Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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

2015

This Form is Open to Public Inspection

Part I Annual Report	t Identification Information								
For calendar plan year 2015 or f	iscal plan year beginning 01/01/2	2016 and ending 04	4/18/2016						
A This return/report is for:	Image: A single structure of the contraction of the contr								
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)						
C Check box if filing under:	Form 5558 special extension (enter descr	automatic extension	DFVC p	program					
Part II Basic Plan Info	ormation—enter all requested in	formation							
1a Name of plan LOMBINO MARTINO, P.S. 401(K	·		1b Three-digit plan numbe (PN) ▶	r 001					
			1c Effective da	te of plan 09/01/2005					
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post			entification Number 05-0625260					
OMBINO MARTINO, P.S.	ce, country, and zir or loreign post	al code (ii foreign, see instructions)	2c Sponsor's telephone number 253-830-2700						
0009 59TH AVE S.W. AKEWOOD, WA 98499-2775		2d Business code (see instructions) 541110							
3a Plan administrator's name a	and address XSame as Plan Spons	sor.	3b Administrato	or's EIN or's telephone number					
	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
a Sponsor's name			4c PN						
5a Total number of participants	s at the beginning of the plan year		5a	36					
	s at the end of the plan year		5b	0					
·	• •	the plan year (defined benefit plans do not	5c	0					
d(1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1)	36					
		ar	5d(2)	0					
Number of participants that than 100% vested	t terminated employment during the	plan year with accrued benefits that were less	5e	0					
		n/report will be assessed unless reasonable cau							
SB or Schedule MB completed a belief, it is true, correct, and com	and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/reparate well as the electronic version of this return/report	t, and to the best o						

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes	<u></u>
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes]No [] N	Not deter	mined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of	Year	
a Total plan assets	7a			890					0
b Total plan liabilities	7b			983					0
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A		907			(b) To	-1	0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Tot	aı	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		9	936					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							99	936
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		705	943					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		1	900					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7078	343
i Net income (loss) (subtract line 8h from line 8c)	8i							-6979	907
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instruction	ns:	
10 During the plan year:				Yes	No	N/A	,	Amount	
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest			40h		X				
reported on line 10a.) C Was the plan covered by a fidelity bond?			10b						
			10c	X					100000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					Х				
g Did the plan have any participant loans? (If "Yes," enter amount a			10f		X				
h If this is an individual account plan, was there a blackout period?	•	,	10g		^				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.	•		10i						
j Did the plan trust incur unrelated business taxable income?	<u></u>		10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	s No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of EF	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP			
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No			
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	," enter amount	·····	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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Department of Labor Employer Benefits Security Administration Sension Benefil Guaranty Corporation

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This form is required to be filled 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 6500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Market Annual Repor	t identification informati		CANADA III A A MARA TAN GARAGANA		- 4447-4-
For calendar plan year 2015 or	The state of the s	01/01/2016	and ending	04/18/20	
	a single-employer plan	a multiple-employer p	olan (not multlemployer)	(Filers checking this	box must atlach a
A This return/report is for:	a one-participant plan	list of participating en	nployer information in a	ccordance with the for	m Instructions)
B This return/report is	the first return/report	X the final return/report			
	an amended return/report	X a short plan year retur	n/report (less than 12 m	onths)	
C Clical hay letting under			mroport (loco mair 12 ii	_	
C Check box if filling under:	Form 5558	automatio extension		☐ DFVC pro	gram
	special extension (enter de	, - ,			
Part II Basic Plan Inf	ormation—enter all requested	I Information		MA 100 NO 6	
