## 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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

| Part I                 |   | t Identification Information  |                                  |  |                                  |  |  |
|------------------------|---|---|----------------------------------|--|----------------------------------|--|--|
| For calend             | dar plan year 2014 or                             | fiscal plan year beginning 01/01/   | _                                | - U  | 2/31/2014                        | _                                      |  |
| A This re              | eturn/report is for:                              | a single-employer plan  |                                  | lan (not multiemployer)<br>yer information in acco |                                  | s box must attach a list instructions) |  |
|                        |   | a one-participant plan  | a foreign plan                   |  |                                  |  |  |
| <b>B</b> This ret      | turn/report is                                    | the first return/report   | the final return/report          |  |                                  |  |  |
|                        |   | an amended return/report  | a short plan year retui          | n/report (less than 12 n                           | nonths)                          |  |  |
| C Check                | box if filing under:                              | Form 5558   | automatic extension              |  | DFVC pro                         | ogram                                  |  |
|                        |   | special extension (enter des  | cription)                        |  |                                  |  |  |
| Part II                | Basic Plan Inf                                    | ormation—enter all requested i  | nformation                       |  |                                  |  |  |
| 1a Name<br>BAINBRIDG   | •   | NCE ASSOCIATION 401(K) PLAN   |                                  |  | 1b Three-digit plan numbe (PN) ▶ | r 001                                  |  |
|                        |   |   |                                  |  | 1c Effective da                  | te of plan<br>0/01/2006                |  |
|                        |   | address; include room or suite num  | ber (employer, if for a single   | -employer plan)                                    | 2b Employer Id                   | entification Number<br>1-6066764       |  |
| P.O. BOX 1             | 1548  |   |                                  |  | •                                | elephone number<br>6-842-2676          |  |
| BAINBRIDG              | E ISLAND, WA 9811                                 | 0   |                                  |  |                                  | de (see instructions)                  |  |
| 3a Plan a              | administrator's name                              | and address XSame as Plan Spor  | nsor.                            |  | <b>3b</b> Administrate           | or's EIN                               |  |
|                        |   | he plan sponsor has changed since   | e the last return/report filed f | or this plan, enter the                            | 4b EIN                           |  |  |
|                        | e, Elin, and the plan n<br>sor's name             | umber from the last return/report.  |                                  |  | 4c PN                            |  |  |
| <b>5a</b> Total        | number of participan                              | ts at the beginning of the plan year  |                                  |  | . 5a                             | 28                                     |  |
| <b>b</b> Total         | number of participan                              | ts at the end of the plan year  |                                  |  | . 5b                             | 28                                     |  |
|                        |   | h account balances as of the end o  |                                  |  | 5c                               | 14                                     |  |
| <b>d(1)</b> To         | tal number of active p                            | participants at the beginning of the  | olan year                        |  | 5d(1)                            | 26                                     |  |
| <b>d(2)</b> To         | tal number of active p                            | participants at the end of the plan y   | ear                              |  | 5d(2)                            | 25                                     |  |
|                        |   | terminated employment during the  |                                  |  | 5e                               | 0                                      |  |
| Under per<br>SB or Sch | nalties of perjury and                            | e or incomplete filing of this retu<br>other penalties set forth in the instri<br>and signed by an enrolled actuary,<br>mplete. | uctions, I declare that I have   | examined this return/re                            | eport, including, if ap          | plicable, a Schedule                   |  |
| SIGN                   | Filed with authorized/valid electronic signature. |   | 06/10/2015                       | SALLY NELSON                                       |                                  |  |  |
| HERE                   | Signature of plan                                 | nature of plan administrator Date Enter name of individual signing as plan  |                                  |  |                                  | administrator                          |  |
| SIGN                   |   |   |                                  |  | 5 0 1                            |  |  |
| HERE                   | Signature of emp                                  | loyer/plan sponsor  | Date                             | Enter name of individ                              | dual signing as emp              | loyer or plan sponsor                  |  |
| Preparer's             | s name (including firm                            | name, if applicable) and address (  | include room or suite numbe      | er) (optional)                                     | Preparer's teleph                | one number (optional)                  |  |
|                        |   |   |                                  |  |                                  |  |  |

|            | Form 5500-SF 2014   |                                      | Page <b>2</b>  |         |                        |                 |                   |
|------------|---|--------------------------------------|--|---------|------------------------|-----------------|-------------------|
| b .        | Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a f you answered "No" to either line 6a or line 6b, the plan cannot with the contraction of the plan cannot waited to be a contraction of the plan cannot with the contraction of the plan cannot waited the contraction of the plan cannot waited the contraction of the plan cannot waited the plan | an indepe<br>and condit<br>ot use Fo | ndent qualified public accounta<br>tions.)<br>orm 5500-SF and must instead | nt (IQ  | PA)<br><br><b>Form</b> | 5500.           | Xes No            |
