## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| Part I                                 | Annual Report I  | dentification Information   |                          |                           |                                     |                                      |  |  |  |
|--|--|---|--------------------------|---------------------------|-------------------------------------|--------------------------------------|--|--|--|
| For calend                             | lar plan year 2018 or fisc   | cal plan year beginning 01/01/20  | 018                      | and ending 12             | 2/31/2018                           |                                      |  |  |  |
| A This re                              | a single-employer plan a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.) |   |                          |                           |                                     |                                      |  |  |  |
| <b>D</b>                               |  | a one-participant plan  | a foreign plan           |                           |                                     |                                      |  |  |  |
| <b>B</b> This ret                      | urn/report is  | the first return/report   | the final return/report  |                           |                                     |                                      |  |  |  |
|  |  | an amended return/report  | a short plan year retu   | rn/report (less than 12 m | onths)                              |                                      |  |  |  |
| C Check                                | box if filing under:   | X Form 5558   | automatic extension      |                           | DFVC prog                           | ram                                  |  |  |  |
|  |  | special extension (enter descri   | ption)                   |                           |                                     |                                      |  |  |  |
| Part II                                | Basic Plan Infor   | mation—enter all requested info   | ormation                 |                           |                                     |                                      |  |  |  |
| 1a Name<br>GOTHAM C                    | •  | NER CO., INC. PROFIT SHARING  | G PLAN                   |                           | <b>1b</b> Three-d plan nur (PN) ▶   | _                                    |  |  |  |
|  |  |   |                          |                           | 1c Effective                        | e date of plan<br>01/01/1994         |  |  |  |
|  |  | er, if for a single-employer plan)  | Payl                     |                           |                                     | er Identification Number             |  |  |  |
|  | ζ ,  | , apt., suite no. and street, or P.O., country, and ZIP or foreign posta            | ,                        | tructions)                | (EIN)                               | 13-1886384                           |  |  |  |
| GOTHAM C                               | ORRUGATED CONTAIL  | NER, CO.  |                          |                           |                                     | r's telephone number<br>201-305-8044 |  |  |  |
|  |  |   |                          |                           | 2d Business code (see instructions) |                                      |  |  |  |
| 64 SUTTON PLACE<br>MANHASSET, NY 11030 |  |   |                          |                           | 339900                              |                                      |  |  |  |
|  |  |   |                          |                           |                                     |                                      |  |  |  |
| <b>3a</b> Plan a                       | administrator's name and   | d address 🛛 Same as Plan Spon   | sor.                     |                           | <b>3b</b> Adminis                   | trator's EIN                         |  |  |  |
|  |  |   |                          |                           | <b>3c</b> Adminis                   | trator's telephone number            |  |  |  |
|  |  |   |                          |                           |                                     | '                                    |  |  |  |
|  |  |   |                          |                           |                                     |                                      |  |  |  |
| 4 If the                               | name and/or FIN of the   | nlan anangar ar tha nlan nama ha  | a abangad ainaa tha laat | return/report filed for   | 4b FIN                              |                                      |  |  |  |
|  |  | plan sponsor or the plan name ha<br>sor's name, EIN, the plan name a                |                          |                           | <b>4b</b> EIN                       |                                      |  |  |  |
| •                                      | sor's name   |   |                          |                           | 4d PN                               |                                      |  |  |  |
| C Plan N                               | Name   |   |                          |                           |                                     |                                      |  |  |  |
| <b>5a</b> Total                        | number of participants a   | at the beginning of the plan year   |                          |                           | 5a                                  | 7                                    |  |  |  |
| <b>b</b> Total                         | number of participants a   | at the end of the plan year   |                          |                           | 5b                                  | 6                                    |  |  |  |
|  |  | ccount balances as of the end of t  |                          | -                         | 5c                                  | 4                                    |  |  |  |
| <b>d(1)</b> Tot                        | tal number of active part  | icipants at the beginning of the pla  | n year                   |                           | 5d(1)                               | 6                                    |  |  |  |
|  |  | icipants at the end of the plan yea   |                          |                           | 5d(2)                               | 6                                    |  |  |  |
|  |  | erminated employment during the   |                          |                           | 5e                                  |                                      |  |  |  |
|  |  | r incomplete filing of this return  |                          |                           | ıse is establis                     | hed.                                 |  |  |  |
| SB or Sch                              |  | er penalties set forth in the instruc<br>d signed by an enrolled actuary, a<br>ete. |                          |                           |                                     |                                      |  |  |  |
| SIGN                                   | Filed with authorized/v  | valid electronic signature.   | 08/05/2019               | STEPHEN PLOTKIN           |                                     |                                      |  |  |  |
| HERE                                   | Signature of plan ad   | lministrator  | Date                     | Enter name of individe    | ual signing as                      | olan administrator                   |  |  |  |
| SIGN                                   | Filed with authorized/v  | valid electronic signature.   | 08/05/2019               | STEPHEN PLOTKIN           |                                     |                                      |  |  |  |
| HERE                                   | Signature of employ  | er/plan sponsor   | Date                     | Enter name of individu    | ual signing as                      | employer or plan sponsor             |  |  |  |