1a Name of plan LOMBINO MARTINO, P.	s. 401(K) PLAN			1b Three-digit plan number (PN) ▶	001
Y-10				1c Effective date 09/01/200	
2a Plan sponsor's name (empl	oyer, if for a single-employer plan	n)	**************************************	2b Employer Iden	time and the sale of the sale
City or town, state or proving	om, apt., suile no. and street, or l ce, country, and ZIP or foreign p	P.O. Box) ostal code (if foreign, see inch	riationis	(EIN) 05-06	
LOMBINO MARTINO, P	.S.	porer code (ii intelBit! 344 iil9ti	uctions)	2c Sponsor's tele	
				253-830-2	Charles and the second second second second
10009 59TH AVE S.W	K.			2d Business code 541110	(see instructions)
			r	341110	
LAKEWOOD	WA 98499-2		100 to	Laptionia in the other in	on the Police of the State of t
3a Plan administrator's name a	ind address Same as Plan Sp	onsor,	WidWathard - Mpore I	3b Administrator's	EIN
			4	3c Administrator's	telephone number
A If the name and the Fibt of the	The second second second		19((3)-193-)		
name, EIN, and the plan nu	e plan sponsor has changed sinumber from the last return/report.	be the last return/report filed for	or this plan, enter the	4b EIN	1174 TW 117 T-2501-464
a Sponsor's name		d La composition de la	11.00	4c PN	INTERIOR TO THE CONTRACTOR OF
5a Total number of participants	at the beginning of the plan yea	¥7,,		5a	36
b Total number of participants	at the end of the plan year			5b	0
C Number of participants with	account balances as of the end	of the plan year (defined hene	ofit plans do not	A 100 MAN	
complète this item)	and the state of t	aranikakista dibbaran supram oring aran ili dan mang.	is conditional and a second	5c	.0
d(1) Total number of active pa	inticipants at the beginning of the	plan year	constituente propries	5d(1)	36
d(2) Total number of active pa	articipents at the end of the plan	yearyeye	ricios area a regionario di calcini di incola	5d(2)	O
 Number of participants that 	terminated employment during:t	he plan year with accrued her	aefite that were lose	5e	
	or incomplete filling of this ret				<u>0</u>
under penalies of partity and of	not benailing set forth in the line!	citetiano I dodiner that I become	my make and Male water and	Company of the Compan	cable, a Schedule
bellet, it is true, correct, and com		r, as well as the electronic ver	sion of this return/report	, and to the best of m	y knowledge and
		10/2/1	JOSEPH J.M. LO	NAD TNO	
HERE Signature of plan		5/2/16	Commence of the second		
THIRD INDIVIDUAL TO THE PARTY OF THE PARTY O	idministratok	Date /	Enter name of Individu	ual algning as plan ad	ministrator
HERE Signature of emplo			La Carriera de Antalación		
	yer/plan sponsor	Date	Enter name of Individu	ia) signing as employ	er or plan sponsor
Preparer a name (including firm r	name, if applicable) and address	finding com or solle numbe	r;)	Preparer's telephone	number
• 0					
		ä			
(4)	TO BE AND CONTRACT OF CONTRACT OF CHARACTERS	Acceptation and a contract of the contract of			

	Form 5500-SF 2015		Page 2		111-00-1							
6a 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 2520:104-467 (See instructions on waiver eligibility. If you answered "No" to either tine 8a or line 6b, the plan cannot be plan be a defined benefit plan, is it covered under the PBGC in	an independ and:condition ot use Form	ent qualified public ans.) ns.)	eccount www.ne tinste	ant (10	PA) Forn		igeisticeay	_ ;	X Ye	\$ []	No No
ALCOHOLDS !	MUIII Financial Information				-	-						_
7	Plan Assets and Liabilities					-		Marie Service				
a	And the second s	ANTAUNIA DIN	(a) Beginning		9989			(b) E	nd of	rear	(ii)	- 0
b	Total plan liabilities	78		100	198	-		undari	160			0
	Net plan assets (subtract line 7b from line 7a)	7b	AND THE STREET, STREET	6	9790	-	<u> </u>	***************************************		-	-	-
-	CARL MINE TO SEE THE PROPERTY OF THE PROPERTY	7g	Map our reason of the	-	3730							<u>, v</u>
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amoi	unt	10.24	0			s) Tota			
· Annual in the	(2) Participants	8a(2)				0	12174				M	
	(3) Others (including rollovers)	8a(3)	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Chief Con	6. 30.277	0 11			13146	ALC:		
b	Other Income (fess)	8b		200	993	6						
	Total Income (add lines 8g(1), 8a(2), 8a(3), and 8b)	8c 8	THE REPORT OF		Min	25			and in the	sancau.	9	936
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7	0594	3						
е	Certain deemed and/or corrective distributions (see instructions)	8e		3.5(1955)		0						
f	Administrative service providers (salaries, fees, commissions),	Bf			190	0 翻					Mile.	MAR
_ 8	Other expenses	- Bg	tas Igrijas vastus sus	GO OF THE	e di kacam	N.						Ma.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			nika i		1	50,000 3000-00-00-00			707	843
1	Net income (loss) (subtrast line 8h from line 8c)	81 9				M.	de les ros	Transper	e energie	-	697	907
j	Transfers to (from) the plan (see instructions)	81				553						
В	3D 2A 2E 2F 2G 2J 2T 2K If the plan provides welfare benefits, enter the applicable welfare to	ature codes	from the List of Plan	n Chara	cterist	lc Coi	dés In I	he instr	uctions	i.		
