## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Informatio								
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01	/2014	and ending 12	2/31/2014					
A This re	eturn/report is for:	X a single-employer plan		ver plan (not multiemployer) mployer information in accor						
		a one-participant plan	a foreign plan							
<b>B</b> This return/report is ☐ the first return/report ☐ the final return/report										
		an amended return/report	a short plan year r	return/report (less than 12 m	nonths)					
C Check	C Check box if filing under: ☐ Form 5558 ☐ automatic extension					orogram				
	a constant	special extension (enter des	scription)							
Part II	Basic Plan In	formation—enter all requested	information							
1a Name	•				1b Three-digi					
ITHACA CA	AR WASH CORP. 40	1(K) PROFIT SHARING PLAN & T	RUST		plan numb	oer 001				
					(PN) 1C Effective d					
-						01/01/2012				
	sponsor's name and a	address; include room or suite nun	nber (employer, if for a sir	ngle-employer plan)		dentification Number 16-1000614				
					(=)	telephone number				
334 ELMIRA						07-277-1179				
ITHACA, N	Y 14850					code (see instructions) 541990				
3a Plan	administrator's name	and address XSame as Plan Spo	onsor.		<b>3b</b> Administra	tor's EIN				
Ja Flair										
Ja Flall					3c Administra	tor's talanhana numbar				
Ja Flatte					<b>3c</b> Administra	tor's telephone number				
4 If the		the plan sponsor has changed sind	ee the last return/report fil	led for this plan, enter the	3c Administra	tor's telephone number				
4 If the		the plan sponsor has changed sinc number from the last return/report.	e the last return/report fil	led for this plan, enter the		tor's telephone number				
4 If the name	e, EIN, and the plan r sor's name			· 	4b EIN 4c PN					
4 If the name a Spons Total	e, EIN, and the plan r sor's name I number of participan	number from the last return/report.	r		4b EIN 4c PN 5a	tor's telephone number  3				
4 If the name a Spons 5a Total b Total c Num	e, EIN, and the plan r sor's name number of participan number of participan ber of participants wit	ts at the beginning of the plan year ts at the end of the plan year	rof the plan year (defined l	benefit plans do not	4b EIN 4c PN 5a	3				
4 If the name a Spons 5a Total b Total c Number comp	e, EIN, and the plan r sor's name I number of participan I number of participan ber of participants wit olete this item)	ts at the beginning of the plan yearts at the end of the plan year	r of the plan year (defined l	benefit plans do not	4b EIN 4c PN 5a 5b	3				
4 If the name a Spons 5a Total b Total c Numi comp d(1) To	e, EIN, and the plan r sor's name I number of participan I number of participan ber of participants wit blete this item)	ts at the beginning of the plan yea ts at the end of the plan year	of the plan year (defined l	benefit plans do not	4b EIN 4c PN 5a 5b 5c	3				
4 If the name a Spons 5a Total b Total c Numi comp d(1) To d(2) To e Numb	e, EIN, and the plan r sor's name number of participan number of participan ber of participants wit plete this item)	ts at the beginning of the plan yearts at the end of the plan year h account balances as of the end of the plan yearticipants at the beginning of the participants at the end of the plan yearticipants at the end of the plan yearticipants.	rof the plan year (defined l plan year reare plan year with accrued l	benefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	3 3 3 1				
4 If the name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less the	e, EIN, and the plan r sor's name I number of participan I number of participan ber of participants wit blete this item) btal number of active potal number of active per of participants that han 100% vested	ts at the beginning of the plan yearts at the end of the plan year h account balances as of the end of the plan yearticipants at the beginning of the plan yearticipants at the end of the plan yearticipants at the beginning of the plan yearticipants at the end of	of the plan year (defined l plan year reare plan year with accrued l	benefit plans do not benefits that were	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e	3 3 1 3 3				
4 If the name a Spon: 5a Total b Total c Numi comp d(1) To d(2) To e Numb less to Caution: Under per SB or Sch	e, EIN, and the plan resor's name I number of participant ber of participants with plete this item) betal number of active potal number of participants that the number of perjury and needule MB completed	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined language) plan year plan year with accrued language plan year will be assess ructions, I declare that I h	benefit plans do not  benefits that were  sed unless reasonable callave examined this return/re	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  sport, including, if a	3 3 1 3 0 d. applicable, a Schedule				
4 If the name a Spon: 5a Total b Total c Numi comp d(1) To d(2) To e Numb less to Caution: Under per SB or Sch	e, EIN, and the plan r sor's name I number of participant of active potal number of participants that the naltices of perjury and needule MB completed is true, correct, and co	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined language) plan year plan year with accrued language plan year will be assess ructions, I declare that I h	benefit plans do not  benefits that were  sed unless reasonable callave examined this return/re	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  sport, including, if a	d. applicable, a Schedule				