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|          | Were all of the plan's assets during the plan year invested in eligib<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an indepe    | ndent qualified public a    | account  | ant (IC | QPA)    |               | <u> </u>      |                          |
|----------|---|--------------|-----------------------------|----------|---------|---------|---------------|---------------|--------------------------|
| С        | 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 ir If "Yes" is checked, enter the My PAA confirmation number from the      | nsurance p   | orogram (see ERISA se       | ection 4 | 021)?   |         | Yes N         | _             | etermined<br>tructions.) |
| Pa       | rt III Financial Information  | •            |                             |          |         |         |               |               |                          |
| 7        | Plan Assets and Liabilities   |              | (a) Beginning (             | of Year  |         |         | (b) E         | nd of Year    |                          |
| а        | Total plan assets   | 7a           | 180                         | 07301    |         |         |               | 173664        | 2                        |
| b        | Total plan liabilities  | 7b           |                             | 0        |         |         |               |               | 0                        |
| С        | Net plan assets (subtract line 7b from line 7a)   | 7c           | 180                         | 07301    |         |         |               | 173664        | 2                        |
| 8        | Income, Expenses, and Transfers for this Plan Year  |              | (a) Amoun                   | nt       |         |         | (1            | o) Total      |                          |
| а        | Contributions received or receivable from: (1) Employers  | 8a(1)        |                             | 0        |         |         |               |               |                          |
|          | (2) Participants  | 8a(2)        |                             | 0        |         |         |               |               |                          |
|          | (3) Others (including rollovers)  | 8a(3)        |                             | 0        |         |         |               |               |                          |
| b        | Other income (loss)   | 8b           |                             | -6820    |         |         |               |               |                          |
| С        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c           |                             |          |         |         |               | -682          | 0                        |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | . 8d         |                             | 63839    |         |         |               |               |                          |
| е        | Certain deemed and/or corrective distributions (see instructions) $\dots$   | 8e           |                             | 0        |         |         |               |               |                          |
| f        | Administrative service providers (salaries, fees, commissions)  | 8f           |                             | 0        |         |         |               |               |                          |
| g        | Other expenses  | 8g           |                             | 0        |         |         |               |               |                          |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h           |                             |          |         |         |               | 6383          | 9                        |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c)   | 8i           |                             |          |         |         |               | -7065         | 9                        |
| j        | Transfers to (from) the plan (see instructions)   | 8j           |                             | 0        |         |         |               |               |                          |
| Pai      | t IV Plan Characteristics   |              |                             |          |         |         |               |               |                          |
| 9a       | If the plan provides pension benefits, enter the applicable pension 2A 2E 3D  | feature co   | odes from the List of Plant | an Cha   | racteri | stic Co | odes in the   | instructions: |                          |
| b        | If the plan provides welfare benefits, enter the applicable welfare for   | eature cod   | les from the List of Pla    | n Chara  | acteris | tic Cod | des in the ir | structions:   |                          |
| Par      | t V Compliance Questions  |              |                             |          |         |         |               |               |                          |
| 10       | During the plan year:   |              |                             |          | Yes     | No      |               | Amount        |                          |
| а        | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)   | oluntary F   | iduciary Correction         | 10a      |         | X       |               |               |                          |
| b        | Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   |              |                             | 10b      |         | X       |               |               |                          |
| С        | Was the plan covered by a fidelity bond?  |              |                             | 10c      | X       |         |               | 15            | 0000                     |
| d        | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?   | fidelity bo  | nd, that was caused         | 10d      |         | X       |               |               |                          |
| е        | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)  | ne or all of | the benefits under          | 10e      |         | X       |               |               |                          |
| f        | Has the plan failed to provide any benefit when due under the pla   | ın?          |                             | 10f      |         | X       |               |               |                          |
| g        | Did the plan have any participant loans? (If "Yes," enter amount a  | s of year-   | end.)                       | 10g      |         | X       |               |               |                          |
| h        | 2520.101-3.)  | ·<br>·····   |                             | 10h      |         | X       |               |               |                          |
| 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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|---------------------|-------------------|
|                     |                   |

