

Internal Revenue Service
District Director

Department of the Treasury

Date: October 30, 1987

Employer Identification Number:

91-1297853

Person to Contact:

L. Riedner

Contact Telephone Number:

206-442-8470

Everett School Employee Benefit
Trust
Box 2098 4730 Colby Ave
Everett, Wash 98203

To: L. Riedner

Here is a photocopy of the 1024 we
submitted to IRS PO Box 21224, Seattle
98111 in January 1987.

Thomas W. Staudacher, Administrator
(206) 339-4260 11/2/87

Your organization filed an exempt organization annual information return with the Fresno Ca Service Center. The service center has processed the return but has no record that the Internal Revenue Service has issued you a determination letter recognizing your exemption from Federal income tax. This office, therefore, has been requested to determine your proper filing requirement.

If you have not yet applied for recognition of exemption, you should complete an exemption application (Form 1023 or Form 1024, whichever is appropriate) and submit it to this office with a copy of this letter. Application forms are available at most Internal Revenue Service offices. If you previously submitted an application but never received a determination letter from the Service, please send us a copy of your application.

If you have previously been determined to be exempt from Federal income tax, send us a copy of the letter in which the Internal Revenue Service stated it had determined that your organization was exempt from tax. If your organization is an affiliated subordinate of a central organization and is covered by its group exemption letter, send us a copy of that letter.

If your organization was previously recognized as exempt from tax but has since changed its name, send us a copy of your Certificate of Amendment of the Articles of Incorporation endorsed by the Secretary of State showing the name change and any other organizational changes. In lieu of the above, send us a copy of the minutes of the meeting authorizing the name change if the organization is an unincorporated association, or an amended Indenture of Trust if the organization is a trust. Also, please notify us of each employer identification number you have used if you have used a number other than the one shown above.

When you reply, please provide the names and telephone numbers of your organization's officers who can be reached during business hours Monday through Friday. Address your response to the contact person named in the heading of this letter. An envelope is enclosed for your convenience.

(over)

If we do not receive your response within 30 days from the date of this letter, we will assume your organization is not exempt from tax. You will then be required to file Form 1120, U.S. Corporation Income Tax Return, as your annual tax return.

Thank you for your cooperation.

Sincerely yours,


District Director

Enclosures:

Copy of this letter

Envelope

Application for Recognition of Exemption
Under Section 501(a)
or for Determination Under Section 120

OMB No. 1545-0057

CLIENT'S COPY

Every organization must furnish the information specified. If any organization does not submit the information and financial data required, this application will not be considered on its merits, the organization will be notified accordingly, and the application may be returned. If you need more space for any item, you may attach additional statements. Show your name and employer identification number on all attachments.

Except as shown below, applicants must complete Parts I through IV. In addition, an organization must complete the schedule indicated below that relates to the Code section under which it is applying. If a part or a line item does not apply enter "N/A."

Central organizations applying for a group exemption letter—See Rev. Proc. 80-27, 1980-1 C.B. 677, or later revisions; or get Publication 557, Tax Exempt Status for Your Organization, available free at most Internal Revenue Service offices.

This application, if approved, will be open to public inspection. (See General Instructions.)

You must have an organizing instrument. If you do not have an organizing instrument, do not file this application.

- Check the appropriate box below:
- ☐ Section 501(c)(2)—Title holding organizations
 - ☐ Section 501(c)(4)—Civic leagues or other local associations of employees or local associations of employees (Schedule D)
 - ☐ Section 501(c)(5)—Labor, agricultural, or horticultural organizations
 - ☐ Section 501(c)(6)—Business leagues, chambers of commerce, real estate boards, etc.
 - ☐ Section 501(c)(7)—Social clubs
 - ☐ Section 501(c)(8)—Fraternal beneficiary societies, associations, or orders
 - ☒ Section 501(c)(9)—Voluntary employees' benefit organizations
 - ☐ Section 501(c)(10)—Domestic fraternal societies, associations, or orders
 - ☐ Section 501(c)(12)—Benevolent life insurance societies, associations, or orders
 - ☐ Section 501(c)(13)—Cemeteries, funeral homes, and like corporations (Schedule H, page 10)
 - ☐ Section 501(c)(15)—Mutual insurance companies or associations, other than life or marine (No Schedule required)
 - ☐ Section 501(c)(17)—Trusts providing for the payment of supplemental unemployment compensation benefits (Schedule I, page 11)
 - ☐ Section 501(c)(19)—A post, organization, auxiliary unit, etc. of past or present members of the Armed Forces of the United States (Schedule J, page 12)
 - ☐ Section 501(c)(20)—Trust/organization for pre-paid group legal services (Parts I, II, and Schedule M, page 13)
 - ☐ Section 120—Qualified group legal services plans (Parts I, II, and Schedule L, page 13)

