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 section 6058(a) of the Internal Revenue Code (the Code).

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

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

For	Part I Annual Report Identification Information							
	r calendar plan year 2009 or fiscal plan year beginning 01/01/2	009	and ending	2/31/2	2009			
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	final retur	final return/report					
	an amended return/report	nths)						
C	Check box if filing under:	H	extension	,	DFVC program			
Ū	special extension (enter descri	emeneral.						
D:	art II Basic Plan Information—enter all requested info	,						
	Name of plan	IIIauon		1b	Three-digit			
	E PAVING CO., INC. 401(K) PLAN				plan number			
					(PN) • 001			
				1c	Effective date of plan			
22	Dian ananagra nama and address (ampleyer if for single ample	(or plan)		2h	01/01/1995			
	Plan sponsor's name and address (employer, if for single-employ EPAVING CO., INC.	rei piari)		20	Employer Identification Number (EIN) 91-0869307			
	,			2c	Plan sponsor's telephone number			
	. BOX 2027 VERDALE, WA 98383				360-479-4200			
SILV	VERDALE, WA 90303			2d	Business code (see instructions) 238900			
3a	Plan administrator's name and address (if same as Plan sponsor	, enter "Same	3")	3b	Administrator's EIN			
	E PAVING CO., INC. P.O. BOX				91-0869307			
	GIEVERD.	ALL, WA 300	55	3с	Administrator's telephone number 360-479-4200			
4	If the name and/or EIN of the plan sponsor has changed since the	last return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Spor		, ,					
				4c				
	Total number of participants at the beginning of the plan year			5a	28			
b	' ' '			5b	16			
С	Total number of participants with account balances as of the end complete this item)		·	5c	14			
6a	·				X Yes No			
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
	Are you claiming a waiver of the annual examination and report	of an indeper	dent qualified public accountant (IQ	PA)				
-	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil	of an indeper ty and condit	dent qualified public accountant (IQ ons.)	PA) 				
	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use	of an indeper ty and condit	dent qualified public accountant (IQ ons.)	PA) 				
Pa	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil lf you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information	of an indeper ty and condit	dent qualified public accountant (IQ ons.)SF and must instead use Form 55	PA) 	Yes No			
Pa	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities	of an indeper ty and condit Form 5500-	dent qualified public accountant (IQ ons.)SF and must instead use Form 55	PA) 00.				
7 a	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities	of an indeper ty and condit Form 5500-	dent qualified public accountant (IQ ons.)SF and must instead use Form 55	PA) 00.	(b) End of Year			
7 a	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil lf you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets	of an indeper ty and condit Form 5500- 	dent qualified public accountant (IQ ons.)SF and must instead use Form 55	PA) 00.	(b) End of Year			
Pa 7 a b	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets	of an indeper ty and condit Form 5500- 7a 7b	dent qualified public accountant (IQ ons.)	PA) 00.	(b) End of Year 839797			
Pa 7 a b	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	of an indeper ty and condit Form 5500- 7a 7b 7c	dent qualified public accountant (IQ ons.)	PA) 00.	(b) End of Year			
Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	of an indeper ty and condit to Form 5500- 7a 7b 7c 8a(1)	dent qualified public accountant (IQ ons.)	PA) 00.	(b) End of Year 839797			
Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets	of an indeper ty and condit a Form 5500- 7a 7b 7c 8a(1) 8a(2)	dent qualified public accountant (IQ ons.)	PA) 00.	(b) End of Year 839797			
Pa 7 a b c	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3)	dent qualified public accountant (IQ ons.)	PA) 00.	(b) End of Year 839797			
7 a b c 8 a	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8b	dent qualified public accountant (IQ ons.)	PA) 00.	(b) End of Year 839797 (b) Total			
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8b	dent qualified public accountant (IQ ons.)	PA) 00.	(b) End of Year 839797			
7 a b c 8 a	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil lif you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8b 8c	dent qualified public accountant (IQ ons.)	PA)	(b) End of Year 839797 (b) Total			
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Pa 7 a b c 8 a b c d e	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil lif you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	of an indeper ty and condit s Form 5500- 7a	dent qualified public accountant (IQ ons.)	PA)	(b) End of Year 839797 (b) Total			
Part 7 a b c c d b c d f	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets	of an indeper ty and condit a Form 5500- 7a	dent qualified public accountant (IQ ons.)	PA)	(b) End of Year 839797 (b) Total			
Part of the second seco	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil lif you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 8a(1) 8c 8c 8d 8c 8f 8h	dent qualified public accountant (IQ ons.)	PA)	(b) End of Year 839797 (b) Total			

Dorf IV	Dian	Characteristics
Part IV	Plan	Characteristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D