| Part   | VI Pension Funding Compliance   |                  |       |                          |                 |
|--------|---|------------------|-------|--------------------------|-----------------|
| 11     | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)  |                  | В     |                          | Yes 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?  |                  |       |                          | Yes 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<br>Day |       | of the lette<br>_ Year _ | er 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?   |                  | X Yes |                          | lo              |
|        | 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?   |                  | [     | Yes                      | 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)</b> PN(s) |
|        |   |                  |       |                          |                 |

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guatanty 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

|                                | <u>rt Identification Information</u>   |   |   | ····                                   |   |
|--------------------------------|--|---|---|--|---|
| or calendar plan year 2018 or  | fiscal plan year beginning   | 01/01/2018  | and ending  | 12/31/2                                | 1018  |
| A This return/report is for:   | x a single-employer plan   |   | plan (not multlemployer)<br>employer information in |  | g this box must attach<br>h the form instructions.) |
|                                | a one-participant plan   | a foreign plan  |   |  |   |
| This return/report is:         | the first return/report  | the final return/repor  | İ   |  |   |
|                                | an amended return/report   | a short plan year retu  | urn/report (less than 12 i                          | months)                                |   |
| Check box If filling under:    | X Form 5558  | automatic extension   |   | ☐ DFV                                  | C program   |
| •                              | special extension (enter desc  | cription)   |   | _                                      |   |
| Name Design                    |  | <u> </u>  |   |  |   |
|                                | formation enter all requested  | i information   |   | 1b Three-c                             | Date I  |
| a Name of plan                 | _  |   |   | plan nu                                |   |
| Gotham Corrugated              | Container Co., Inc. Pro  | ofit Sharing Plan   |   | (PN) <b>▶</b>                          | 001   |
|                                |  |   |   |  | e date of plan<br>/1994                             |
| a Plan sponsor's name (emp     | ployer, if for a single-employer plan  | )   |   | <b>2b</b> Employ                       | er Identification Number                            |
| Malling Address (Include r     | oom, apt., suite no. and street, or Pince, country, and ZIP or foreign po                | '.O. Box)<br>stal code (if foreign, see in:                   | etractions)   | (EIN)                                  | 13-1886384  |
| Gotham Corrugated              | - " '  | stal code (il loreign, see ili                                | suddions)   | 2c Sponso                              | r's telephone number                                |
| Gotham Corrugated              | container, co.   |   |   |  | 305-8044  |
|                                |  |   |   | 2d Busines                             | ss code (see instructions)                          |
| 64 Sutton Place                |  |   |   | 33990                                  | 0   |
| US Manhasset NY 11030          |  |   |   |  |   |
|                                | and address X Same as Plan S   | ponsor  |   | 3b Adminis                             | strator's EIN                                       |
| -                              |  |   |   |  |   |
|                                |  |   |   | 3C Admini                              | strator's telephone number                          |
|                                | the plan sponsor or the plan name l  |   |   | 4b EIN                                 |   |
| a Sponsor's name               | , , , ,  |   | · ·   | 4d PN                                  |   |
| C Plan Name                    |  |   |   |  |   |
|                                |  |   |   |  |   |
| a Total number of participan   | ts at the beginning of the plan year   | ***************************************                       | **************                                      | ************************************** | 7   |
|                                | ts at the end of the plan year   |   |   | . 5b                                   | 6   |
|                                | h account balances as of the end o   |   | •   | . <u>5c</u>                            | 4   |
| d(1) Total number of active p  | articipants at the beginning of the p  | lan year  |   | .   5d(1)                              | 6   |
| 1(2) Total number of active n  | articipants at the end of the plan ye  | ar  |   | 5d(2)                                  | 6   |
| Number of participants who     | o terminated employment during th  |   |   |  |   |
| less than 100% vested          |  |   |   | ,   5e                                 |   |
| Caution: A penalty for the lat | te or incomplete filing of this retu   | rn/report will be assesse                                     | d unless reasonable o                               | ause is establi                        | shed.   |
|                                | other penalties set forth in the instr<br>I and stried by an enrolled actuary<br>manager |   |   |  |   |
|                                | 71 (2)   | 8/5/19  | STEPHEN PLOTKI                                      | N                                      |   |
| SIGN COL                       | Land to Co Associated  | <del>-   <u>-</u>   -   -   -   -   -   -   -   -   -  </del> |   |  | l   |
| HERE Signature of plan ad      | ministrator  | Date /  | Enter name of individ                               | uai signing as p                       | ian administrator                                   |
| \$ <u>/3</u> /1                |  | <u> </u>  | <u> </u>  |  |   |
| Signature of employ            | errnian sponsor  | Date  | I Enter name of Individu                            | ual einninn ae a                       | mnlover or plan sponsor                             |