Tom,
For your files.
LOCKITCH, CLEMENTS & RICE, P.S.
CERTIFIED PUBLIC ACCOUNTANTS

KENNETH L. CLENIN, C.P.A.
(206) 622-4253



534 Westlake Avenue North
Seattle, Washington 98109

(s), or local associations of employees

members (Schedule E, page 8)

enefits (Schedule E, page 8)

cooperative telephone companies, or

Part I.—Identification (See instructions)

1(a) Full name of organization

Everett School Employee Benefit Trust

1(b) Employer identification number (if none, see specific instructions)

91-1297853

2(a) Address (number and street)

4730 Colby Avenue

2(b) City or town, county, State, and ZIP code

Everett, WA 98023

4 Month the annual accounting period ends

June 30

7 Has the organization filed Federal income tax returns?

If "Yes," state the form number(s)

FYE 6/30/86 with Qd

the number (including area code) of person to be contacted for more information is needed

audacher (206) 339-4260

or formed

6 Activity codes (see back cover)

5

265

264

ation information returns? . . . ☒ Yes ☐ No

office where filed Form 990

Part II.—Type of Entity and Organizational Documents (See instructions)

Check the applicable entity box and attach a conformed copy of the organization's organizing document and bylaws.

- ☐ Corporation—Articles of incorporation and bylaws. ☒ Trust—Trust indenture. ☐ Other—Constitution or articles of association and bylaws.

Under the penalties of perjury, I declare that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge and belief it is true, correct and complete. (See General Instructions.)

John W. Morrell
(Signature)

Chairman

(Title or authority of signer)

1-9-87

(Date)

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Part III.—Activities and Operational Information

- 1 Are you the outgrowth or continuation of any form of predecessor(s)? ☐ Yes ☒ No

If "Yes," state the name of each predecessor, the period during which it was in existence, and the reasons for its termination. Submit copies of all papers by which any transfer of assets was effected.

- 2 Are you now or do you plan to be connected in any way with any other organization? ☐ Yes ☒ No

If "Yes," describe the organization and explain the relationship.

- 3 Give a detailed narrative description of the organization's past, present, and proposed future activities, and the purposes for which it was formed. The narrative should identify the specific benefits, services, or products the organization has provided or will provide. If the organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for it to become fully operational, and when such further steps will take place. (Do not state the purposes and activities of the organization in general terms or repeat the language of the organizational documents.) If you are engaged in any business or fund raising activity, describe in detail the nature and the scope of the activity. Attach copies of any agreements with other parties related to conducting the business or fund raising activity. State how each business activity engaged in contributed importantly to your exempt purposes.

The Trust was formed to provide group insurance benefits to employees of the Everett School District. The Trust receives contributions from the Everett School District, and premiums are paid for group insurance benefits for eligible participants. The types of insurance provided are described in Schedule F.

- 4 What are or will be the organization's sources of financial support? List in the order of size beginning with the largest source.

Employer contributions from the Everett School District.

Part III.—Activities and Operational Information (Continued)

5 List the names, titles and addresses of the officers, directors and trustees of your organization for the current year.

Annette Barca
14820 Cascadian Way
Lynnwood, WA 98037

Paul Sjunnesen
3503 - 103rd Place S. E.
Everett, WA 98204

John Morrill
2925 Lombard
Everett, WA 98201

Jeffrey Riddle
16728 N. E. 42nd Ct.
Redmond, WA 98082

Jean Rodby
4814 - 152nd Place S. E.
Bellevue, WA 98006

Guy Selby
8424 Eastview Drive
Everett, WA 98204

6 Do you have capital stock issued and outstanding? ☐ Yes ☒ No

If "Yes," state (1) class or classes of the stock, (2) number and par value of the shares, (3) consideration for which they were issued, and (4) whether any dividends have been paid or whether your creating instrument authorizes dividend payments on any class of capital stock.