|            | f the plan is a defined benefit plan, is it covered under the PBGC in   | surance p                            | orogram (see ERISA section 40  | )21)? . |                        | Yes             | No Not determined |
| Par        | III Financial Information   |                                      |  |         |                        |                 |                   |
| 7          | Plan Assets and Liabilities   |                                      | (a) Beginning of Yea   |         | _                      |                 | (b) End of Year   |
|            | Total plan assets   | 7a                                   | 1881   | 53      | _                      |                 | 218468            |
|            | Total plan liabilities  | 7b                                   | 4004   |         | _                      |                 | 040400            |
|            | Net plan assets (subtract line 7b from line 7a)   | 7c                                   | 1881   | 53      | -                      |                 | 218468            |
|            | ncome, Expenses, and Transfers for this Plan Year   |                                      | (a) Amount   |         |                        |                 | (b) Total         |
|            | Contributions received or receivable from:  1) Employers  | 8a(1)                                | 86   | 667     |                        |                 |                   |
|            | 2) Participants   | 8a(2)                                | 186  | 642     |                        |                 |                   |
|            | 3) Others (including rollovers)   | 8a(3)                                |  |         |                        |                 |                   |
| -          | Other income (loss)   | 8b                                   | 106  | 32      |                        |                 |                   |
|            | Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                                   |  |         |                        |                 | 37941             |
|            | Benefits paid (including direct rollovers and insurance premiums  |                                      |  |         |                        |                 |                   |
| t          | o provide benefits)   | 8d                                   | 76   | 326     |                        |                 |                   |
| e (        | Certain deemed and/or corrective distributions (see instructions)   | 8e                                   |  |         |                        |                 |                   |
| <u>f</u>   | Administrative service providers (salaries, fees, commissions)  | 8f                                   |  |         |                        |                 |                   |
| <u>g</u> ( | Other expenses  | 8g                                   |  |         |                        |                 |                   |
|            | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                                   |  |         |                        |                 | 7626              |
|            | Net income (loss) (subtract line 8h from line 8c)   | 8i                                   |  |         |                        |                 | 30315             |
| _ J        | Fransfers to (from) the plan (see instructions)   | 8j                                   |  |         |                        |                 |                   |
|            | If the plan provides pension benefits, enter the applicable pension a 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fellows  V Compliance Questions   |                                      |  |         |                        |                 |                   |
| 10         | During the plan year:   |                                      |  |         | Yes                    | No              | Amount            |
| b          | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest  | ıciary Cor                           | rection Program)   | 10a     |                        | X               |                   |
|            | on line 10a.)   | `                                    | •  | 10b     |                        | X               |                   |
| С          | Was the plan covered by a fidelity bond?  |                                      |  | 10c     | X                      |                 | 50000             |
| 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 instructions.)  | of the ber                           | efits under the plan? (See   | 10e     |                        | X               |                   |
| f          | Has the plan failed to provide any benefit when due under the plan  | n?                                   |  | 10f     |                        | X               |                   |
| g          | Did the plan have any participant loans? (If "Yes," enter amount as   | s of year e                          | end.)  | 10g     |                        | X               |                   |
| h          | If this is an individual account plan, was there a blackout period? (2520.101-3.)   | (See instr                           | uctions and 29 CFR   | 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 2520.102  |                                      |  | 10i     |                        |                 |                   |
| Part       | VI Pension Funding Compliance   |                                      |  |         |                        |                 |                   |
| 11         | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  |                                      |  |         |                        |                 |                   |
| 11a        | Enter the unpaid minimum required contribution for current year from  | om Sched                             | dule SB (Form 5500) line 39  |         |                        | 11a             | <u> </u>          |
| 12         | Is this a defined contribution plan subject to the minimum funding  |                                      |  | or se   | ction                  | 302 of          | ERISA? Yes X No   |
|            | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,   |                                      |  |         |                        |                 |                   |
| а          | If a waiver of the minimum funding standard for a prior year is bein granting the waiver.   | -                                    |  |         | , and 6                | enter th<br>Day |                   |

|      | Form 5500-SF 2014   | Page <b>3</b> - 1                  |                   |          |                     |
|------|---|------------------------------------|-------------------|----------|---------------------|
| lf : | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For  | m 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 negative amount)  | -                                  | 1 124             |          |                     |
