Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information					
For calenda	ar plan year 2018 or f	iscal plan year beginning 10/01/2	018	and ending 0°	7/31/2019		
A This ret	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 retu	urn/report is	the first return/report	X the final return/report				
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	ionths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am	
		special extension (enter descri	Ш				
Part II	Basic Plan Info	ormation—enter all requested inf	formation				
1a Name		·			1b Three-dig plan numl (PN) ▶		
					1c Effective	date of plan 10/01/1987	
		oyer, if for a single-employer plan)) Pov)			Identification Number	
		om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		structions)	(EIN)	14-1302257	
MONAHAN 8	& LOUGHLIN, INC.					s telephone number 18-747-4191	
					2d Business	code (see instructions)	
4 LOCUST S PO BOX 311						238100	
HUDSON FA	ALLS, NY 12839						
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administra	ator's EIN	
					3c Administra	ator's telephone number	
					JC Administra	ator s telephone number	
					_		
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN		
	or's name	, , ,		·	4d PN		
C Plan N	lame						
5a Total i	number of participants	s at the beginning of the plan year			5a	8	
_		s at the end of the plan year			. 5b	0	
		account balances as of the end of t		•	5c	0	
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	7	
		articipants at the end of the plan yea			5d(2)	0	
		o terminated employment during the			5e	0	
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca	use is establish	ed.	
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instruc and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, including, if	fapplicable, a Schedule	
SIGN	Filed with authorized	d/valid electronic signature.	08/06/2019	KATHLEEN MONAHA	AN		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator	
SIGN	Filed with authorized	d/valid electronic signature.	08/06/2019	KATHLEEN MONAHA	AN		
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing as er	mployer or plan sponsor	

Form 5500-SF (2018) Page **2**

b Are you claiming a waster of the annual examination and report of an independent qualified public accountent (ICPA) If you answered "No" to either line 6 are rine 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "No" to either line 6 are rine 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "No" to either line 6 are rine 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "No" to either line 6 are rine 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "No" to either line 6 are rine 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If you answered "No" to either line 6 are rine 6b, the plan year waster and Line 10 and 1	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes	No No
H you answerd "No" to either line & ar 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 PBGC insurance program (see ERISA section 4021)?	b								X Yes	: П №
Part III		· · · · · · · · · · · · · · · · · · ·		•						
Part III Financial Information 7 Plan Assets and Liabilities 7a 2×455562 0 0 0 0 0 0 0 0 0	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not det	ermined
7 Plan Assets and Liabilities 7 2 2435352 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instru	uctions.)
7 Plan Assets and Liabilities 7 2 2435352 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pai	rt III Financial Information								
a Total plan assets	_			(a) Beginning (of Year			(b) End	d of Year	
b Total plan liabilities	a		7a					(2) =		
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 9362 (2) Participants. 8a(2) 11000 5 Others (including rollovers). 8a(3) b Other income (loss). 8b 20344 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c B 20344 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d C Total income (add lines 8a(1), 8a(2), 8a(3), 8a(3), 8a(4), 8a(3), 8a(4), 8a(3), 8a(4), 8a					0				0	
a Contributions received or receivable from: (i) Employees (2) Participants (3) Others (including orlovers) (3) Others (including orlovers) (4) Employees (5) Each (5) Employees (6) Employees (7) Employees (8) Employees (9) Emp	С	Net plan assets (subtract line 7b from line 7a)	7c	243	35352				0	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(2) Participants	а		2 (1)		0050					
(3) Others (including rollovers)		=	` '	,						
b Other income (loss)		· · · · · · · · · · · · · · · · · · ·			11000	-				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·		,	20344					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		· · ·		-	20344				40606	
e Certain deemed and/or corrective distributions (see instructions)			80						40090	
f Administrative service providers (salaries, fees, commissions)			8d	247	74770					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 2476048 i Net income (loss) (subtract line 8h from line 8c) 8i -2435352 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 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.)	f	Administrative service providers (salaries, fees, commissions)	8f		1278					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2476048	
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 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)	<u>_i</u>		8i						-2435352	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: E 2F 2G 2J 2T 3D		Transfers to (from) the plan (see instructions)	8j							
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									
Part V Compliance Questions	9a		feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	structions:	
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		eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
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.) 10 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)	Par	t V Compliance Questions						_		
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		<u> </u>		Ţ		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			
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions			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?	С				10c	X			500	000
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	·	-				Х			
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			10e		X			
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	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>				10g	Χ				0
	h	2520.101-3.)	` 		10h		X			
	i				10i					

Form 5500-SF (2018)	Page 3-

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)		SB	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 se ERISA?		of	Yes X 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 o 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 '	VII 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		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		X Yes No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to				
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits 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). OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public