Par					,		,					
10	During the plan year:				Yes	No	N/A		Aı	noun		-122
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's V Program)	oluntary Fld	clary Correction	10a		х						
b		(Do not Inc	lude transactions	10b		X						
, description of	Was the plan covered by a fidelity bond?			10c	X	600		N -			10	0.0.0
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	that was caused	10d		х			den en interi	Coffee and	W. Carrier	x + 33444
е	Were eny fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons b	y an insurance	10e	the statement of the st	х						
, f	Has the plan falled to provide any benefit when due under the plan			10f		x						-
g	Did the plan have any participant loans? (If "Yes," enter amount as		Application of the Control of the Co	10g	-	Х	o la aug		100	donii.	STITL	15177
h		See instructi	one and 29 CFR	10h		Х						
1	If 10h was answered "Yes," check the box if you either provided the exceptions to previding the notice applied under 29 GFR 2520.101	e regulred n	olice or one of the	101:								
J	Did the plan trust incur unrelated business taxable income?		APER SANCTON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADD	101		(* * * * * * * * * * * * * * * * * * *	- Tricial	-			in mile	- KUSS
Part	MP Pension Funding Compliance			Col	لتحسنا	-		Lagran	N. A.	10. 11.	-	
11	is this a defined benefit plan subject to minimum funding requirement	ents? (If "Ye	s," see instructions a	and con	nplete	Sched	lule SE	(Form	T	T Ye	, m	No
11a	5500) and line 11a below)	Schoolule Sp	(Essentation)	ozeilaren O	*******	riffine,	por -	en en en en en	eril I	1 16	۰۱۱	INO
	A Marie Limite and Coloured Politician Int. 811, Addite Holly	John Sp	(norm badd) line 40	Jonesia	125551325	25500	11a	1:		анциина		MILE STATE

Is this a defined contribution plan subject to the minimum funding regulrements of section 412 of the Code or section 302 of ERISA?

13a Yes No If Yes, reset the amount of any plan seasets that reverted to the employer this year 13a 13	Form 5500-SF 2015	Page 3 -					
a if a welver of the minimum funding standard for a prior year is being anionizated in the plan years, soo instructions, and other time date of the fetter ruling granting to the welver. If you complished time 12s, complete lines 3s, 6, and 10 of Schodule MBI (Point 8900), and alkip to line 13. De finish the minimum regularize control to the plan for this plan year. C Enter the amount into 12s from the amount in line 12s from the security of the plan for this plan year. C Enter the amount controlled by the amployer to the plan for this plan year. C Enter the amount into 12s from the amount in line 12s from the security of the plan for the plan	(If Yes, complete line 12a or lines 12b, 12c, 12d, and 12e below.	as applicable.)	STATE A TWO SALES		ORNE - PERSONAL		
b Enter the minimum required contribution for this plan year c Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c From the emount in line 12c. Enter the result enter or minus sign to the left of a ninglative amount). We will be informations and Transfers of Assets 13a He as repollution to terminal the plan been adopted in any plan year? If Yes	a. If a walver of the minimum funding standard for a prior year is bein granting the walver.	g amortized in this plan year, see inst	onth				Ing
C Enter the amount conflowed by the employer to the plan for this plan your. 126 6 Subtest the security in the 12c from the amount in line 12b, Enter the result (enter a minus aign to the left of a beautiful process of the plan security in the 12c from the amount in line 12b, Enter the result (enter a minus aign to the left of a beautiful process of the plan security process of the plan security process of Assets 136 Has resolution to terminate the plan bean adopted in any plan your? 137 Has resolution to terminate the plan seaso adopted in any plan your? 138 Has resolution to terminate the plan seaso adopted in any plan your? 139 Has resolution to terminate the plan seaso adopted in any plan your? 140 Were all the plan seaso distributed to participants of brendiciaries transferred to another plan, or brought under the control of the PBOC? 140 Harry this plan your, any seaso or liabilities were transferred from this plan to another plan(a), identify the plan(a) to which seaso or liabilities were transferred from this plan to another plan(a), identify the plan(a) to which seaso or liabilities were transferred from this plan to another plan(a), identify the plan(a) to which seaso or liabilities were transferred to another plan(a), identify the plan(a) to which seaso or liabilities were transferred to another plan(a), identify the plan(a) to which seaso or liabilities were transferred to another plan(a), identify the plan(a) to which seaso or liabilities were transferred to another plan(a), identify the plan(a) to which seaso or liabilities were transferred to another plan(a), identify the plan(a) to which plan your plan yo	If you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and skip to line 1	3,	Western Tr	2771121 E115	A COLUMN	William III