| е    | Will the minimum funding amount reported on line 12d be met by the funding  | g 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?   |                                    | 🔲 Y               | ′es X No |                     |
|      | If "Yes," enter the amount of any plan assets that reverted to the employer the   | his year                           | 13a               |          |                     |
| b    | Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?  |                                    | inder the control |          | Yes X No            |
| С    | If during this plan year, any assets or liabilities were transferred from this pla<br>which assets or liabilities were transferred. (See instructions.) | an to another plan(s), identify th | e plan(s) to      |          |                     |
| 1    | 3c(1) Name of plan(s):  |                                    | <b>13c(2)</b> EI  | N(s)     | <b>13c(3)</b> PN(s) |
|      |   |                                    |                   |          |                     |
|      |   |                                    |                   |          |                     |

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

| Forcelon                      | Annual Repor  | t Identification Information   |                                  |                         |                             |  |  |  |
|-------------------------------|---|--|----------------------------------|-------------------------|-----------------------------|--|--|--|
| For calend                    | dar plan year 2014 or   | _  | 1/2014                           | and ending              | 12/31/2014                  |  |  |  |
| A This re                     | A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) |  |                                  |                         |                             |  |  |  |
| D 76:                         |   | a one-participant plan   | a foreign plan                   |                         |                             |  |  |  |
| <b>B</b> This ret             | turn/report is  | the first return/report  | the final return/report          |                         |                             |  |  |  |
|                               |   | an amended return/report   | a short plan year retur          | n/report (less than 12  | _                           |  |  |  |
| C Check                       | box if filing under:  | Form 5558  | automatic extension              |                         | DFVC p                      | orogram  |  |  |
|                               |   | special extension (enter desci   |                                  |                         |                             |  |  |  |
| Part II                       | Basic Plan Info   | ormation—enter all requested in  | formation                        |                         |                             |  |  |  |
| 1a Name                       | e of plan   |  |                                  |                         | 1b Three-digit              | t  |  |  |
| BAINBRID                      | GE ISLAND AMBULAI   | NCE ASSOCIATION 401(k) PLAN  |                                  |                         | plan numb<br>(PN)           |  |  |  |
|                               |   |  |                                  |                         | 1c Effective d<br>10/01/200 |  |  |  |
| <b>2a</b> Plan s<br>BAINBRIDG | sponsor's name and a<br>GE ISLAND AMBULA  | ddress; include room or suite numbe<br>NCE ASSOCIATION, INC.                     | er (employer, if for a single-   | employer plan)          | 2b Employer I<br>(EIN) 91-6 | Identification Number                            |  |  |
|                               |   |  |                                  |                         | 2c Sponsor's                | telephone number                                 |  |  |
| P.O. BOX 1                    | 1 <b>1548</b>   |  |                                  |                         |                             | 206) 842-2676<br>code (see instructions)         |  |  |
| BAINBRIDG                     | GE ISLAND. WA 9811  | 0  |                                  |                         | 813000                      | ode (see instructions)                           |  |  |
| 3a Plan a                     | administrator's name a  | and address X Same as Plan Spons   | 30г.                             |                         | 3b Administra               | tor's EIN  |  |  |
|                               |   |  |                                  |                         |                             |  |  |  |
|                               |   |  |                                  |                         | OU Administra               | tor's telephone number                           |  |  |
| 4 1711-                       |   |  |                                  |                         |                             |  |  |  |
| 4 If the name                 | name and/or EIN of the EIN, and the plan nu   | ne plan sponsor has changed since tumber from the last return/report.            | the last return/report filed for | or this plan, enter the | 4b EIN                      |  |  |  |
|                               | sor's name  | imber nom the last return oper.  |                                  |                         | 4c PN                       |  |  |  |
| 5a Total                      | number of participants  | s at the beginning of the plan year  |                                  |                         |                             | 28   |  |  |
|                               |   | s at the end of the plan year  |                                  |                         |                             | 28   |  |  |
| C Numb                        | per of participants with  | account balances as of the end of t  | the plan year (defined bene      | efit plans do not       |                             | 14   |  |  |
| <b>d(1)</b> Tot               | tal number of active pa   | articipants at the beginning of the pla  | an year                          |                         | 5d(1)                       | 26   |  |  |
| <b>d(2)</b> Tot               | tal number of active pa   | articipants at the end of the plan yea   | ar                               |                         | 5d(2)                       | 25   |  |  |
| e Numbe                       |   | terminated employment during the p   |                                  |                         | 5e                          | 0  |  |  |
| Caution: A                    | A penalty for the late  | or incomplete filing of this return  | n/report will be assessed        | uniess reasonable ca    | use is established          |  |  |  |
| SB or Sche                    | ialties of perjury and of<br>edule MB completed a   | ther penalties set forth in the instruct<br>and signed by an enrolled actuary, a | ctions. I declare that I have o  | examined this return/re | eport including if a        | innlicable a Schedule                            |  |  |