4 If the name a Spons 5a Total b Total c Numb comp d(1) To e Numb less to Caution: Under per SB or Sch belief, it is	e, EIN, and the plan r sor's name I number of participant of active potal number of participants that the naltices of perjury and needule MB completed is true, correct, and co	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined language) plan year plan year with accrued language plan year will be assess ructions, I declare that I h	benefit plans do not  benefits that were  sed unless reasonable callave examined this return/re	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established export, including, if a crt, and to the best of the stable of t	d. applicable, a Schedule of my knowledge and				
4 If the name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less to Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan r sor's name I number of participant ber of participants with plete this item)	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined language) plan year plan year with accrued language plan year will be assess ructions, I declare that I hay, as well as the electronic	benefit plans do not  benefits that were  sed unless reasonable callave examined this return/repor	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established export, including, if a crt, and to the best of the stable of t	d. applicable, a Schedule of my knowledge and				
4 If the name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan r sor's name I number of participant of participant ber of participants with plate this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined language) plan year  plan year with accrued language plan year with accrued language plan year will be assess pructions, I declare that I hay, as well as the electronic	benefit plans do not  benefits that were  sed unless reasonable can have examined this return/repor  version of this return/repor  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established export, including, if a rt, and to the best of the dual signing as plandual signing as emitided as a signing as a signing as emitided as a signing as emitided as a signing as a signing as a signing as a sig	d. applicable, a Schedule of my knowledge and n administrator				
4 If the name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan r sor's name I number of participant of participant ber of participants with plate this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined language) plan year  plan year with accrued language plan year with accrued language plan year will be assess pructions, I declare that I hay, as well as the electronic	benefit plans do not  benefits that were  sed unless reasonable can have examined this return/repor  version of this return/repor  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established export, including, if a rt, and to the best of the dual signing as plandual signing as emitided as a signing as a signing as emitided as a signing as emitided as a signing as a signing as a signing as a sig	d. applicable, a Schedule of my knowledge and				
4 If the name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan r sor's name I number of participant of participant ber of participants with plate this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined language) plan year  plan year with accrued language plan year with accrued language plan year will be assess pructions, I declare that I hay, as well as the electronic	benefit plans do not  benefits that were  sed unless reasonable can have examined this return/repor  version of this return/repor  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established export, including, if a rt, and to the best of the dual signing as plandual signing as emitided as a signing as a signing as emitided as a signing as emitided as a signing as a signing as a signing as a sig	d. applicable, a Schedule of my knowledge and n administrator				
4 If the name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan r sor's name I number of participant of participant ber of participants with plate this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined language) plan year  plan year with accrued language plan year with accrued language plan year will be assess pructions, I declare that I hay, as well as the electronic	benefit plans do not  benefits that were  sed unless reasonable can have examined this return/repor  version of this return/repor  Enter name of individ	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established export, including, if a rt, and to the best of the dual signing as plandual signing as emitided as a signing as a signing as emitided as a signing as emitided as a signing as a signing as a signing as a sig	d. applicable, a Schedule of my knowledge and n administrator				

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<b>b</b> Are und	ere all of the plan's assets during the plan year invested in eligible you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility ou answered "No" to either line 6a or line 6b, the plan cannot be a second of the contraction of the plan cannot be a second of the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan year	an indeper and condit not use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IQ d use	PA)  <b>Form</b>	5500.			× Y	es [	No
	e plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA section 40	)21)? .		Yes	∐No	<u></u>	lot de	termi	ned
Part II	Financial Information		<u></u>		1						
<b>7</b> Pla	n Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year		
	al plan assets	. 7a		0						608	}
	al plan liabilities	. 7b								000	
	plan assets (subtract line 7b from line 7a)	. 7с		0						608	5
	ome, Expenses, and Transfers for this Plan Year		(a) Amount				(l	) Tot	al		
