Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

| Part I | | t Identification Information | | | · | | | |
|--------------------------|--|--|-----------------------------|--|--|------------------------|--|--|
| For calenda | ar plan year 2017 or f | iscal plan year beginning 01/01/2 | 0 <u>17</u> | and ending 1 | 2/31/2017 | | | |
| A This ret | urn/report is for: | X a single-employer plan | | plan (not multiemployer) (employer information in ac | | | | |
| | | a one-participant plan | a foreign plan | | | | | |
| B This retu | urn/report is | the first return/report | the final return/report | | | | | |
| C 21 11 | | an amended return/report | | urn/report (less than 12 m | _ | | | |
| C Check t | oox if filing under: | Form 5558 special extension (enter descr | automatic extension | | DFVC program | n | | |
| Part II | Pasia Blan Infe | <u> </u> | | | | | | |
| | | ormation—enter all requested inf | ormation | | 1b Three-digit | | | |
| 1a Name | | RETIREMENT PLAN | | | plan numbe | | | |
| ERNE AND (| CARPENIER, PLLC | RETIREMENT PLAN | | | (PN) ▶ | 001 | | |
| | | | | | 1c Effective da | ate of plan | | |
| | | | | | | 01/01/1993 | | |
| | | oyer, if for a single-employer plan) | Devi | | | dentification Number | | |
| | | om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta | | structions) | | 91-1995042 | | |
| • | ERKE AND CARPENTER, PLLC | | | | telephone number 6-526-1665 | | | |
| | | | | | 2d Business co | ode (see instructions) | | |
| | POINT WAY NE STE | 160 | | | | 621210 | | |
| SEATTLE, W | /A 98105-3941 | | | | | | | |
| 3a Plan a | dministrator's name a | and address Same as Plan Spon | sor. | | 3b Administrat | | | |
| ERKE AND O | RKE AND CARPENTER PLLC 4540 SAND POINT WAY NE STE 160 SEATTLE, WA 98105-3941 | | 160 | 91-1995042 3c Administrator's telephone number | | | | |
| | | GEATTEE | , WA 30103 3341 | | | 6-526-1665 | | |
| 4 If the r | name and/or EIN of th | ne plan sponsor or the plan name ha | s changed since the last | return/report filed for | 4b EIN | | | |
| | | onsor's name, EIN, the plan name a | | | | | | |
| a Spons | or's name | | | | 4d PN | | | |
| C Plan N | lame | | | | | | | |
| 5a Total r | number of participants | s at the beginning of the plan year | | | 5a | 17 | | |
| _ | | s at the end of the plan year | | | 5b | 0 | | |
| C Number | er of participants with | account balances as of the end of t | | | 5c | 0 | | |
| ' | , | articipants at the beginning of the pla | | | 5d(1) | 14 | | |
| d(2) Tota | al number of active pa | articipants at the end of the plan yea | ar | | 5d(2) | 0 | | |
| e Numb | per of participants who | o terminated employment during the | plan year with accrued b | penefits that were less | 5e (| | | |
| Caution: A | nenalty for the late | or incomplete filing of this return | /report will be assesse | d unless reasonable car | use is establishe | d. | | |
| Under pena SB or Sche | alties of perjury and o | ther penalties set forth in the instruct and signed by an enrolled actuary, a | tions, I declare that I hav | e examined this return/re | port, including, if a | applicable, a Schedule | | |
| SIGN | Filed with authorized | d/valid electronic signature. | 02/01/2018 | TRENA CARPENTER | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | ual signing as pla | n administrator | | |
| SIGN | | | | | | | | |
| HERE | Signature of empl | oyer/plan sponsor | Date | Enter name of individ | vidual signing as employer or plan sponsor | | | |