| SIGN                          | x Collins   | Delson   | 16-8-15                          | XI SALLY                | M/EISON                     | <i>Γ</i>   |  |  |
| HERE                          | Signature of plan a   |  | Date                             | Enter name of indivi    |                             | n administrator                                  |  |  |
| SIGN                          |   |  |                                  |                         | ocal olgimig do piai        | 1 administrator                                  |  |  |
| HERE                          | Signature of emplo  | over/plan sponsor  | Date                             | Enter name of indivi    | dual signing as an          |  |  |  |
| Preparer's                    | name (including firm r  | name, if applicable) and address (in   | clude room or suite number       | r) (optional)           | Preparer's telepi           | ployer or plan sponsor<br>hone number (optional) |  |  |
|                               |   |  |                                  |                         |                             | (  |  |  |

| 6a<br>h   | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  |   |                                |                                 |                |          | $\times$                 | Yes 🗌 No        |                  |  |
|-----------|--|---|--------------------------------|---------------------------------|----------------|----------|--------------------------|-----------------|------------------|--|
|           | 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.) |   |                                |                                 |                |          |                          | $\nabla$        | Yes   No         |  |
|           | If you answered "No" to either line 6a or line 6b, the plan canr   | ot use For                              | n 5500-SF and must instea      | nd use                          | Form           | 1 5500.  |                          |                 | 163   140        |  |
| C         | If the plan is a defined benefit plan, is it covered under the PBGC in   |   |                                |                                 |                |          |                          | Not de          | etermined        |  |
|           | rt III   Financial Information   |   | <del></del>                    |                                 |                |          |                          |                 |                  |  |
| 7         | Plan Assets and Liabilities  |   | (a) Reginning of Ver           |                                 |                |          | /b) F                    |                 |                  |  |
| a         | Total plan assets  | 7a                                      |                                | (a) Beginning of Year<br>188153 |                |          | (b) End of Year<br>21846 |                 |                  |  |
| b         | Total plan liabilities   |   | 10010                          |                                 |                |          |                          | 218             | 3408             |  |
|           | Net plan assets (subtract line 7b from line 7a)  |   | 18815                          | 3                               |                | _        |                          | 246             | 3468             |  |
| 8         | Income, Expenses, and Transfers for this Plan Year   | 5 127 11                                |                                |                                 |                |          |                          |                 | 7400             |  |
| a         | Contributions received or receivable from:   |   | (a) Amount (b) Total           |                                 |                |          |                          | R. Mickelly Del |                  |  |
|           | (1) Employers  | . 8a(1)                                 | 866                            | 8667                            |                |          |                          |                 |                  |  |
|           | (2) Participants   | . 8a(2)                                 | 1864                           | 2                               |                | 128      | The Tree                 |                 |                  |  |
|           | (3) Others (including rollovers)   | 8a(3)                                   |                                |                                 |                |          | W a                      | M H             |                  |  |
| b         | Other income (loss)  | 8b                                      | 1063                           | 2                               |                |          |                          | 1               |                  |  |
| c         | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                                      |                                |                                 | d <sub>v</sub> |          |                          | 37              | 941              |  |
|           | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d                                      | 762                            | 6                               |                | 4        |                          |                 |                  |  |
|           | Certain deemed and/or corrective distributions (see instructions)  | 8e                                      |                                |                                 | A)             | 77       |                          |                 |                  |  |
| <u>f</u>  | Administrative service providers (salaries, fees, commissions)   | 8f                                      |                                |                                 |                | E 6.4    |                          |                 |                  |  |
|           | Other expenses   | 8g                                      |                                |                                 |                |          |                          |                 |                  |  |
| <u>h</u>  | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                                      |                                | A N                             |                |          |                          | 7626            |                  |  |
| <u>_i</u> | Net income (loss) (subtract line 8h from line 8c)  | 8i                                      |                                |                                 |                |          |                          | 30              | 315              |  |
| <u>j</u>  | Transfers to (from) the plan (see instructions)  | 8j                                      |                                |                                 |                |          | SANJETI                  | 1032            | Military in 1841 |  |