	ntributions received or receivable from:  Employers	. 8a(1)	5	541							
	Participants			0							
	Others (including rollovers)	` ` `		0							
	er income (loss)			67							
	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)									608	3
	nefits paid (including direct rollovers and insurance premiums			_							
	provide benefits)	. 8d		0							
<b>e</b> Ce	rtain deemed and/or corrective distributions (see instructions)	. 8e		0							
<b>f</b> Adı	ministrative service providers (salaries, fees, commissions)	. 8f		0							
	er expenses			0							
<b>h</b> Tot	al expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								C	
i Net	income (loss) (subtract line 8h from line 8c)	. 8i								608	3
<b>j</b> Tra	nsfers to (from) the plan (see instructions)	· 8j		0							
	the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	es from the List of Plan Charad	cterist	ic Cod	des in t	he instr	uctior	is:		
<b>10</b> D	uring the plan year:				Yes	No		Α	mour	nt	
<b>b</b> W	Vas there a failure to transmit to the plan any participant contribute CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Vere there any nonexempt transactions with any party-in-interest	uciary Corr t? (Do not i	rection Program)include transactions reported	10a		X					
	n line 10a.)			10b							
	Vas the plan covered by a fidelity bond?			10c		X					
OI	id the plan have a loss, whether or not reimbursed by the plan's dishonesty?			10d		X					
in	ere any fees or commissions paid to any brokers, agents, or oth surance service, or other organization that provides some or all structions.)	of the ben	efits under the plan? (See	10e		X					
fн	as the plan failed to provide any benefit when due under the pla	n?		10f		X					
<b>g</b> D	id the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х					
h If	this is an individual account plan, was there a blackout period? 520.101-3.)	(See instru	uctions and 29 CFR	10h		X					
i If	10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i							
Part VI					<u> </u>						
<b>11</b> Is	this a defined benefit plan subject to minimum funding requirem (500) and line 11a below)								Пү	es >	X No
	nter the unpaid minimum required contribution for current year for					11a					
	this a defined contribution plan subject to the minimum funding						FRISA'	,	Пү	es >	X No
	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			, UI 3C	JUOIT	JUZ UI			<u> П</u>	[	
a If	a waiver of the minimum funding standard for a prior year is being anting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th			lettei ear	r rulin	g

	Form 5500-SF 2014 Page	3 - 1					
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),	, and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12b				
С	Enter the amount contributed by the employer to the plan for this plan year		120				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	S .	12d	1			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline	e?		Ì	Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	Yes	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 and of the PBGC?		contro	ol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)		to				
1	3c(1) Name of plan(s):	1	3c(2)	EIN(s	s)	13c(3	) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internet Revenue Service

Department of Labor Етгрюува Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I		rt Identification Information		and and na 13	/31/2014				
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/2	a multiple-employer pl			av must attach a list			
A This re	olum/report is for:	a one-participant plan		er information in accord					
Et entre et en de en alte		the first return/report	The final return/report						
B This return/report is		an amended return/report	a short plan year return	franct (lace than 12 m	onthe)				
		au suicideo reformeborc	Ta short blan Year reton	stoport (iess amir 12 m	Villia)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	am			
	•	special extension (enter desc	cription)						
Part II	Basic Plan Inf	formation—enter all requested for	oformation						
1a Name	<del></del>	The unicquoico is	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1b Three-digit				
		1(K) PROFIT SHARING PLAN & TF	RUST		plan number	004			
					(PN) 10 Effective date	001			
					1	1/2012			
	sponsor's name and a R WASH CORP.	address; include room er suite numb	ber (employer, if for a single-	employer plan)	2b Employer iden (EIN) 16-1	tification Number			
					2c Sponsor's tele				
334 ELMIRA ITHACA, NY					607-277-1179  2d Business code (see instruction				
•					541990				
3a Plan a	dministrator's name	and address Same as Plan Spor	1 <b>50</b> f.		3b Administrator's	EIN			
					3c Administrator's	Jolonhana mumhas			
					OO /Allimination of	telephone number			
					-				
		he plan sponsor has changed since rumber from the last return/report.	o the last return/report filed to	r this plan, enter the	4b EIN				
	or's name				4c PN				
5a Tolai	number of participan	ts at the beginning of the plan year	>>====	**********	5a	3			
<b>b</b> Total	number of participan	ts at the end of the plan year	< <p>&lt;<p>&lt;</p></p>	ze468557196842727469\$335416484422444	5b	5			
C Numb	er of participants with	h account balances as of the end of	f the plan year (defined bene	fit plans do not	бc				
,		participants at the beginning of the p		_	P.JJ43				
u(1)100	lai ilainoei oi aciive p	surreports or are negitining or ose t	Man Journal Journal of the Manager o	************	5d(1)				
		participants at the end of the plan ye			5d(2)				
		terminated employment during the			5e	(			
-	****	e or incomplete filing of this retu			use is established.				