7 State the qualifications necessary for membership in the organization, the classes of membership (with the number of members in each class) and the voting rights and privileges received. If any group or class of persons is required to join, describe the requirement and explain the relationship between those members and members who join voluntarily. Submit copies of any membership solicitation material. Posts or organizations applying under section 501(c)(19) and completing Schedule J, item 1(d), enter N/A here. Attach sample copies of all types of membership certificates issued.

Eligible participants for coverage are those for which a contribution has been made by the Everett School District.

8 Explain how your assets will be distributed on dissolution. (If State statutes, court decisions, organizing instruments, etc., determine the manner of distribution, state this and identify the statute, court decision, etc.) Posts or organizations applying under section 501(c)(19) and completing Schedule J, item 3(b), enter N/A here.

See Attached.

9 Have you made or do you plan to make any distribution of your property or surplus funds to shareholders or members? ☐ Yes ☒ No

If "Yes," state the full details, including (1) amounts or value, (2) source of funds or property distributed or to be distributed, and (3) basis of and authority for distribution or planned distribution.

Part III.—Activities and Operational Information (Continued)

- 10 Does, or will, any part of your receipts represent payments for services performed or to be performed? . . . ☐ Yes ☒ No
If "Yes," state in detail the amount received and the character of the services performed or to be performed.

- 11 Have you made, or do you plan to make, any payments to members or shareholders for services performed or to be performed? . . . ☒ Yes ☐ No
If "Yes," state in detail the amount paid, the character of the services, and to whom the payments have been, or will be, made. The Trust is administered by Thomas W. Staudacher, an employee of the Everett School District. The Trust reimburses the School District for these services at the rate of \$350 per month.

- 12 State the purpose(s), other than payment for services performed or supplies furnished, for which your funds are, or will be, spent. The funds are used to provide group insurance benefits to employees of the Everett School District.

- 13 Does, or will, any part of your net income inure to the benefit of any private shareholder or individual? . . . ☐ Yes ☒ No
If "Yes," explain in detail.

- 14 Do you have any arrangement to provide insurance for members, their dependents, or others (including provisions for the payment of sick or death benefits and pensions and annuities)? . . . ☒ Yes ☐ No
If "Yes," describe and explain the arrangement's eligibility rules and attach a sample copy of each plan document and each type of policy issued.

See attached.

- 15 Are you under the supervisory jurisdiction of any public regulatory body, such as: Social Welfare Agency, etc.? . . . ☐ Yes ☒ No
If "Yes," submit copies of all administrative opinions or court decisions regarding this supervision as well as copies of applications or requests for the opinions or decisions.

- 16 Are you now or do you plan to be the lessee of any property, or the lessor of property in which you own an interest? . . . ☐ Yes ☒ No
If "Yes," explain in detail. Include the amount of rent, a description of the property, and any relationship between your organization and the other party. Also, attach a copy of any rental or lease agreement.

- 17 Have you spent or do you plan to spend any money attempting to influence the selection, nomination, election or appointment of any person to any Federal, State, or local public office or to an office in a political organization? . . . ☐ Yes ☒ No
If "Yes," explain in detail and list the amounts spent or to be spent in each case.

Part IV.—Financial Data (See instructions)

Note: Complete separate financial statements for the current year and for each of the three years immediately before it. If in existence less than four years, complete the statements for each year in existence. If in existence less than one year, also provide proposed budgets for the two years following the current year.

Statement of Support, Revenue, and Expenses for the period beginning July 1, 1985, and ending June 30, 1986.

(If you prepare a statement of support, revenue, and expenses which is more descriptive and detailed than the statement below, you may submit that statement in place of this one.) See audited financial statement attached.