D	11 1111	plan provides wellare benefits, effect the applicable wellare featu	are codes from the	List of Flatt Chara	Clens	lic Co	ues III	uic ilisuu	cuoris.		
Part	٧	Compliance Questions									
10	Dur	ng the plan year:				Yes	No		Amoun	t	
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar		10a		X					
b		e there any nonexempt transactions with any party-in-interest? (D ne 10a.)		·	10b		X				
С	Wa	s the plan covered by a fidelity bond?			10c	X				83980	
d		the plan have a loss, whether or not reimbursed by the plan's fidel ishonesty?	10d		X						
	insı	e any fees or commissions paid to any brokers, agents, or other p rance service or other organization that provides some or all of the outtions.)	10e		X						
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	X				25483	
_	If th	is is an individual account plan, was there a blackout period? (See	e instructions and 2	9 CFR	10h		X				
i		th was answered "Yes," check the box if you either provided the respitions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part '	VI	Pension Funding Compliance									
		is a defined benefit plan subject to minimum funding requirements							. T	es No	
12	ls t	nis a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Y	es X No	
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,								
		vaiver of the minimum funding standard for a prior year is being ar ting the waiver.									
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME					Day		Teal _		
		r the minimum required contribution for this plan year		-			12b				
		er the amount contributed by the employer to the plan for this plan				1	12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the	result (enter a mine	us sign to the left	of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the f	unding deadline?					Yes	No	N/A	
Part '	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Υ	es X No	
		es," enter the amount of any plan assets that reverted to the emplo	, , ,			Γ	13a		<u> </u>	<u> </u>	
	Wei	e all the plan assets distributed to participants or beneficiaries, traile PBGC?					ontrol	l	Y	es X No	
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to	1				
1;	13c(1) Name of plan(s):					13	c(2) El	N(s)	130	(3) PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	ıse is	establ	ished.			
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retu	ırn/re	oort, ir	cludin	g, if applic			
SIGN	F	led with authorized/valid electronic signature.	10/07/2010	RONALD A. YING	SLING	NG					
SIGN HERE Signature of plan administrator Date Enter name of in					ndividual signing as plan administrator						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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 section 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

2009

This Form is Open to Public Inspection

Pa	Part I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning and ending								
A	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan					
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	year return/report (less than 12 mor	onths)						
C	Check box if filing under: X Form 5558	automatic	extension	DFVC program					
	special extension (enter description	n)							
Pa	rt II Basic Plan Information—enter all requested informa	ation		-					
	Name of plan	71		1b	Three-digit				
ACE	PAVING CO, INC. 401(K) PLAN				plan number				
	*		•	4 -	(PN) 001				
				10	Effective date of plan 01/01/1995				
	Plan sponsor's name and address (employer, if for single-employer PAVING CO., INC.	plan)		2b	Employer Identification Number (EIN) 91-0869307				
, , , , , , , , , , , , , , , , , , , ,				2c	Plan sponsor's telephone number				
PO	BOX 2027				360-479-4200				
SILV	ERDALE WA 98383			2d	Business code (see instructions) 238900				
3a SAM	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's EIN 91-0869307				
(27.414.)				3с	Administrator's telephone number				
4 1	the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4b	360-479-4200 EIN				
)	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	PN				
5a	Total number of participants at the beginning of the plan year	5a	28						
b	Total number of participants at the end of the plan year			5b	16				
С	Total number of participants with account balances as of the end of complete this item)	the plan y	ear (defined benefit plans do not	5c	14				
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No				
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IQI	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo				X Yes No				
Pa	rt III Financial Information)	or and must instead use Form 550	UU.					
7	Plan Assets and Liabilities	I-****	(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	937536	-	839797				
b	Total plan liabilities	7b			300707				
С	Net plan assets (subtract line 7b from line 7a)	7c	937536		839797				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:		in secondary		(5) 10441				
	(1) Employers	8a(1)	9052	<u>52</u>					
	(2) Participants	8a(2)	12235	35					
7 9 5	(3) Others (including rollovers)	8a(3) 8b		4					
b	Other income (loss)	150340	<u> </u>						
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		4	171627				
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	242909						
е	Certain deemed and/or corrective distributions (see instructions) \ldots	8e	23858						
f	Administrative service providers (salaries, fees, commissions)	service providers (salaries, fees, commissions) 8f 259							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			269366				
i	Net income (loss) (subtract line 8h from line 8c)	8i			-97739				
J	Transfers to (from) the plan (see instructions)	8i							

1

Form		

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 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

