		Obart Carm Annual Dat	/Denert a	f Om all Employ		, I	OMB Nos. 1210-0110	
For	rm 5500-SF	Short Form Annual Ret	urn/Report o enefit Plan	f Small Employ	yee		1210-0089	
	artment of the Treasury ernal Revenue Service	This form is required to be filed up				2013		
	Department of Labor Benefits Security Administration	Retirement Income Security Act of 19 the Internal Re		(a) of	f This Form is Open to Public			
	Benefit Guaranty Corporation	 Complete all entries in accordant 			0-SF	Ins	pection	
Part I	Annual Report Ic	dentification Information	ice with the market		J-Ji .			
	dar plan year 2013 or fisca			and ending 0	7/31/2	2014		
_	eturn/report is for:	· · · · ·	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan	
	eturn/report is:		e final return/report			L · ·	•	
			•	n/report (less than 12 mo	onths	۱		
Chook	L (f filling under		utomatic extension		Jinne) DFVC progra		
C Check	box if filing under:		Nomalic extension				.111	
Dent II		special extension (enter description)						
Part II		mation—enter all requested informatio	n		16		Γ	
1a Name		() PROFIT SHARING PLAN		ļ	ar	Three-digit plan number		
PALIVILING		PROFIL SHARING FEAN		ļ		(PN) ►	002	
				1	1c	()	f plan	
						01/01/	•	
	sponsor's name and addre	ress; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b	1	fication Number 95405	
	STREET, P.O. BOX 7288	on			2c	Sponsor's telephone number 401-351-8300		
	ICE, RI 02907-2801)2			2d		see instructions)	
3a Plan a	administrator's name and	address XSame as Plan Sponsor Nam	ne Osame as Plan	Sponsor Address	3b	Administrator's E		
					•			
4 If the r	name and/or EIN of the r	plan sponsor has changed since the last	t return/report filed fc	or this plan. enter the	4b	EIN		
name,		ber from the last return/report.				PN		
5a Total r	number of participants at	t the beginning of the plan year			5a		24	
b Total r	number of participants at	t the end of the plan year		ا	5b		0	
		count balances as of the end of the plan						
-					5c		0	
	•	during the plan year invested in eligible a		,			X Yes No	
		he annual examination and report of an i (See instructions on waiver eligibility and					🗙 Yes 🗌 No	
		her line 6a or line 6b, the plan cannot i						
-		plan, is it covered under the PBGC insur					Not determined	
Caution: A	A penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	ise is	established.		
SB or Sche		er penalties set forth in the instructions, I I signed by an enrolled actuary, as well a ete.						
SIGN	Filed with authorized/val	alid electronic signature.	09/24/2014	DOUGLAS PALMER				
HERE	Signature of plan adn	ministrator	Date	Enter name of individu	ual siç	gni <u>ng as plan adn</u>	ninistrator	
SIGN								
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sir	ning as employe	r or plan sponsor	
Preparer's		me, if applicable) and address; include ro					number (optional)	
						·	,	

Pa	t III Financial Information	_									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear		
а	Total plan assets	. 7a	96505	8					0)	
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	96505	8					0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	16								
	(2) Participants	8a(2)	55	0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3823	3							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							38948		
_	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d	100359	3							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	41	3							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10	04006	6	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-9	965058	8	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	odes from the List of Plan Chara	acteris	stic Co	odes in	the instruc	ctions	:		
b		ooturo ood	log from the List of Dian Charge	otoriot		loo in t	ha inatruat	ionoi			
D	If the plan provides welfare benefits, enter the applicable welfare for	eature cou		clensi		ies in t		ions.			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
	Was there a failure to transmit to the plan any participant contribu					Х					
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	-		10a							
	on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					2650)00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		x					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all	of the ben	nefits under the plan? (See	4.0		х					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X						0
h	· · · · · · · · · · · · · · · · · · ·	•				х					
— i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	Π	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		· · ·				FRISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.			, 01 30	.50011	002 01					
а	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of	he le Yea		ing	
lf	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day		i ed	<u> </u>		
-	Enter the minimum required contribution for this plan year					12b					

C	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 Y	′es	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		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(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN		