Support and Revenue			
1	Gross dues and assessments of members	1	
2	Gross contributions, gifts, etc.	2	
3	(a) Gross amounts derived from activities related to the organization's exempt purpose (attach schedule)		
	(b) Minus cost of sales (attach schedule)	3c	
4	(a) Gross amounts from unrelated business activities (attach schedule)		
	(b) Minus cost of sales (attach schedule)	4c	
5	(a) Gross amount received from sale of assets, excluding inventory items (attach schedule)		
	(b) Minus cost or other basis and sales expense of assets sold (attach schedule)	5c	
6	Investment Income (see instructions)	6	
7	Other revenue (attach schedule)	7	
8	Total support and revenue	8	
Expenses			
9	Contributions, gifts, grants, and similar amounts paid (attach schedule)	9	
10	Disbursements to or for the benefit of members (attach schedule)	10	
11	Compensation of officers, directors, and trustees (attach schedule)	11	
12	Other salaries and wages	12	
13	Interest	13	
14	Rent	14	
15	Depreciation and depletion	15	
16	Other expenses (attach schedule)	16	
17	Total expenses	17	
18	Excess of support and revenue over expenses (line 8 minus line 17)	18	
Balance Sheet			
(at the end of the period shown above)		Enter date	Ending date
Assets			
19	Cash (a) Interest bearing accounts	19a	
	(b) Other	19b	
20	Accounts receivable, net	20	
21	Inventories	21	
22	Bonds and notes (attach schedule)	22	
23	Corporate stocks (attach schedule)	23	
24	Mortgage loans (attach schedule)	24	
25	Other investments (attach schedule)	25	
26	Depreciable and depletable assets (attach schedule)	26	
27	Land	27	
28	Other assets (attach schedule)	28	
29	Total assets	29	
Liabilities			
30	Accounts payable	30	
31	Contributions, gifts, grants, etc., payable	31	
32	Mortgages and notes payable (attach schedule)	32	
33	Other liabilities (attach schedule)	33	
34	Total liabilities	34	
Fund Balances or Net Worth			
35	Total fund balances or net worth	35	
36	Total liabilities and fund balances or net worth (line 34 plus line 35)	36	

If there has been any substantial change in any aspect of your financial activities since the period shown above ended, check the box and attach a detailed explanation ☐

Schedule A Organizations described in section 501(c)(2) (Title holding corporations)

- 1 State below the complete name, address and employer identification number of each organization for which title to property is held and the number and class(es) of shares of your stock held by each organization.

- 2 If within the past five years shares of stock in your organization have been held by persons other than organizations listed in 1 above, list below the names and addresses of these persons. Also, show the number and class(es) of shares of capital stock held by each person, the years held, the dividends payable in each year and the dates paid.

- 3 State whether the net annual income is or will be turned over to the organization for which title to property is held and if not, the purpose for which the income is or will be held.

- 4 State the purpose(s) of each organization for which title to property is held as shown in its governing instrument and the Code section(s) under which each is classified as exempt from Federal income tax.

Schedule B Organizations described in section 501(c)(4) (Civic leagues, social welfare organizations (including posts, councils, etc. of veterans' organizations not qualifying or applying for exemption under section 501(c)(19)) or local associations of employees.)

- 1 Have you engaged in or do you plan to engage in any activities on behalf of or in opposition to any candidate for public office? ☐ Yes ☐ No
If "Yes," describe in detail the nature and extent of the activities.

- 2 Has the Service previously issued a ruling or determination letter recognizing you (or any predecessor organization listed in item 1 of Part III) to be exempt under section 501(c)(3) and later revoked that recognition of exemption on the basis that you (or your predecessor) were carrying on propaganda or otherwise attempting to influence legislation? ☐ Yes ☐ No
If "Yes," indicate the earliest tax year for which recognition of exemption under section 501(c)(3) was revoked and the IRS District office that issued the revocation.

- 3 Do you perform or do you plan to perform (for members, shareholders, or others) particular services, such as maintaining the common areas of a condominium, buying food or other items on a cooperative basis, providing recreational facilities or transportation services, job placement, or other similar undertakings? ☐ Yes ☐ No
If "Yes," explain the activities in detail, including income realized and expenses incurred. Also, explain in detail the nature of the benefits to the general public from these activities. (If the answer to this question is explained in Part III (pages 2, 3, and 4), enter the page and item number here.)

- 4 If you are claiming exemption as a local association of employees, state the name and address of each employer whose employees are eligible for membership in the association. If employees of more than one plant or office of the same employer are eligible for membership, give the address of each plant or office.

Schedule C Organizations described in sections 501(c)(5) (Labor, agricultural, including fishermen's organizations, or horticultural organizations) and 501(c)(6) (Business leagues, chambers of commerce, etc.)

- 1 Describe any services you perform or plan to perform for members or others. These services may include furnishing credit reports, collecting accounts, inspecting products, conducting advertising, buying or selling merchandise or other similar undertakings. (If the description of the services is contained in Part III (pages 2, 3, and 4), enter the page and item number here.)
- 2 Submit representative copies of any publications (newsletters, trade journals, yearbooks, membership directories, etc.) distributed to members or other interested parties.
- 3 Fishermen's organizations only.—What kinds of aquatic resources (not including mineral) are cultivated or harvested by those eligible for membership in your organization? (Fishermen's organizations are eligible only for tax years ending after December 31, 1975.)
- 4 Labor organizations only.—If you are organized under the terms of a collective bargaining agreement, attach a copy of the latest agreement.