Under nen	alties of periusy and	other cenalties set forth in the instru	ictions. I declare that I have	examined this return/re	port, including, if appli	cable, a Schedule			
	edule MB completed true, correct, and cor	and signed by an enrolled actuary,	as well as the electronic ven	sion of this return/report	i, and to the best of m	y knowledge and			
SIGN	itte coneci, and co	ALL.	9/10/15	BRUCE F	BLAKES	J			
HERE	Signature of plan	Alministrator		idual signing as plan administrator					
	Signature or plan		Date 9/1.15		T. ALAKAS				
SIGN HERE	1 steres	Chalest.	7/12/13	Enter name of Individ					
1	name (including firm	loyer/plan sponsor name, if applicable) and address (	Date Include room or suite number		Preparer's telephon				
i Toparor 9	The furnishing with	Sin alt consist and account of		***		• • • • •			

Form 5500-SF 2014							
6a Were all of the plan's assets during the plan year invested in eligit	Na assels?	See Instructions.)	*******		*******	Yes No	
	on moneners	iani niiailieu buoile aceeeinen	1100	r +)		het in 11 au.	
	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
If you answered "No" to either line 6a or line 6b, the plan can:  C If the plan is a defined benefit plan, is it covered under the PBGC I	not use For	m 9900-37 and must matera i ontam (see FRISA section 402)	1)?	П	Yes [	No Not determined	
	insulance bi	OBISH (ace FLUOV access) 102	.,.	··· <u>L</u>			
Part III Financial Information		/ D. Harles of Voor		T		(b) End of Year	
7 Plan Assets and Liabilities		(a) Beginning of Year	0	十一		608	
a Total plan assets				1			
b Total plan liabilities	7b		0	1		608	
C Net plan assets (subtract line 7b from line 7a)	- '×	(a) Amount		1		(b) Total	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:	-						
a Contributions received or receivable from.  (1) Employers	8a(1)	54	0	-			
(2) Parlicipants			0	╂			
(3) Others (Including rollovers)			37	+			
b Other income (loss)	8b			$\perp$	<del>-</del>	608	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>	-			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
Certain deemed and/or corrective distributions (see instructions).			0		-		
f Administrative service providers (salaries, fees, commissions)			0				
g Other expenses			0		···········		
h Total expenses (add lines 8d, 8e, 8f, and 8g)			·			0	
Net income (foss) (subtract line 8h from line 8c)				4	*	608	
Transfers to (from) the plan (see instructions)	8j		0				
Part IV Plan Characteristics							
On lift the plan provides pension benefits, enter the applicable pension	on feature co	ides from the List of Plan Chara	cteris	tic Co	des in i	the instructions:	
1 2E 2F 2G 2J 2E 3D							
b If the plan provides welfare benefits, enter the applicable welfare	j jealure coc	ios nom nio cist vir ion opera					
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
a set there a fellow to transmit to the plan any participant confri	ibutions with	in the time period described in	400		×		
26 CED 2510 3.102? (See Instructions and DUL'S Voluntary F	iduitally Col	iection i rolliquità mantonio	10a				
b Were there any nonexempt transactions with any party-in-intercon line 10a.)	·	***************************************	10b	_	X		
C Was the plan covered by a fidelity bond?	**************	***************************************	100		X		
d Did the plan have a loss, whether or not reimbursed by the plat or dishonesty?		***************************************	10d		х		
Were any fees or commissions paid to any brokers, agents, or     were any fees or commissions paid to any brokers, agents, or	other personall of the be-	ns by an insurance carrier, nefits under the plan? (See	100		×	-	
instructions.)	*************	(441)		╁	X		
f Has the plan failed to provide any benefit when due under the	plan?	***************************************	101	┼	X		
g Old the plan have any participant loans? (If "Yes," enter amour	nt as of year	end.)	10g		1^		
h if this is an individual account plan, was there a blackout perio 2520.101-3.)		449	10h	<u> </u>	X		
If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the require	ed notice or one of the	101	<u></u>	<u></u>		
B-410 Dension Funding Compliance					11 -	7. /7	
11 Is this a defined benefit plan subject to minimum funding requi	*************				dule S	B (Form Yes X No	
#4 =	44g. Fates the uppeld minimum regulard contribution for current year from Schedule SB (Form 5500) line 39						
12 Is this a defined contribution plan subject to the minimum func	the Code of Section 302 of England 12 of the Code of Section 302 of England 1						
" 12 " 405 404 404 and 120 ho	lour se anni	cable t					
a If a waiver of the minimum funding standard for a prior year is granling the waiver.	being amort	iseo ili iliis biati Agar, see mone	nlh_	5, 8110	Day	Year Year	

Form 5500-SF 2014 Page 3 - 1				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3,			
b 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		- in control
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount).	1	12d		
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No NA
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		ΧY	es No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	<del></del>	13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?		ontrol		☐ Yes ☒ No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)		)		
13c(1) Name of plan(s):	13	c(2) El	N(s)	13c(3) PN(s)
Part VIII   Trust Information (optional)		145 -		
14a Name of trust	1	140 Tr	ust's EIN	