 8b)	8c						108,673	
	Benefits paid (including direct rollovers and insurance premlums			19,	699				
	to provide benefits)	8d		24,835					
	Certain deemed and/or corrective distributions (see instructions)	Be 8f							
	Administrative service providers (salaries, fees, commissions)		16,	005					
	Other expenses	89			 				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			61,419	
	Net income (loss) (subtract line 6h from line 8c)	8i						47,254	
	Transfers to (from) the plan (see instructions)	Bj							
	t IV Plan Characteristics							<u> </u>	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3H	feature cod	des from the List of Pl	an Cha	racteria	atic Code	es in the instructio	ns:	
þ	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	cterist	ic Code:	s in the instruction	s:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amou	int	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's New Program)	/oluntary Fi	iduciary Correction	10a		х			
ь	• • • • • • • • • • • • • • • • • • • •			190		 †			
	reported on line 10a.)			10b_		X			
				10c	Х			350,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		х			
•	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	х		- 111-1	16,675	
f	Has the plan failed to provide any benefit when due under the pla			101		х			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	х			1.03,588	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	-		10h		х			
İ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101					

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding require (Form 5500) and line 11a below).	ements? (If "Yes," see Instructions and	complete Scho	edule Si	В	Yes	3 No
118	Enter the unpaid minimum required contributions for all years fro			11a			
12	Is this a defined contribution plan subject to the minimum fundir ERISA?((f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e beld	ow, as applicable.)			.,,		X No
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.		Month	enter t Day	he date of t	he letter r Year	uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Sched	ule MB (Form 5500), and skip to line	13.		1		
b	Enter the minimum required contribution for this plan year	711		12b			
	Enter the amount contributed by the employer to the plan for this	plan year	<u></u>	12c		U	
d		ter the result (enter a minus sign to the	left of a	12d			
8	Will the minimum funding emount reported on line 12d he met h	y the funding deadline?	animimmum.		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 yea	n?			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the	e employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiar control of the PBGC?					Yes X	No
С	If, during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred.	d from this plan to another plan(s), idea	ntify the plan(s)) to			
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(8)
				_			
			<u> </u>				
		···········	<u> </u>				