| Par       | t IV Plan Characteristics  |   |                                |                                 | -              |          |                          |                 |                  |  |
| Pari      | V Compliance Questions   | _                                       |                                |                                 |                |          |                          |                 | <u> </u>         |  |
| 10        | During the plan year:  |   |                                |                                 | Yes            | No       |                          | Amou            | nt               |  |
| a<br>     | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu  | iciary Correc                           | ction Program)                 | 10a                             |                | х        |                          |                 |                  |  |
|           | Were there any nonexempt transactions with any party-in-interest on line 10a.)   | ? (Do not inc                           | clude transactions reported    | 10b                             |                | х        |                          |                 |                  |  |
| C         | Was the plan covered by a fidelity bond?   |   |                                | 10c                             | х              |          | _                        |                 | 50000            |  |
| d         | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?   | fidelity bond                           | , that was caused by fraud     | 10d                             |                | х        |                          |                 |                  |  |
| е         |  | er persons to                           | by an insurance carrier,       | 10e                             |                | x        |                          |                 |                  |  |
| f         | Has the plan failed to provide any benefit when due under the plan   |   |                                |                                 |                | х        |                          |                 |                  |  |
| g         | Did the plan have any participant loans? (If "Yes," enter amount as  |   |                                | 10f                             | _              |          |                          |                 |                  |  |
| h         | If this is an individual account plan, was there a blackout period? (  | See instruct                            | ions and 29 CFR                | 10g                             |                | X        | 100                      | V 10.74         |                  |  |
| i         | i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3                                 |   |                                | 10h                             |                | Х        |                          |                 |                  |  |
| Part      |  | i-3                                     |                                | 10i                             |                |          | - , (-)-                 |                 | 15-31 N          |  |
| 11        | Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)   | ents? (If "Ye                           | s," see instructions and com   | plete                           | Sched          | ule SB   | (Form                    | П               | es ∏ No          |  |
| 11a       | Enter the unpaid minimum required contribution for current year fro  |   |                                |                                 |                |          |                          | Ш'              | es No            |  |
| 12        | Is this a defined contribution plan subject to the minimum funding   |   |                                |                                 |                | 11a      | TDIGAG                   |                 | '00 [] N:        |  |
|           | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,  |   |                                | UI SE                           | cuon 3         | 00∠ OT E | KISA?                    | <u> </u>        | es X No          |  |
| а         | If a waiver of the minimum funding standard for a prior year is bein granting the waiver.  | g amortized                             | in this plan year, see instruc | tions,                          | and e          |          | e date of t              |                 | ruling           |  |
|           | g and no naiver.   | *************************************** | Mon                            | ın                              |                | Day      |                          | Year_           |                  |  |

|                   | Form 5500-SF 2014   | Page <b>3</b> - 1                                 |              |           |           |              |
|-------------------|---|---|--------------|-----------|-----------|--------------|
| If                | you completed line 12a, complete lines 3, 9, and 10 of Sch  | nedule MB (Form 5500), and skip to line 13        |              |           |           |              |
| b                 |   |   |              | 12b       |           |              |
|                   |   |   |              |           | •         |              |
| <u>c</u>          | 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. negative amount)   | Enter the result (enter a minus sign to the left  | ofa          | 12d       |           |              |
| е                 |   | et by the funding deadline?                       |              |           | Yes       | No □ N/A     |
| Part              |   |   |              |           |           | <del></del>  |
| _13a              | Has a resolution to terminate the plan been adopted in any plan y   | year?   |              | Y         | es X No   | )            |
|                   | if "Yes," enter the amount of any plan assets that reverted to  |   |              | 13a       |           |              |
| b                 | Were all the plan assets distributed to participants or benefici of the PBGC?   | iaries, transferred to another plan, or brought   | under the    | control   |           | ☐ Yes 🛛 No   |
|                   | If during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred. (See instructions. | red from this plan to another plan(s), identify t | he plan(s) t | 0         |           |              |
| 1                 | 3c(1) Name of plan(s):  |   | 13           | 3c(2) EII | N(s)      | 13c(3) PN(s) |
|                   |   |   |              |           |           |              |
|                   |   |   |              |           |           |              |
| Part              | VIII Trust Information (optional)   |   | <u> </u>     |           |           | L            |
| 14a Name of trust |   |   |              |           |           |              |
|                   |   |   |              | 140 In    | ust's EIN |              |
|                   |   |   |              |           |           |              |
|                   |   |   |              |           |           |              |