100 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)	D.J.	.,	Complement Out of the complement of the compleme		The Second Conference						
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CPR 2510-192? (See instructions and DCL violuriary Fideiany Cornection 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 fideiity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesery? e Wore any feas or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or aft of the benefits under the plan' (See instructions) J 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.). If 16h we 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.). If 17h was environed "Yes," chack the box if you either provided the required notice or one of the acceptions to providing the notice applied under 29 CPR 2520.101-3. If 18h was environed "Yes," chack the box if you either provided the required notice or one of the acceptions to providing the notice applied under 29 CPR 2520.101-3. If 18h was administration by the end of the plan's complete its any providing the notice applied under 29 CPR 2520.101-3. If 18h was administration by providing the notice applied under 29 CPR 2520.101-3. If 18h was administration by providing the notice applied under 29 CPR 2520.101-3. If 20 Is this a defined contribution plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Porm 5500). If Yes, "complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a was a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. If yes In No III Yes, "enter the amount			Compliance Questions								
28 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)			2 TO 10 TO 1			Yes	No	A	mount		
on line 10g.)		29 (CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	m)	10a		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Wore 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 bisnelfits under the plan? (See instructions) I have any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides one or all of the bisnelfits under the plan? (See instructions and 29 CFR 2520.101-3). If his the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 2520.101-3). If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). If this 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. If it was a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5000). I is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes & No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicables.) If was a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes & No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicables.) If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. In the amount in line 12b to the plan page.	b	Were	e there any nonexempt transactions with any party-in-interest? (Do ne 10a.)	not include transa	ctions reported	10b		х	~~~		
or dishonesty?	C	C Was the plan covered by a fidelity bond?									83980
Insurance service or of lither organization that provides some or all of the benefits under the plan? (See instructions.)	d										
g Did the plan have any participant loans? (If 'Yes," enter amount as of year end.)	е	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									
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 2520.101-3.) 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 Part VI Pension Funding Compliance 11 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). 12 Is this a defined benefit plan subject to minimum funding requirements of section 412 of the Code or section 302 of ERISA?	f	Has	the plan failed to provide any benefit when due under the plan?			10f		Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 2520.101-3.) 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 Part VI Pension Funding Compliance 11 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). 12 Is this a defined benefit plan subject to minimum funding requirements of section 412 of the Code or section 302 of ERISA?	g	Did I	the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)		10a	Х		Will .	7.10-00-0	25483
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	h	If thi	s is an individual account plan, was there a blackout period? (See i	instructions and 29) CFR			×			
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	i	If 10	h was answered "Yes," check the box if you either provided the rec	quired notice or one	e of the						,
It is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form	Part	VI	Pension Funding Compliance							7,100	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	11	is thi	is a defined benefit plan subject to minimum funding requirements?	? (If "Yes," see inst	ructions and com	plete	Sched	ule SB	(Form	☐ Yes	П No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	12									ऱ—	
a if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. If 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	Savera				1412 Of the Code	UI 56	CHOILS	002 01 6	INIOA!	□ 163	∆ 140
granting the waiver. Month Day Year If 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 c Enter the amount contributed by the employer to the plan for this plan year. 12c d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Yes No N/A Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior 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? 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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) to which assets or liabilities were transferred (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB completed and signed dylan enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true of plan administrator Date Enter name of individual signing as plan administrator Date Enter name of individual signing as plan administrator	а				. voor soo instru	olione		minu il		1-44	
If 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	<u>.</u>	gran	ling the waiver.	ioruzeu in inis piar	Mon	uons, th	and e	nter in Dav	e date or the Y	letter ruii ear	ing
C Enter the amount contributed by the employer to the plan for this plan year	lf y	оц с	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.	****			·		*
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). e Will the minimum funding amount reported on line 12d be met by the funding deadline?	b	Ente	r the minimum required contribution for this plan year	***************************************		•••••	[12b			
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)	С	Ente	r the amount contributed by the employer to the plan for this plan y	/ear				12c			
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?	d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the r	result (enter a minu	s sign to the left	of a		12d			
Has a resolution to terminate the plan been adopted during the plan year or any prior year?	е	Will	the minimum funding amount reported on line 12d be met by the fu	ınding deadline?					Yes	No	N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	Part	VII	Plan Terminations and Transfers of Assets								*
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior year	r?				1/20	☐ Yes	X No
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								746.95		Ц	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Sign Konald A YingLing Enter name of individual signing as plan administrator Sign Leger Sign Leger Leger Enter name of individual signing as plan administrator	b	Were	e all the plan assets distributed to participants or beneficiaries, tran	sferred to another	plan, or brought	under	the co	ontrol		☐ Yes	No.
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		- 1	Signature of employer/plan sponsor	Date	Enter name of in	ndividu	ual sig	ning as	employer o	r plan spo	nsor