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

	art I		t Identification Information									
For	calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	/2018		and ending 1	2/31/2018					
Α -	This ret	urn/report is for:	X a single-employer plan	LI		plan (not multiemployer) employer information in a	•	-				
D -			a one-participant plan	a foi	eign plan							
В	his retu	ırn/report is	the first return/report	the fi	nal return/report	t						
an amended return/report a short plan year return/report (less than 12 months)												
C	Check b	oox if filing under:	X Form 5558	auto	matic extension	ı	DFVC pro	gram				
			special extension (enter desc	cription)								
Pa	art II	Basic Plan Info	ormation—enter all requested in	nformation								
	Name of FARM	of plan SERVICES, LLC 40	1(K) PLAN				1b Three-oplan nu (PN)	ımber	001			
							1c Effectiv	ve date of pla 01/01/20				
			oyer, if for a single-employer plan)				2b Employ					
			om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posi		f foreian, see ins	structions)	(EIN)	45-0647				
	-	SERVICES, LLC	, , , , , , , , , , , , , , , , , , ,	(J ,	,	2c Sponso	or's telephor 315-858-61				
							2d Busines	ss code (see	e instructions)			
	MAIN ST PERST	REET OWN, NY 13326					112111					
3a Plan administrator's name and address ∑ Same as Plan Sponsor.					3b Admini	strator's EIN						
							3c Adminis	strator's tele	phone number			
									'			
4	If the n	name and/or FIN of th	ne plan sponsor or the plan name h	nas change	ed since the last	return/report filed for	4b EIN					
	this pla	an, enter the plan spo	onsor's name, EIN, the plan name a									
	Sponso Plan N	or's name					4d PN					
C	FIAITIN	ame										
5a	Total r	number of participants	s at the beginning of the plan year.				. 5a		20			
b	Total r	number of participants	s at the end of the plan year				. 5b		17			
С			account balances as of the end of				5c		13			
d((1) Tota	al number of active pa	articipants at the beginning of the p	olan year			. 5d(1)		10			
	` '	•	articipants at the end of the plan ye				5d(2)		11			
е			o terminated employment during th				5e		0			
	ıtion: A	penalty for the late	or incomplete filing of this retur	rn/report v	vill be assesse	d unless reasonable ca						
SB	or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nolete.									
SIG		Filed with authorized	d/valid electronic signature.	1	0/14/2019	DOUGLAS THOMPS	ON					
HEF	KE	Signature of plan	administrator	ı	Date	Enter name of individual signing as plan administrator						
SIG		Filed with authorized	d/valid electronic signature.	1	0/14/2019	DOUGLAS THOMPS	ON					
HEF	XE.	Signature of empl	over/plan sponsor	1	Date	Enter name of individ	dual signing as	emplover o	r plan sponsor			