C. Enter the amount conclinated by the employer to the plan for this plan year. d. Subtract the amount, in the 12 fore in the amount in the 12b. Enter the result (enter a minus aign to the left of a ready of the plan for the plan for the plan for this plan year. d. Will be inclination and Transfers of Assets 13a Has a resolution to employer being been adopted in any plan year? d. Will be inclination and plan assets that we everled to the employer this year. 3b War all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBOC. d. Will be inclinated to asset distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBOC. d. Worm all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBOC. d. Worm all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBOC. d. Worm all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBOC. d. Worm all the plan assets distributed to participants or beneficiaries, transferred to another plan (e.) blankly the plan (e.) blankly the plan (e.) blankly the plan (e.) blankly transferred to another plan (e.) blankly transferred to another plan, or brought with the plan (e.) blankly transferred to another plan, or brought with the plan (e.) blankly transferred to another plan, or brought with the plan (e.) blankly transferred to another plan (e.) blankly transferred to another plan, or brought with the plan (e.) blankly transferred to another plan, or brought with the control of the plan (e.) blankly transferred to another plan, or brought with the plan (e.) blankly transferred to another plan, or brought with the plan (e.) blankly plan (e.) blankly transferred to another plan (e.) blankly transferred to another plan (e.) blankly	b Enter the minimum regulaed contribution for this plan year	ii danii aleeejaa jaa dan aa aa aa aa aa		12b		1912/11/11	
d Subtract the amount in line 12d from the amount in line 12d from the result (enter a minute align to the left of a beginning amount magnetis on line 12d be and by the (panling deadlino?		A P. C. State Control of the Property of the Control of the Contro	Mary Control of the C	12c		-	Assertation de
9. Will the minimum functing amount reported on time 12d be met by the (panising deadlino? Yes No N/A N/A	d Subtract the amount in line 12c from the amount in line 12b. Enter	the result (enter a minus sign to the le	oft of a	12d	Manuero c		
Section Plan Terminations and Transfers of Assets	e. Will the minimum funding amount reported on line 12d be met by the	ne (unding deadline?		Total Control	Yes []	No	N/A
If Yea," enter the amount of any plan essets that reverted to the employer this year			All the strict of the street of	A.C. Colonia	St. Call Call	****	7-3
If Yes,* enter the amount of any plan essets that reverted to the employer this year		territorio de la companya del companya de la companya del companya de la companya		To and the same	X Yes	TNo	Lange of the
b Were all the plan assets distributed to participants or beneficiaries, paraferred to another plan, or brought under the control	If "Yes," enter the amount of any plan assets that reverted to the er	nployer this year	Mark Andrews	13a	el-lean and	nde victorio	31
C if during this plan year, any easets or ilabilities were transferred. (See instructions.): 13c(1) Name of plun(s): 13c(2) Eln(s) 13c(2) Eln(s) 13c(3) FN(s). 13c(3) FN(s). 13c(4) Name of plun(s): 14b Trust's Eln 14d Trust's Eln 14d Truste's or custodian's delephone number of lephone number of lephone number. 15c It the ADP/ACP test is used, did the 401(k) plan satisfy the condiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k) (3) and 401(n)/(2)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Rog sections 1.401(k)-2(a)(2)(li) and 1.401(m). 16c Check the box to indicate the method used by the plan to satisfy the coverage requirements under centimated in the plan when plan been timely amended for all required tax kaw changes and codes). 17a Has the plan been timely amended for all required tax kaw changes and codes). 17b Date the last plan amendment/restatement for the required tax kaw changes and modes of the size plan amendment/restatement for the required tax kaw changes and match and the letter's serial number. 17c If the plan sposons is an adoption of the required tax kaw changes and match and the letter's serial number. 17c If the plan amendment/restatement for the required tax kaw changes and the letter's serial number. 17c If the plan amendment/restatement for the required tax kaw changes and the letter's serial number. 17c If the plan amendment/restatement for the required tax kaw changes and the letter's serial number. 17c If the plan amendment/restatement for the required tax kaw changes and codes). 17c If the plan amendment/restatement for the required tax kaw changes and codes). 17c If the plan amendment/restatement for the required tax kaw changes and codes). 17c If the plan amendment/restatement for the required tax kaw changes and codes in the U.S. (Irrigin Islands)? 18 If	b Were all the plan assets distributed to participants or beneficiaries.	transferred to another plan, or brough	ht under the c	ontrol	[X] \	Yes	
Trusts Information 14b Trust's EIN	c If during this plan year, any assets or liabilities were transferred from	m this plan to enother plan(s), identify	the plan(s) to))		***************************************	requestly.