Schedule D Organizations described in section 501(c)(7) (Social clubs)

- 1 Have you entered or do you plan to enter into any contract or agreement for the management or operation of your property and/or activities, such as restaurants, pro shops, lodges, etc.? ☐ Yes ☐ No
If "Yes," attach a copy of the contract or agreement. If one has not yet been drawn up, please explain your plans below.
- 2 Do you seek or plan to seek public patronage of your facilities by advertisement or otherwise? ☐ Yes ☐ No
If "Yes," attach sample copies of the advertisements or other requests. If you have none as yet, please explain your plans below.

Schedule D (Continued)

- 3(a) Are nonmembers other than guests of members permitted or will they be permitted to use the club facilities or participate in or attend any functions or activities conducted by the organization? ☐ Yes ☐ No
If "Yes," describe the functions or activities in which there has been or will be nonmember participation or admittance. (Submit a copy of your house rules, if any.)

- (b) State the amount of nonmember income included in Part IV, lines 3 and 4 _____
(c) Enter the percent of gross receipts from nonmembers for the use of club facilities* _____ %
(d) Enter the percent of gross receipts received from investment income and nonmember use of the club's facilities* _____ %

* Gross receipts, for the purposes of this part of question 3, includes all income other than initiation fees, contributions to capital, and amounts received from unusual transactions, such as from the sale of club owned real estate.

- 4(a) Does your charter, bylaws, other governing instrument, or any written policy statement of your organization contain any provision which provides for discrimination against any person on the basis of race, color, or religion? ☐ Yes ☐ No
(b) If "Yes," state whether or not this provision will be kept.

- (c) If you have such a provision which will be repealed, deleted, or otherwise stricken from your requirements, state when this will be done _____
(d) If you formerly had such a requirement and it no longer applies, give the date it ceased to apply _____
(e) If the organization restricts its membership to members of a particular religion check here and attach the explanation specified in the instructions ☐

Schedule E Organizations described in sections 501(c)(8) or 501(c)(10) (Fraternal societies, orders, or associations)

- 1 Are you a college fraternity or sorority or chapter of a college fraternity or sorority? ☐ Yes ☐ No
If "Yes," read the instructions for Schedule E before completing any more of this Schedule.
2 Does (or will) your organization operate under the lodge system? ☐ Yes ☐ No
If "No," does (or will) it operate for the exclusive benefit of the members of an organization operating under the lodge system? ☐ Yes ☐ No
3 In the case of a subordinate or local lodge, etc., attach a certificate signed by the secretary of the parent organization, under the seal of the organization, certifying that the subordinate lodge is a duly constituted body operating under the jurisdiction of the parent body.
4 In the case of a parent or grand lodge, attach a schedule for each subordinate lodge in active operation showing: (a) its name and address, (b) the number of members in it, and (c) how often it holds periodic meetings.

Schedule F Organizations described in section 501(c)(9) (Voluntary employees' beneficiary associations)**1** Describe below the benefits available to members.

The Trust provides for medical, dental life and accidental death and dismemberment and long-term and short-term disability benefits to participating employees.

2 Are any employees or classes of employees entitled to benefits to which other employees or classes of employees are not entitled? ☒ Yes ☐ No
If "Yes," explain.

The type of benefit an employee is entitled to depends upon the employee's full time equivalent (FTE) rating. See attachment for the benefits of different FTE's.

3 State the total number of persons entitled to receive benefits (do not include dependents of employees) . . . ▶ 1033

4 State the number of persons, if any, other than employees and their dependents (for example, the proprietor of a business whose employees are members of the association) who are entitled to receive benefits . . . ▶ None

Schedule G Organizations described in section 501(c)(12) (Benevolent life insurance associations, mutual ditch or irrigation companies, mutual or cooperative telephone companies, or like organizations)**1** For each annual accounting period that you are claiming exemption attach a schedule listing:

- (a) The total amount of gross income received from members or shareholders.
- (b) The total amounts of gross income received from other sources, by source. (Do not net amounts due to or paid to other sources against amounts due from or received from them.) Mutual or cooperative electric companies should show separately the gross amount of income received from "qualified pole rentals." Mutual or cooperative telephone companies should show separately the gross amount of income received from nonmember telephone companies for performing service that involves their members, income received from the sale of display advertising in a directory furnished to their members, and income received from "qualified pole rentals."