| Page  | 2 |  |  |
|-------|---|--|--|
| 77616 | Z |  |  |

| <br>Forr | n s | 55 | 00 | S | F | 20 | 11 | 8 |  |
|----------|-----|----|----|---|---|----|----|---|--|
|          |     |    |    |   |   |    |    |   |  |

|            |   |   |  | ··········· |          |  |                      |                         |
|------------|---|---|--|-------------|----------|--|----------------------|-------------------------|
| 6a         | Were all of the plan's assets during the plan year Invested in eligible   | e assets?                               | (See Instructions.)                    | *********   | ••••••   | ••••••   | ***********          | Yes 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   | nd conditi                              | ons.)                                  |             |          |  |                      | XYes No                 |
|            | If you answered "No" to either line 6a or line 6b, the plan cannot  |   |  |             |          |  |                      |                         |
| C          | If the plan is a defined benefit plan, is it covered under the PBGC In  | surance p                               | rogram (see ERISA sectio               | n 402       | 21)?     | ••••••   | Yes                  | No Not determined       |
|            | If "Yes" is checked, enter the My PAA confirmation number from the  | e PBGC pi                               | remium filing for this year            |             |          |  |                      | (See instructions.)     |
| 6          | Financial Information   |   |  |             |          |  |                      |                         |
| 7          | And store we find the   |   | (a) Beginning of                       | f Vea       | <u> </u> | ŀ  |                      | (b) End of Year         |
| <u>'</u>   | Plan Assets and Liabilities   | 70                                      | 1                                      |             |          | 1  |                      | 1,736,642               |
| a<br>b     | Total plan assets   | 1                                       | 1,80                                   | 11,3        | 01       | 1  |                      | T, (30,042              |
|            | Total plan liabilities  | 1                                       | 1 00                                   | 17 3        |          | +  |                      | 1 726 642               |
| - <u>c</u> | Income, Expenses, and Transfers for this Plan Year  | 7c                                      | 1,80<br>(a) Amount                     |             | U.L      | <del>                                     </del> |                      | 1,736,642<br>(b) Total  |
|            | Contributions received or receivable from:  |   | (a) Alliount                           |             | ·        |  | AL VALUE             | (b) rotal               |
|            | (1) Employers   | 8a(1)                                   |  |             | 0        |  |                      |                         |
|            | (2) Participants  | 8a(2)                                   |  |             | 0        |  |                      |                         |
|            | (3) Others (including rollovers)  | 8a(3)                                   |  |             | 0        |  |                      |                         |
| b          | Other income (loss)   | 8b                                      | (6                                     | , 82        | 0)       |  |                      |                         |
| C          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                                      |  |             | 4.3.6    |  |                      | (6,820)                 |
| _d         | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | <b>8</b> d                              |  | 3,8         | 39       |  |                      | Carlo Transport (Carlos |
| <u>e</u>   | Certain deemed and/or corrective distributions (see instructions)   | 8e                                      |  |             | 0        |  |                      |                         |
| f          | Administrative service providers (salaries, fees, commissions)  | 8f                                      |  |             | 0        |  |                      |                         |
| g          | Other expenses  | <b>8</b> g                              |  | orana a dua | 0        |  | 6.00                 |                         |
| <u>h</u>   | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                                      |  |             |          | 4  |                      | 63,839                  |
| <u></u>    | Net income (loss) (subtract line 8h from line 8c)   | 81                                      | Fig. 17                                |             |          |  | in the second second | (70,659)                |
| L          | Transfers to (from) the plan (see instructions)   | <b>8</b> j                              |  | <del></del> | , 0      |  |                      |                         |
|            | Plan Characteristics  |   |  |             |          |  |                      |                         |
| 9a         | If the plan provides pension benefits, enter the applicable pension for   | eature cod                              | les from the List of Plan C            | harac       | terist   | ic Co  | ies in th            | ne Instructions:        |
|            | 2A 2E 3D  |   |  |             |          |  |                      |                         |
| b          | If the plan provides welfare benefits, enter the applicable welfare fea   | ature code                              | s from the List of Plan Ch             | aract       | eristic  | Code   | s in the             | instructions:           |
| P          | Compliance Questions  |   |  |             |          | ,  | Language I           |                         |
| <u>10</u>  | During the plan year:   |   |  |             | Yes      | No   | NA                   | Amount                  |
| a          | Was there a failure to transmit to the plan any participant contribu  |   |  |             |          |  |                      |                         |
|            | described in 29 CFR 2510.3-102? (See instructions and DOL's Vo  | •                                       | • •                                    |             |          | 🐷  |                      |                         |
|            | Program)  Were there any nonexempt transactions with any party-in-interest  |   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 10a         |          | X  |                      |                         |
| i.         | reported on line 10a.)  | . ,                                     |  | 10b         |          | x  |                      |                         |
|            |   |   |  | 10c         | х        | · ·  |                      | 150,000                 |
|            |   |   |  |             |          |  |                      | 2207000                 |
|            | by fraud or dishonesty?   |   |  | 10d         |          | х  |                      |                         |
| e          | Were any fees or commissions paid to any brokers, agents, or other  |   |  |             |          |  |                      |                         |
|            | carrier, Insurance service, or other organization that provides som the plan? (See instructions.)   |   |  | 10e         |          | x  |                      |                         |
|            | tile plant (Gee mandoliona.)  | *************************************** |  | ⊢           |          | -  |                      |                         |
|            | Use the plan folled to provide any banefit when due under the plan  | -0                                      |  | 404         |          | 37   |                      |                         |
| f          | Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a     |   |  | 10f<br>10g  |          | x  |                      |                         |
|            | Did the plan have any participant loans? (If "Yes," enter amount a  | s of year e                             | and.)                                  | H           |          |  |                      |                         |
|            | Did the plan have any participant loans? (If "Yes," enter amount a  | s of year e                             | end.)                                  | H           |          |  |                      |                         |
|            | Did the plan have any participant loans? (If "Yes," enter amount a<br>If this is an individual account plan, was there a blackout period? | s of year e                             | uctions and 29 CFR                     | 10g         |          | x  |                      |                         |