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

b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (ICPA) ves Not Not answered (Public) Ves Not Not determined to variety of the public publi		Were all of the plan's assets during the plan year invested in eligib							. X Ye	s No			
If you answered "No" to either line 6s or line 8b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
## "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year		· · · · · · · · · · · · · · · · · · ·							. 🗀	о _П			
Part III Financial Information 7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not det	ermined			
7 Plan Ássels and Liabilities (a) Beginning of Year (b) End of Year a Total plan assels		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instr	uctions.)			
a Total plan assets	Pa	rt III Financial Information											
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year				
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	` '			<u> </u>						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Participants. (6) Other income (loss). (8) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (6) Other expenses. (6) Other expenses. (6) Other expenses. (7) Other expenses. (8) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Ot	b	Total plan liabilities	7b										
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	c	Net plan assets (subtract line 7b from line 7a)	7c	;	39984				47783				
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount				(b) Total				
(2) Participants	а		82(1)		2/101								
(3) Others (including rollovers)			` '										
b Other income (loss)					1 1200								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					-3091								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		` ,			-			13659					
to provide benefits)			- 00										
f Administrative service providers (salaries, fees, commissions)		. , .	8d		5170								
g Other expenses (add lines 8d, 8e, 8f, and 8g) h Total expenses (add lines 8d, 8e, 8f, and 8g) sh Total expenses (add lines 8d, 8e, 8f, and 8g) li Net income (loss) (subtract line 8h from line 8c) li Net income (loss) (subtract line 8h from line 10c) li Net income (loss) (subtract line 8h from line 10c) li Net income (loss) (subtract line 10c) li Net income (loss) (subtract line 10c) li Net income (е	Certain deemed and/or corrective distributions (see instructions) \dots	8e										
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 5860 i Net income (loss) (subtract line 8h from line 8c) 8i 77799 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 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount 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 reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 10000 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 f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X I 10h X i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) 10h X	f	Administrative service providers (salaries, fees, commissions)	8f		690								
i Net income (loss) (subtract line 8h from line 8c)	<u>g</u>	Other expenses	8g										
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5860				
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 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan'? (See instructions). 10	_ i		8i						7799				
Second Part			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.) 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.) 10h X													
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)	9a		feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:				
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.)	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des 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)	_												
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)						Lv	·						
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		<u> </u>	tiono withi	n the time period		Yes	No		Amount				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions	10b		Х						
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	Was the plan covered by a fidelity bond?			10c	X			10	000			
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	·	-		10d		X						
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.) 10h X 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						
2520.101-3.)	9						X						
	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X						
	i				10i								

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Part	VI Pension Funding Compliance						
11	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.)						
а	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 of the letter ruling 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?		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	Yes X No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan 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 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 section 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

	t Identification Information								
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/	2018				
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report	a list of participating of a foreign plan the final return/report	employer Information in	oyer) (Filers checking this box must attach on in accordance with the form instructions.)					
C Check box if filing under:	an amended return/report Form 5558 special extension (enter descr	automatic extension	m/report (less than 12 n	_	/C program				
Part II Basic Plan Inf	ormation — enter all requested i	<u> </u>	<u>-</u>						
1a Name of plan	Officiation enter all requested	monnacon		1b Three	digit				
•	es, LLC 401(k) Plan			plan number (PN) ▶ 001					
<u> </u>									
Malling Address (include re	ployer, if for a single-employer plan) dom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	D. Box) al code (if foreign, see ins	ructions)	2b Employer Identification Number (EIN) 45-0647620					
G & T Farm Service		for revenient and the	· · · · · · · · · · · · · · · · · · ·		or's telephone number) 858-6169				
192 Main Street				2d Busine 1121	ess code (see instructions) 11				
US Cooperatown NY 13326	i								
	and address 🗶 Same as Plan Spo	onsor		3b Admir	istrator's EIN				
				3c Admin	istrator's telephone number				
	he plan sponsor or the plan name he onsor's name, EIN, the plan name a			4b EIN					
Sponsor's name Plan Name			·	4d PN					
53 Total number of participant	s at the beginning of the plan year .		··	5a	20				
	s at the end of the plan year			5b	17				
C Number of participants with	account balances as of the end of t	he plan year (only defined	contribution plans	5c	13				
	articipants at the beginning of the pla		Joobbikstehtsonttrottnämessaand miktor	5d(1)	10				
d(2) Total number of active pa	articipants at the end of the plan year	***************************************	anns na ir during all ready read 2 ha fire ready and a second of the sec	5d(2)	11				
V 1 10 4000/	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested								
Under penalties of perjury and oSB or Schedule MB completed	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, pergect, and complete.								
SIGN OW ON	Douglas Thomps								
HERE Signature of plan add	ministrativr	Date	Enter name of individu	*	olan administrator				
HERE Signature of employe	A Color cooker	Date	Douglas Thompso		ampleyer or ples assesses				
HERE Signature of employe	athian shouson	Date	Enter name of individu	ar signing as	employer or plan sponsor				