2 If you are claiming exemption as a local benevolent insurance association, state:

- (a) The counties from which members are accepted or will be accepted.

- (b) Whether stipulated premiums are or will be charged in advance or whether losses are or will be paid solely through assessments.

3 If you are claiming exemption as a "like organization," explain how you are similar to a mutual ditch or irrigation company or a mutual or cooperative telephone company.

Schedule G (Continued)

- 4 Are the rights and interests of members in your annual savings determined in proportion to their business with you? ☐ Yes ☐ No
If "Yes," do you keep the records necessary to determine at any time each member's rights and interests in such savings, including assets acquired with the savings? ☐ Yes ☐ No
- 5 If you are a mutual or cooperative telephone company and have contracts with other systems for long-distance telephone services, attach copies of the contracts.

Schedule H Organizations described in section 501(c)(13) (Cemeteries, crematoria, and like corporations)

- 1 Attach the following documents:
- (a) Complete copy of sales contracts or other documents, including any "debt" certificates, involved in acquiring cemetery or crematorium property.
 - (b) Complete copy of any contract you have that designates an agent to sell your cemetery lots.
 - (c) A copy of the appraisal (obtained from a disinterested and qualified party) of the cemetery property as of the date acquired.
- 2 Do you have or do you plan to have a perpetual care fund? ☐ Yes ☐ No
If "Yes," attach a copy of the fund agreement and explain the nature of the fund (cash, securities, unsold land, etc.).
- 3 If you are claiming exemption as a perpetual care fund for an organization described in section 501(c)(13), has the cemetery organization for which funds are held established exemption under that section? ☐ Yes ☐ No
If "No," explain.

Form 1024, Schedule F, Question 2

EVERETT SCHOOL DISTRICT NO. 2
PERSONNEL DEPARTMENT

EVERETT, WASHINGTON

TO: ALL EMPLOYEES

FROM: PERSONNEL DEPARTMENT

DATE: SEPTEMBER 3, 1985

RE: OPEN ENROLLMENT PERIOD FOR BENEFITS

September and October are "open" months for employee benefit enrollments and changes. These enrollments and changes are due in the Personnel Office by September 16, and October 15 to be processed for the months of September and October respectively.

The Everett School Employee Benefit Trust provides \$179 per full time equivalent (1.000 FTE) employees to pay premiums for the following benefits:

If your FTE is ---->		1.000	.900- .999	.750- .899	.330- .749	.000 .329
You are covered for---->	Dental ¹	Yes	Yes	Yes	Yes	No
	LTD ²	Yes	Yes	Yes	No	No
	Life/AD&D ³	Yes	Yes	No	No	No
You are eligible for---->	Medical ⁴	Yes	Yes	Yes	Yes	No

¹Full family dental coverage is mandatory for all employees with a benefit FTE of .330 or greater.

²LTD coverage is mandatory for all employees with a benefit FTE of .750 or greater.

³Life/AD&D (\$50,000) coverage is mandatory for all employees with a benefit FTE of .900 or greater.

⁴Medical coverage is optionally available to all employees with a benefit FTE of .330 or greater.

The Everett School Employee Benefit Trust offers three medical plans to choose from: SCPC Plan I, SCPC Plan II, and Group Health. Coverage comparison charts are attached. SCPC Plans I and II are full family coverages. Group Health is offered on a tiered premium basis (thus the amount of your payroll deduction for this medical plan will depend on the number of dependents you enroll). Effective October 1 (September payroll) deductions for dependent coverage with Group Health are:

Employee + Spouse	\$23.42 per month
Employee, Spouse + Children	\$27.20 per month
Employee + Children	\$16.09 per month

Part III, Section 8

Upon termination of the Trust for any reason, the Trustees shall make such distributions as they deem appropriate, after reserving from the assets of the Fund such amount as they reasonably shall deem necessary to provide for any sums chargeable against the Fund for which the Trustees may be liable, or for payment of expenses in connection with the settlement of their accounts or otherwise, except the assets of the Fund upon such termination shall be used solely for providing benefits to participants and their dependents and beneficiaries and no part of the net earnings of the Fund shall inure, other than by payment of benefits, to the benefit of any private shareholder or individual.