| Form | 5500  | QE. | 201 | Q |
|------|-------|-----|-----|---|
| FORM | STUDE | -5" | 201 | a |

|       | Form 5500-SF 2018   | Page 3 -                                |                     |         |     |        |            |    |
|-------|---|---|---------------------|---------|-----|--------|------------|----|
| Part  | V. Pension Funding Compliance   |   |                     |         |     |        |            |    |
|       | is this a defined benefit plan subject to minimum funding requirements? (if "Yes," se<br>Form 5500 and line 11a below)  |   |                     |         | SB  | ☐ Ye   | x          | No |
| 11a   | Enter the unpaid minimum required contributions for all years from Schedule SB (Fo  | rm 5500) line 4                         | ol                  | 11a     |     |        |            |    |
|       | Is this a defined contribution plan subject to the minimum funding requirements of s  |   |                     | lon 302 | of  | Ye:    | s <b>X</b> | No |
|       | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   |   |                     |         |     | ł      |            |    |
|       | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver    Month |   |                     |         |     |        |            |    |
| If yo | u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)  | , and skip to li                        | ne 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  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .402020000000000    | 12c     |     |        |            |    |
|       | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)   | •                                       |                     | 12d     |     |        |            |    |
| e \   | Nill the minimum funding amount reported on line 12d be met by the funding deadli   | ne?                                     |                     |         | Yes | ] No [ | ] N/A      |    |
| Part  | Plan Terminations and Transfers of Assets   |   |                     |         |     |        |            |    |
| 13a   | as a resolution to terminate the plan been adopted in any plan year?  | ******************                      |                     | X       | Yes | N      | 0          |    |
| 1     | f "Yes," enter the amount of any plan assets that reverted to the employer this year  | ************                            | ******************* | 13a     |     |        |            |    |
|       | Nere all the plan assets distributed to participants or beneficiaries, transferred to an control of the PBGC?   | •                                       | •                   | - 1     |     | Yes 🕱  | No         |    |
|       | f, during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)                               | other plan(s), ic                       | lentify the plan(   | s) to   |     |        |            |    |
| 130   | c(1) Name of plan(s);   |   | 13c(2) El           | N(s)    |     | 13c(3) | PN(s)      |    |