Form 5500-SF 2017 Page **2**

| Part III Financial Information Financial Information | taran da antara da a | | | | | | X | Yes No | | |
|--|--|--|--------------|-----------------------------|----------|---------|----------|----------------|-------------|---------------|
| If you answered "No" to either line 6s or line 6b, the plan cannot use Form 5500-\$F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | b | | | | | | | | X | Yes ☐ No |
| Part III Financial Information | | ` | | , | | | | | 🗀 | |
| Part III Financial Information Financial Information Texas Financial Information Texas T | С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | orogram (see ERISA se | ection 4 | 021)? | | Yes No | Not | determined |
| 7 Plan Assets and Liabilities | | If "Yes" is checked, enter the My PAA confirmation number from the \ensuremath{If} | ie PBGC p | remium filing for this p | lan yea | ır | | | (See i | nstructions.) |
| a Total plan assets | Pa | rt III Financial Information | | | | | | | | |
| a Total plan assets | 7 | Plan Assets and Liabilities | | (a) Beginning (| of Year | | | (b) Er | nd of Year | r |
| C Net plan assets (subtract line 7b from line 7a) | а | Total plan assets | . 7a | | | | | | | 0 |
| 8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers | b | Total plan liabilities | . 7b | | 500 | | | | | |
| a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | С | Net plan assets (subtract line 7b from line 7a) | . 7c | 100 | 69900 | | | | | 0 |
| (2) Participants | 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b |) Total | |
| (2) Participants | а | | 92/1) | | 13338 | | | | | |
| (3) Others (including rollovers) | | · / / / | | | | | | | | |
| b Other income (loss) | | | | | 01002 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | , | | , | 86655 | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | , | | | 00000 | | | | 131 | 295 |
| e Certain deemed and/or corrective distributions (see instructions) | | | . 00 | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | | . 8d | 119 | 93894 | | | | | |
| g Other expenses (add lines 8d, 8e, 8f, and 8g) | <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | f | Administrative service providers (salaries, fees, commissions) | . 8f | | | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) | g | Other expenses | . 8g | | 7301 | _ | | | | |
| Part IV Plan Characteristics | <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | 1201 | 195 |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2J 2K 2R 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?. 10c X 75 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | <u></u> | | . 8i | | | | | | -1069 | 900 |
| If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E | | Transfers to (from) the plan (see instructions) | · 8j | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | _ | | | | | | | | | |
| Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 9a | | feature co | odes from the List of Plant | an Cha | racteri | istic Co | odes in the ir | nstructions | 3: |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | les from the List of Pla | n Char | acteris | tic Co | des in the ins | structions: | |
| 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | _ | | | | | | | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | · · | | | | V | I | 1 | | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | <u> </u> | ıtiono withi | n the time period | | Yes | No | | Amoun | <u>t</u> |
| reported on line 10a.) | a | described in 29 CFR 2510.3-102? (See instructions and DOL's V | oluntary F | iduciary Correction | 10a | | X | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) l If 10h was answered "Yes," check the box if you either provided the required notice or one of the | b | | | | 10b | | X | | | |
| by fraud or dishonesty? | С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | 75000 |
| carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | d | | | | 10d | | X | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | е | carrier, insurance service, or other organization that provides som | ne or all of | the benefits under | 10e | | X | | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | f | Has the plan failed to provide any benefit when due under the pla | ın? | | 10f | | X | | | |
| 2520.101-3.) | g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year- | end.) | 10g | | X | | | |
| | h | · | • | | 10h | | X | | | |
| exceptions to providing the notice applied under 29 CFR 2520.101-3 | i | | | | 10i | | | | | |

| Form 5500-SF 2017 | Page 3 - 1 | |
|-------------------|-------------------|--|
|-------------------|-------------------|--|

| Part ' | VI Pension Funding Compliance | | | | |
|--------|---|----------|-------|-----------------------|---------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho (Form 5500) and line 11a below) | edule S | В | Y | es No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | 1 302 of | | Y | es X No |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver | | | of the letter Year | ruling |
| lf y | rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A |
| Part \ | /II Plan Terminations and Transfers of Assets | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | X Yes | s No |) |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | (|
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control 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 | | | |
| 1 | 3c(1) Name of plan(s): 13c(2) | EIN(s) | | 13c(3) | PN(s) |
| | | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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.