	Pension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with the	e instri	uctions to the Form 55	00-SF	l.	spection	
	Part I Annual Report Identification Information								
For	calendar plan year 2018 or f	iscal plan year beginning	10/01/2	018	and ending	0	7/31/2019		
1000	This return/report is for: This return/report is:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking a list of participating employer information in accordance with a foreign plan							
С	Check box if filing under:	Form 5558 special extension (enter descrip	automatic extention)	ension			DFVC progra	ım	
P	art II Basic Plan Infe	ormation enter all requested in	nformation					The state of the s	
1a	Name of plan					1b	Three-digit		
	Monahan & Loughlin	Pension Plan				10	plan number (PN) ▶ Effective date o	002	
						10	10/01/1987	rpian	
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ice, country, and ZIP or foreign posta). Box) al code (if foreign,	see ins	tructions)	2b	Employer Identi (EIN) 14-13		
	Monahan & Loughlin				,	2c	Sponsor's telep (518) 747-4		
	4 Locust Street PO Box 311					2d Business code (see instructions) 238100			
20	US Hudson Falls NY 1283	9 and address 🗓 Same as Plan Spor					Administrator's	- Hallander	
						3c Administrator's telephone number			
4	If the name and/or EIN of the this plan, enter the plan spo	e plan sponsor or the plan name has insor's name, EIN, the plan name an	s changed since the difference of the plan number	ne last r	return/report filed for he last return/report.	4b	EIN	***************************************	
a	Sponsor's name Plan Name					4d	PN .		
5a	Total number of participants	at the beginning of the plan year	******************************		***************************************	5a	<u> </u>	8	
b	Total number of participants	at the end of the plan year	->	********	######################################	5b		0	
C		account balances as of the end of the		defined	contribution plans	5c		0	
d(1) Total number of active part	rticipants at the beginning of the plan	year	***********	******************************	5d(1)	7	
d(2		rticipants at the end of the plan year			*************************	5d(2)	0	
e 		terminated employment during the p				56		0	
		or incomplete filing of this return							
SR	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.								
1	GN Signature of plan adp	U. William	86 U	19	Kathleen Hallen	***************************************		1-4	
SI	GN Katter C	i sillular		2019	Enter name of individua				
HE	RE Signature of employe	r/plan sponsor	Date		Enter name of individua	l signi	ng as employer o	r plan sponsor	

Form	5500.	SF	201	Я

Da-	-	2
Pac	e	K

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)						es No
b	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 independe	ent qualified public acc	ounta	nt (IQ	PA)		-	es \square No
	If you answered "No" to either line 6a or line 6b, the plan cannot							[A] (es []NO
C	If the plan is a defined benefit plan, is it covered under the PBGC in							ПиоПи	at determined
	If "Yes" is checked, enter the My PAA confirmation number from the								structions.)
P	art III Financial Information	***************************************	TOTAL CONTRACTOR OF THE PARTY O			***********			
7	Plan Assets and Liabilities	2	(a) Beginning	of Yea	ar	Т		(b) End of Year	
а	Total plan assets	7a	2,4	35,3	352	1			0
b	Total plan liabilities	7b	Anthropic Committee Commit		0	\dagger	***************************************		0
С	Net plan assets (subtract line 7b from line 7a)	7c	2,4	35,3	352			-	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	-		1	de an	(b) Total	
a	Contributions received or receivable from:	D-(4)		^ -					
	(1) Employers	8a(1)		9,3		+			
-	(2) Participants	8a(2)	- Andrew - Little - Alley Market - Alley - All	11,0	000	-			
b	(3) Others (including rollovers)	8a(3) 8b		~~		+-			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		20,3	44	-			
	Benefits paid (including direct rollovers and insurance premiums	ec			-	-		4	0,696
	to provide benefits)	8d	2,4	74,7	70			**	
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		1,2	78			- y - y - y - y - y - y - y - y - y - y	
g	Other expenses	8g					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2,47	6,048
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81					(2,435,352)		
<u>i</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics				***************************************	-			
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan C	Charac	cteristi	c Cod	les in the	e instructions:	
\dashv	2E 2F 2G 2J 2T 3D	***************************************							
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes fr	om the List of Plan Ch	aract	eristic	Code	s in the	instructions:	
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amoun	ŧ
a	Was there a failure to transmit to the plan any participant contributi								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol								
L	Program)			10a		X			***************************************
b	reported on line 10a.)	************	************	10b		x			
C				10c	x				500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	************	**********************	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		x			
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	-	and the same of th	10g	x				0
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instruction	ons and 29 CFR	10h		ж			
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required no	otice or one of the	10i		***************************************			
				U.	•				

Forn	n 5500-SF 2018 Page 3	3 -						
VI	Pension Funding Compliance		-					
		ctions and	complete S	chedule (SB	☐ Yes	x	No
Enter th	ne unpaid minimum required contributions for all years from Schedule SB (Form 550)	0) line 40	*******	11a				
ERISA	·	112 of the	Code or sec	tion 302 c	of	☐ Yes	X	No
granting	the waiver	M	onth				_	
ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and si	dp to line	13.					
Enter th	ne minimum required contribution for this plan year	************	**********	12b				
Enter th	ne amount contributed by the employer to the plan for the plan year	*******	**********	12c				
		sign to th	e left of a	12d				
	Is this a (Form !) Enter the Is this ERISA' (If "Ye If a wait granting ou come Enter the Subtraction of the Is the Ist of	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction for 11 below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 550) is this a defined contribution plan subject to the minimum funding requirements of section of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan y granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and significant the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for the plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minuscentive amount)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lines and the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for the plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the secretive amount)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sector ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for the plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a secretive amount)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule S (Form 5500 and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	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) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	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) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	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) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40

	and the second s	1		
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?	x	K Yes No	-
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	ne	X Yes No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to		
13	3c(1) Name of plan(s): 13c(2) E	IN(s)	13c(3) PN(s)	