V0/22/2014 (V.42 FAA - 4034001210

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Desertment of the Tree		nual Return/Report o Benefit Plan	CM8 Nos, 1210-011 1210-008	
Internal Revenue San	This form is required	to be filed under sections 104 a	nd 4065 of the Employee	2013
Department of Lab. Employee Benefits Security Ad Panaron Benefit Ownerity C	mascaton (†	nty Act of 1974 (ERISA), and see ne Internal Revenue Code (the C	ctions 6057(b) and 6058(a) lode).	This Form is Open to Public
	Complete all embries	in accordance with the instruc	tions to the Form 5500-S	F. Inspection
For celendar plan year	Report Identification Informat 2013 or fiscal plan year beginning	01/01/2014		
A This return/report is			and ending	07/31/2014
B This return/report is	the first return/report	2	ian (not multiemployer)	a one-participent plan
D this left in about 12	an amendad retum/repor	k she finat return/report t Ø a short plan vear return	Vreport (less than 12 mont)	
C Check box if filing ur	<u>н</u>	autometic extension	Arebort (researable 15 broad	DEVC program
 Grock box # ming br 	Special extension (enter-			
Part II. Basic Pl	an Information			
1a Name of plan			1	b Three digit
PALMER SPRING	COMPANY 401(K) PROFIT S	SHARING PLAN		plan number (PN) ▶ 002
			1	C Effective date of plan 01/01/1985
2a Plan sponsor's nam PAIMER SPRING	e and address; include room or suite n COMPANY	umber (employer, if for a single-	employer plen) 2	Employer Identification Number (EIN) 05-0195405
1 адтиха стору	T, P.O. BOX 72882		2	C Sponsor's telephone number 401-351-8300
	•		2	d Business code (see instructions)
PROVIDENCE	<u>RI 02907-</u>			441300
3a Plen administratoris	name and address XSame as Plan S	iponsor Name MSame as Plan	Sponsor Address 3	b Administrator's EIN
			3	C Administrator's telephone number
	IN of the plan sponsor has changed s			C Administrator's telephone number
	ZIN of the plan sponsor has changed a plan number from the last return/repor		r this plan, enter the 4	-
name, EIN, and the a. Sponsor's name		1	r this plan, enter the 4	• EIN
name, EIN, and the a Sponsor's name 5a Total number of par	plan number from the last return/repoi	0 er	r this plan, enter the 4	2 EIN 2 PN 2 24
name, EIN, and the a Sponsor's name 5a Total number of par b Total number of par c Number of participa	plan number from the last return/report ticipants at the beginning of the plan ye	t ear d ol the plan year (defined banel	r this plan, enter the 4	EIN PN a 24 b (1) c
name, EIN, and the a Sponsor's name 5a Total number of part b Total number of participal complete this fram), 6a Were all of the plant b Are you claiming an under 29 CFR 2520 if you answered "	plan number from the last return/report ticipants at the beginning of the plan ye ticipants at the end of the plan year ints with account balances as of the en	t d of the plan year (defined banel l in eligible assets? (See instruct eport of an independent quelified iligibility and conditions.)	r this plan, enter the 44	> EIN : PN a 24 b (1) : (1) <td:< td=""></td:<>
name, EIN, and the a Sponsor's name 5a Total number of participa complete this fram), 6a Were all of the plan b Are you claiming an under 25 CFR 2520 If you answered "F C If the plan is a defined	plan number from the last return/report ticipants at the beginning of the plan year sticipants at the end of the plan year ints with account belances as of the en- 's assets during the plan year invested weiver of the annual examination and r 1, 104-46? (See Instructions on weiver a No" to either fine Sa or line Sb, the pl ad banefit plan, is a covered under the	t d of the plan year (defined benef l in eligible assets? (See instruct eport of an independent quelfied ligibility and conditions.)	r this plan, enter the 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	EIN PN 3 24 4 24 5 0 1 1 2 0 2 0 3 24 4 0 1 0 1 1
name, EIN, and the a Sponsor's name 5a Total number of part b Total number of participa complete this item), 6a Were all of the plant b Are you claiming an under 29 CFR 2520 if you answered "? C If the plan is a define Caution: A penalty for f	plan number from the last return/report ticipants at the beginning of the plan year ticipants at the end of the plan year hits with account belances as of the en- 's assets during the plan year invested weiver of the annual examination and r 104-46? (See Instructions on waiver a No* to either fine 5s or line 5b, the pl ad banefit plan, is it covered under the the jate or incomplete filing of this re y and other penalties set forth in the in- pleted and signed by an enrolled accus	t d of the plan year (defined benef lin eligible assets? (See instructi eport of an independent qualifier iligibility and conditions.)	r this plan, enter the 4 4 4 5 5 6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	EIN PN a 24 b (1) a 24 b (1) a (1) b (1) b (1) c
name, EIN, and the a Sponsor's name 5a Total number of par- b Total number of par- c Number of participal complete this item). 6a Were all of the plan b Are you claiming an under 29 CFR 2520 If you answered "? C If the plan is a define Caution: A penalty for fur- SB or Schedule MB complete the total baller, it itue, correct, and cautions of participal correct, and correct, and constructions of the plan baller, it itue, correct, and correct, and correct, and correct, and correct, and correct of the plan is a set of the plan is the correct o	plan number from the last return/report ticipants at the beginning of the plan year ticipants at the end of the plan year hits with account belances as of the en- 's assets during the plan year invested weiver of the annual examination and r 104-46? (See Instructions on waiver a No* to either fine 5s or line 5b, the pl ad banefit plan, is it covered under the the jate or incomplete filing of this re y and other penalties set forth in the in- pleted and signed by an enrolled accus	t d of the plen year (defined benef lin eligible assets? (See instruct eport of an independent quelfied ligibility end conditions.)	r this plan, enter the 4 4 4 5 5 6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	EIN PN a 24 b (1) a 24 b (1) a (1) b (1) b (1) c
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name, EIN, and the a Sponsor's name 5a Total number of participal c Number of participal complete this item). 6a Were all of the plarn b Are you claiming an under 29 CFR 2520 if you answered "F C If the plan is a defined Caution: A penalty for 1 Under penalties of penjur SB or Schedule MB completer, a statute of statute of Signature of Signature of Signature of Sig	plan number from the last return/report ticipants at the beginning of the plan yet ticipants at the end of the plan year hits with account belances as of the en- 's assets during the plan year invested weiver of the annual exemination and r 104-46? (See Instructions on waiver a No ^a to either fine Sa or line Sb, the pl ad banefit plan, is a covered under the the late or incomplete filing of this re y and other penalties set forth in the in- pleted and signed by an enrolled actual and secondete.	t d of the pien year (defined benefi- lin eligible assets? (See instructi- eport of an independent quelified iligibility end conditions.)	r this plan, enter the 4 4 4 5 5 5 6 plens do not 5 6 public accountant (IQPA) and must instead use For RISA section 4021)? Intess reasonable cause I xamined this return/report, and DOUGLAS PALMER Enter name of individual s DOUGLAS FALMER Enter name of individual s	
name, EIN, and the a Sponsor's name 5a Total number of participal c Number of participal complete this item). 6a Were all of the plarn b Are you claiming an under 29 CFR 2520 if you answered "F C If the plan is a defined Caution: A penalty for 1 Under penalties of penjur SB or Schedule MB completer, a statute of statute of Signature of Signature of Signature of Sig	plan number from the last return/report ticipants at the beginning of the plan yet ticipants at the end of the plan year ints with account belances as of the en- 's assets during the plan year invested weiver of the annual examination and r 1.104-46? (See Instructions on weiver a No [®] to either line 6a or line 6b, the pl ad banefit plan, is it covered under the the late or incomplete filling of this re yeard other penalties set forth in the in- pleted and signed by an enrolled actual and secondete.	t d of the pien year (defined benefi- lin eligible assets? (See instructi- eport of an independent quelified iligibility end conditions.)	r this plan, enter the 4 4 4 5 5 5 6 plens do not 5 6 public accountant (IQPA) and must instead use For RISA section 4021)? Intess reasonable cause I xamined this return/report, and DOUGLAS PALMER Enter name of individual s DOUGLAS FALMER Enter name of individual s	