I	P	а	a	e	2

	Were all of the plan's assets during the plan year invested in eligible						*********		XYes	□No	
1	Are you claiming a waiver of the annual examination and report of at under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan canno	nd conditio	ns.)	2 × 20 0 0 0 0 1 1	******	pasuiviust l		recount	XYes	∏No	
C	If the plan is a defined benefit plan, is it covered under the PBGC in: If "Yes" is checked, enter the My PAA confirmation number from the	surance pr	ogram (see ERISA section	1 402	1)?	[Yes	□ N	lo 🔲 Not d (See instru		
	t III Financial Information		(a) Beginning of	Year	_	т-		(b) En	d of Year		
	Plan Assets and Liabilities	70		9,98				(,783	
-	Total plan assets analysenskieroskieroskieroskieroskieroskieroskieroskieroskieroskieroskieroskieroskieroskiero	7a		9,30	, ,	1					
	Total plan liabilities	7b	3	9,98	24	47,783					
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	9,30	7-2			(b	Total		
	Contributions received or receivable from	Mark 24.3				100			No.	**	
	1) Employers	8a(1)) 2,491								
	2) Participants	8a(2)	8a(2) 14,259					<u> </u>			
	3) Others (including rollovers)	8a(3)									
	Other Income (loss) ***********************************	8b		,091	L)						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-			13	,659	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5,1	70		, .,				
е	Certain deemed and/or corrective distributions (see instructions)	8e				-		- 1			
f	Administrative service providers (salaries, fees, commissions)	8f		6 :	90						
g	Other expenses	8g	201							060	
h '	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1 14						,860	
ì	Net Income (loss) (subtract line 8h from line 8c)	8i				N.			7	,799	
J	Transfers to (from) the plan (see instructions)	8]				IS.	44		<u> </u>		
	t IV Plan Characteristics										
9a	f the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan C	harac	terist	tic Coc	les in ti	ne instr	uctions		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracte	eristic	Code	s in the	e instru	ctions:		
Pa	rt V Compliance Questions		· · · · · · · · · · · · · · · · · · ·			1			A		
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribu					1					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10a		x					
h	Were there any nonexempt transactions with any party-in-interest										
D	reported on line 10a.)	***************************************	nampaningi pangung 1944, pa papanbanda binda binda	10b		Х					
C	Was the plan covered by a fidelity bond?			10c	x	L				10,000	
d		fidelity bor	nd, that was caused	10d		x					
е		her person ne or all of	s by an insurance the benefits under	10e		ж					
f	Has the plan failed to provide any benefit when due under the plan	n?	333343674444444444444444444444444444444	10f		х					
g						ж				21	
h	If this is an individual account plan, was there a blackout period? 2520,101-3.)	(See instru	octions and 29 CFR	10h		x					
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	notice or one of the	10ì								

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Part	VI Pension Funding Compliance						::			
11	Is this a defined benefit plan subject to minimum funding								Yes X	No
11a	Enter the unpaid minimum required contributions for all y	ears from Schedule SB (For	m 5500) lin	e 40	*********	11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								No	
a	(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, and enter the date of the letter ruling granting the waiver									
Ify	ou completed line 12a, complete lines 3, 9, and 10 of 5	Schedule MB (Form 5500),	and skip to	o line 1	13.					
b	Enter the minimum required contribution for this plan year	ľ., 644726442244 2200020 127274637777444457722 00002 0	************		**********	12b				
Ç	Enter the amount contributed by the employer to the plan	for the plan year	28120189218919454Ý)	rivi lipoe mibė	department parties	12c				
d	Subtract the amount in line 12c from the amount in line 1 negative amount)					12d				
9	Will the minimum funding amount reported on line 12d by	met by the funding deadlin	е?		breziont santone		Yes No N/A			
Pari	Plan Terminations and Transfers of	Assets								
13a	Has a resolution to terminate the plan been adopted in a	ny plan year?	************	piggipts doory of district	90 de 11 de 190 1999		Yes	X	No	
	If "Yes," enter the amount of any plan assets that reverte	d to the employer this year	60696884449989	mbalostrio).	***********	13a				
b	Were all the plan assets distributed to participants or ber control of the PBGC?							Yes	X No	
C	If, during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruction		other plan(s), ident	ify the plan	(s) to		_		<u></u>
1:	ic(1) Name of plan(s):				13c(2) E	IN(s)		13	c(3) PN(5)
***************************************						-				