14b Trust's EIN 14d Trust'			130(2)	EIN(s)	T.	13c(3) F	N(s):
14d Trustee's or custodian's telephone number							
14d Truste's or custodian's telephone number PartitX: IRS Compliance Questions 15a is the plan a 401(k) plan satisfy the nondisorimination requirements for employee deferrels and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2/2* remainded and the ADP/ACP testing method: for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii) and 1.401(m)-2(a)(2)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)			- Miles (Cally 1771)				- Whater
14d Trustee's or custodian's telephone number 18	A STATE OF THE PARTY OF THE PAR	VII. 1181-1		,			
Residence Resi	14a Name of trust			14b Tr	ist's EIN		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ***—matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ***—matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ***—matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ***—matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ***—matching contributions (as applicable) under sections 401(k). 2(a)(2)(li) and 1.401(m). ** 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(li) and 1.401(m). ** 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ** 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ** 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ** 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining the set of the plan bear line in the plan bear interesting the plan with any other plans under the permission rules? ** 17b Date the last plan amendment/restatement for the required tax law changes was adopted . Enter the applicable code (See instruction for tax law changes and codes). 17c If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter from the IRS, enter the date of the plan's last favorable letter and the non-instance in the plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA se	14c Name of trustee or custodian	The state of the s					an's
15b "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(n)(2)?	Part IX IRS Compliance Questions	12 PA		1.000.00			north mark
15b "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(n)(2)?	15a Is the plan a 401(k) plan?		animanananana	Yes		No	
15c. If the ADPIACP teat is used, did the 401(k) plan perform ADPIACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b);	15b if "Yes," how does the 401(k) plan satisfy the nondiscrimination requ	Irements for employee deferrals and	amalauas	∐ base hark	ed safe for		
16a Check the box to Indicate the method used by the plan to satisfy the coverage requirements under eaction 410(b);	testing method" for nonhighly compensated employees (Treas, Reg.	sections 1.401(k)-2(a)(2)(li) and 1.40.	1(m)-	Page 1		□No	
17a Has the plan been timely amended for all required tax law changes?	16a Check the box to Indicate the method used by the plan to satisfy the	coverage requirements under section	1 410(b);	☐ pero	entage		
17a Has the plan been timely amended for all required tax law changes?	16b Does the plan satisfy the coverage and nondiscrimination tests of se this plan with any other plans under the permissive aggregation rule	etlons 410(b) and 401(a)(4) by combi	ning			No	
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the applicable code (See instruction for tax law changes and codes). 17c if the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter	17a Has the plan been timely amended for all required tax law changes?			Yes	ile Control	Пио	∏N/A
30visory letter, enter the date of that ravorable letter and the letter's serial number. 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter. 18 Is the Plan maintained in a U.S. ferritory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guerri, the Commonwealth of the Northern Mariana islands or the U.S. Virgin Islands)?	17b Date the last plan amendment/restatement for the required tax law of			pplicable	code		Second .
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 19 Were in-service distributions made during the plan year? 19 If "Yes," enter amount	17c if the plan sponsor is an adopter of a pre-approved master and proto advisory letter, enter the date of that favorable letter	and the letter's serial nur	mber				or
19 Were in-service distributions made during the plan year? If "Yes," enter amount	determination letter	determination letter from the IRS, enti	er the date of	the plants	last favor	rable	
If "Yes;" enter amount	18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no electrode), American Samoa, Guam, the Commonwealth of the Northern	tion under ERISA section 1022(i)(2) h n Mariana Islands or the U.S. Virgin Is	as been slands)?	Yes	error error	No	
If "Yes;" enter amount	19 Were in-service distributions made during the plan year?	***************************************	and a second	Yes		No	***********
20 Were required minimum distributions made to 5% owners who have attained any 70 % (regardless of whether or not							41-24-54
relired), as required under section 401(a)(9)?	20 Ware required minimum distributions made to 5% ourses who have	ottoined ago 70 t/	4	13	A COLUMN TO SERVICE		Alfredo Miller School
	relired), as required under section 401(a)(9)?	errainan sila tr. vs (Legatoleis of MJe	user or not	Yes	-1-10-1-1-1-1	∐No	N/A