	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
	Fotal plan assets	7a		- 6505	58		()		(
	Fotal plan liabilities	7b			+				
	Net plan assets (subtract line 7b from line 7a)	7c	96	6505	58				
-	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		+		(b) T	otal	
	Contributions received or receivable from:		(-) /				(
(1) Employers	8a(1)		16	_				
(2) Participants	8a(2)		55	50				
(3) Others (including rollovers)	8a(3)							
b (Other income (loss)	8b		3823	33				
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	894
t	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	100	0359	3				
	Certain deemed and/or corrective distributions (see instructions)	8e							
f∕	Administrative service providers (salaries, fees, commissions)	8f		41	.3				
	Other expenses	8g							
-	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h						100	
	Net income (loss) (subtract line 8h from line 8c)	8i						-96	505
j T	Fransfers to (from) the plan (see instructions)	8j							
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut	tione within t							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc	tion Program) lude transactions reported	10a 10b		X X			
	Were there any nonexempt transactions with any party-in-interest	iciary Correc ? (Do not inc	tion Program) lude transactions reported		X			26	500
с	Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc	tion Program)	10b	X			26	500
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc fidelity bond her persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c	X	X		26	500
c d e	Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc fidelity bond her persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	X	x		26	500
c d e f	Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc fidelity bond her persons to of the benefi n?	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		X X X		26	500
c d e f g	Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruct	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g	X	X X X		26	500
c d e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruct ne required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f		X X X X		26	500
c d e f h	 Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruct ne required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h		X X X X		26	500
c d e f h i	 Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th 	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruct ne required n 1-3 ents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Jule SE	3 (Form	26	
c d e f h i lant	 Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruct ne required n 1-3 ents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Jule SE	3 (Form		
c d e f j h i 11a	 Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? 	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X tule SE] No
c d e f h i i l11	 Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruct ne required n 1-3 ents? (If "Ye om Schedule requirement	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) ions and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 is of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X tule SE		Yes [] Nc
c d e f g h i 11 11a 12	 Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year end (See instruct he required n 1-3 ents? (If "Ye om Schedule requirement , as applicab ng amortized	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) ions and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 is of section 412 of the Code le.) in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions	X	X X X X X tule SE	ERISA?	Yes T	
c d e f g h i 111a 112 a	 Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 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 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year end (See instruct he required n 1-3 ents? (If "Ye om Schedule requirement , as applicab ng amortized	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) ions and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 is of section 412 of the Code le.) in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i 0 or se ctions	X	X X X X X X dule SE 11a 302 of	ERISA?	Yes Yes A] N(

с	Enter the amount contributed by the employer to the plan for this plan year	12	c			
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).	12	d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			_ Y∈	s [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?	. Х] Y	'es [No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13	a			(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						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(s which assets or liabilities were transferred. (See instructions.)) to				
	I3c(1) Name of plan(s):	13c(2)	EI	N(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust	14b	Tri	ust's E	EIN	