2017

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

| For calendar plan year 2017 or | fiscal plan year beginning | 01/01/2017 | and anding | 10/01/ | 0015 |
|--|---|------------------------------|--|---|--|
| | | | and ending | 12/31/ | |
| A This return/report is for: | | list of participating | plan (not multiemployer) (employer information in ac | (Filers checking to ecordance with the | this box must attach a ne form instructions.) |
| D This setum/second is | a one-participant plan | a foreign plan | | | , |
| B This return/report is | the first return/report | X the final return/repor | t | | |
| | an amended return/report | a short plan year reti | ırn/report (less than 12 m | onths) | |
| C Check box if filing under: | Form 5558 | automatic extension | | DFVC progra | ım |
| | special extension (enter descr | ription) | | _ | |
| Part II Basic Plan Info | ormation—enter all requested in | formation | | | |
| 1a Name of plan | | | | 1b Three-dig | it |
| ERKE AND CARPENTER. | PLLC RETIREMENT PLAN | | | plan numl | per 001 |
| • | | | | (PN) | |
| | | | | 1c Effective of 01/01/1 | |
| 2a Plan sponsor's name (emple | oyer, if for a single-employer plan) | | | 2b Employer | Identification Number |
| City or town, state or province | om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta | . Box) | tructions) | | 1995042 |
| ERKE AND CARPENTER, | PLLC | ar dode (ir foreign, see ins | arucuoris) | 2c Sponsor's 206-526 | telephone number |
| AEAA CAND DOINE WAY | NE CME 160 | | | | code (see instructions) |
| 4540 SAND POINT WAY | NE STE 160 | | | 621210 | ,000 (000 11188 11080113) |
| SEATTLE | WA 98105-3941 | L | | | |
| 3a Plan administrator's name a | nd address Same as Plan Spon | SOT. | | 3b Administra | tor's FIN |
| ERKE AND CARPENTER P | LLC | | | 91-19950 | |
| | | | | 3c Administra | tor's telephone number |
| 4540 SAND POINT WAY | NE STE 160 | | | 206-526- | 1665 |
| SEATTLE | WA 98105-3941 | | | | |
| 4 If the name and/or EIN of the | e plan sponsor or the plan name ha | s changed since the last | return/report filed for | 4b EIN | |
| this plan, enter the plan spo a Sponsor's name | nsor's name, EIN, the plan name a | nd the plan number from | | 4.4 | |
| C Plan Name | | | | 4d PN | |
| | | | | | |
| | at the beginning of the plan year | | | 5a | 17 |
| b Total number of participants C Number of participants with: | at the end of the plan year | | | 5b | 0 |
| complete this item) | account balances as of the end of the | ne plan year (only defined | I contribution plans | 5c | 0 |
| | rticipants at the beginning of the pla | | | 5d(1) | 14 |
| d(2) Total number of active pa | rticipants at the end of the plan year | · | | 5d(2) | 0 |
| than 100% vested | terminated employment during the | | | 5e | 0 |
| Caution: A penalty for the late of | or incomplete filing of this return/ | report will be assessed | unless reasonable caus | se is establishe | d |
| SB or Schedule MB completed ar | ner penalties set forth in the instruct nd signed by an enrolled actuary, as | ons, I declare that I have | examined this return/ren/ | ort including if | applicable a Cabadula |
| sign hena | as he to | | TRENA CARPENTE | | |
| HERE Signature of plan a | dministrator | Date | | | |
| SIGN | | Date | Enter name of individua | ai signing as plai | administrator |
| HERE Signature of employ | vorinlan anoncor | D-4 | F | | |
| Signature of employ | yen pian sponsor | Date | Enter name of individua | al signing as emp | ployer or plan sponsor |

| Form | EEAA | CE. | 2017 |
|------|------|-----|------|
| | | | |

Page 2

| 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan canrulf the plan is a defined benefit plan, is it covered under the PBGC in | an indepe and cond not use Fo | endent qualified public itions.) orm 5500-SF and mus | accoun | ntant (I | QPA) e Forn | n 5500. | 🗵 | Yes No Yes No |
|------|--|-------------------------------------|--|---------|----------|----------------|----------------|------------|---------------|
| 10 | If "Yes" is checked, enter the My PAA confirmation number from the | ne PBGC _I | premium filing for this p | plan ye | ar | | | (See i | nstructions.) |
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Yea | r | | (b) E | nd of Yea | r |
| a | Total plan assets | 7a | 1, | ,070, | 400 | | | | (|
| b | Total plan liabilities | 7b | | | 500 | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1, | ,069, | 900 | | | | (|
| 8 | Income, Expenses, and Transfers for this Plan Year | 1014 | (a) Amou | nt | | | (b |) Total | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 13, | 338 | | | | |
| | (2) Participants | 8a(2) | | 31, | 302 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | 1 | - | | |
| b | Other income (loss) | 8b | | 86, | 655 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 131,295 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 1, | 193, | 894 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | - 1 - 1 3 | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g | Other expenses | 8g | | 7, | 301 | | -31 | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | y Pil | | | | 1 | ,201,195 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -1 | ,069,900 |
| 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 2H 2J 2K 2R 3B 3D | feature co | odes from the List of Pi | an Cha | racteri | stic Co | des in the ir | structions | : |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Char | acteris | tic Cod | les in the ins | tructions: | |
| Part | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| a | Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary F | iduciary Correction | 10a | | х | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | ? (Do not | include transactions | 10b | | Х | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 75,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bo | nd, that was caused | 10d | | Х | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) | er person e or all of | s by an insurance the benefits under | 10e | | х | | | • |
| f | Has the plan failed to provide any benefit when due under the plan | 1? | | 10f | | х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | of year-e | end.) | 10g | | х | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | See instru | ctions and 29 CFR | 10g | | х | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 | e required | notice or one of the | 10i | | | | | ji H |

| Form | 5500-SF | 201 | 7 |
|---------|---------|-----|---|
| I OIIII | JJ00-3F | 201 | 1 |

| Page 3- | |
|---------|--|
| rage 3- | |

| Part | VI Pension Funding Compliance | | | | |
|--------|---|---------------|-------|----------------------|---------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below) | edule S | Ye | es No | |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | n 302 c | f | Ye | es 🛛 No |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver. | l enter Da | | f the letter Year | ruling |
| lf | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A |
| Part 1 | | | | | |
| 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 | | | 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | X Yes No | | | |
| C | 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): 13c(2) | ElN(s) | | 13c(3) F | PN(s) |
| | | | | | 11(4) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |