Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla		-	2	2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		rm is Open to	
Pension Benefit Guaranty Corporation			nstructions to the Form 55	500-SF.	1 ubite	mapeonon
Part IAnnual ReportFor calendar plan year 2015 or fi	Identification Information		and ending 12	2/31/2015		
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employ	er plan (not multiemployer) g employer information in ac	(Filers check	0	
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)		
C Check box if filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extensi	n	DI	FVC progra	m
Part II Basic Plan Info	Drmation —enter all requested in					
1a Name of plan VENTRIPOINT, INC.401(K) PLAN				1b Three plan n (PN)	umber	001
				1c Effecti	ve date of p 04/30/	
Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.			2b Emplo (EIN)		ation Number
City or town, state or provinc /ENTRIPOINT, INC.	ce, country, and ZIP or foreign pos	tal code (if foreign, see	instructions)	2c Spons	or's telepho 206-283	
805 136TH PLACE NE, STE 101				2d Busine	ess code (se	e instructions)
BELLEVUE, WA 98005					62151	0
3a Plan administrator's name a	nd address XSame as Plan Spor	sor.		3b Admin	istrator's El	N
				3C Admin	istrator's tel	ephone number
	e plan sponsor has changed since mber from the last return/report.	the last return/report fil	ed for this plan, enter the	4b EIN		
a Sponsor's name				4c PN		
5a Total number of participants	at the beginning of the plan year.			5a		9
	at the end of the plan year			5b		5
	account balances as of the end of		•	5c		5
	articipants at the beginning of the p			5d(1)		4
d(2) Total number of active pa	articipants at the end of the plan ye	ar		5d(2)		0
than 100% vested	terminated employment during th			5e		0
Under penalties of perjury and of	or incomplete filing of this return ther penalties set forth in the instru- nd signed by an enrolled actuary, plete.	ctions, I declare that I h	ave examined this return/rep	oort, including	g, if applical	
SIGN Filed with authorized	/valid electronic signature.	06/28/2016	ELLEN BRIANT			
HERE Signature of plan a	administrator	Date	Enter name of individe	ual signing as	s plan admiı	nistrator
SIGN HERE Signature of ample		Dete				
Preparer's name (including firm r	name, if applicable) and address (i	Date nclude room or suite nu	Enter name of individues (mber)	Preparer's t		
	ce and OMB Control Numbers, see th	o instructions for Form	500 SE			orm 5500-SF (2015)

	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No Not	determined
Pa	rt III Financial Information	1	r						
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar	_		(b) End of Ye	ear
	Total plan assets	7a		37	756				36141
-	Total plan liabilities	7b				_			
C	Net plan assets (subtract line 7b from line 7a)	7c		37	756	_			36141
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		_		(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		-1	260	_			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			-1260
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			355				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							355
i	Net income (loss) (subtract line 8h from line 8c)	8i							-1615
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions	:
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plar	n Chara	acterist	ic Coo	les in th	e instructions:	
Der									
Par					Vaa	Na	NI/A		
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period		Yes	No	N/A	Am	ount
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V								
	Program)			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?			10c	х				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
e	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	the benefits under	10e		X			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х			
Ģ	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х			
h	 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 			10g		Х			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Par	t VI Pension Funding Compliance			. •)	1	1	8	1	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No

12	Is this a defined contribution	n plan subject to the minimum	n funding requirements of section	on 412 of the Code or section 302 of ERISA?.
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11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

Yes X No

11a

Form 5500-SF 2015

Page 3 - 1

	(If "Yes," complete line 12a or lines 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								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day _		Year					
b Enter the minimum required contribution for this plan year		12b							
		12c							
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 									
negative amount)		12d			1				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A				
Part VII Plan Terminations and Transfers of Assets		-							
13a Has a resolution to terminate the plan been adopted in any plan year?			X Yes	No					
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ontrol		Yes 🗙	No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1							
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)				
Part VIII Trust Information									
14a Name of trust		14b Trust's EIN							
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number								
Part IX IRS Compliance Questions		I							
15a Is the plan a 401(k) plan?		Ye:	S	No					
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	e ADP/ACP test					
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No					
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st	e Average benefit test					
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No					
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A				
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions				
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or				
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable					
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No					
19 Were in-service distributions made during the plan year?		Ye:	s	No					
If "Yes," enter amount		19							
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A				

Benefit Plan Description of the majory of the	Foi	rm 5500-SF	Short Form Annua		of Small Empl	loyee	OMB Nos. 1210-0110 1210-0089			
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>			This form is required to be filed		4065 of the Employee F	Retirement	2015			
Complete all entries in accordance with the instructions to the Form 5600-SF. For all Manual Report Identification Information For all and ending Iz/31/2015 Iz/31/201 Iz/3				(ERISA), and sections 608	57(b) and 6058(a) of the					
For calcular plan year 2016 or fiscal plan year beginning 01/01/2015 and ending 12/21/2015 A This return/report is for: a single-employer plan a tridle-employer plan ist of participating employer information in accordance with the form instructions) B This return/report is a newoded return/report a short plan year return/report dess than 12 months) C Check hox if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Informationmeter all requested information 1b Three-digit plan 1b Three-digit plan VENTR: FIGURARY, TINC. 401 (K) PLAN 1b Three-digit plan plan 01 VENTR: FIGURARY, TINC. 401 (K) PLAN 1b Three-digit plan 01 VENTR: FIGURARY, TINC. 401 (K) PLAN 1b Three-digit plan 01 VENTR: FIGURARY, TINC. 401 (K) PLAN 1b Three-digit plan 01 VENTR: FIGURARY, TINC. 401 (K) PLAN 1b Three-digit plan 01 VENTR: FIGURARY, TINC. 401 (K) PLAN 1b Three-digit plan 01 VENTR: FIGURARY, TINC. 401 (K) PLAN 2b Englatered action status of the plan sponsor 2c Sometra's talephone number 2///30/2010 2c Administrator's name and address Man administrator'	Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5	500-SF.	Public Inspection			
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1905 1361H PLACE NE, STE 101 621510 BELLEVUE WA 98005 30 Administrator's name and address Same as Plan Sponsor. 30 Administrator's name and address Same as Plan Sponsor. 30 Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number form the last return/report. 40 EIN 5a Total number of participants at the beginning of the plan year 5a 9 5b 55 C Number of participants at the of the plan year 5a 9 5d (11) 14 6d (11) 14 6d (11) 4 6d (22) 0 0 Number of active participants at the edd of the plan year 6d(2) 0 Caution Apparty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under panalities of periory and other panalites as forth in the instructions, I decare that 1 have examined this return/report, including, if applicable, a Schedule SD 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 bielief, lis itwe,										
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. 4b EIN 3a Total number of participants at the beginning of the plan year. 5a 9 5a Total number of participants at the end of the plan year. 5b 5c c Number of participants at the end of the plan year. 5b 5c d(1) Total number of active participants at the beginning of the plan year. 5d(1) 4 d(2) Total number of active participants at the end of the plan year. 5d(1) 4 d(2) Total number of active participants at the end of the plan year. 5d(2) 0 e Number of participants with account balances as of the end of the plan year with accrued benefits that were less than 100% vested. 0 5e 0 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. 0 0 Under penalties of perily and other penalties set forth in the instructions. Ideater that have examined this return/report, including. If applicable, a Schedule SB or Schedule MB complete and signed by an enrolled ac	1805 1	.36TH PLACE NE	, STE 101							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 4c PN 5a 9 5a 9 5a 9 5a 9 5a 9 5a 9 5c 5b 5c 5c 6b 5c 6c 5c 6d(1) 4d 6d(2) 0 6 6d(2) 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 7 5d(2) 7 5d 7<	BELLEV	UE .	WA 98005							
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name, EIN, and the plan number from the last return/report. 4C PN a Sponsor's name 4C PN 5a Total number of participants at the beginning of the plan year						3c Admi	nistrator's telephone number			
5a 5a 9 b Total number of participants at the end of the plan year 5b 5 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 5c c Number of active participants at the beginning of the plan year 5d(1) 4 d(1) Total number of active participants at the beginning of the plan year 5d(2) 0 e Number of active participants at the end of the plan year 5d(2) 0 e Number of participants that terminated employment during the plan year 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were less 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perivand other penalties set of orh 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. Signature of plan administrator Date Signature of individual signing as plan administrator Signature of employer/plan sponsor </td <td>name,</td> <td>EIN, and the plan num</td> <td></td> <td>he last return/report filed fo</td> <td>or this plan, enter the</td> <td></td> <td></td>	name,	EIN, and the plan num		he last return/report filed fo	or this plan, enter the					
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e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	d(1) Tota	al number of active part	icipants at the beginning of the pla	n year		5d(1)	4			
than 100% vested or Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Image: 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 ELLEN BRIANT HERE Signature of plan administrator Date Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	d(2) Tota	al number of active part	icipants at the end of the plan year	r		5d(2)	0			
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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 HERE Signature of plan administrator Date 6 26 116 Enter name of individual signing as plan administrator SigN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	Caution: A	penalty for the late of	r incomplete filing of this return	report will be assessed	unless reasonable cau	use is estab	lished.			
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HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Complexity of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include nor suite number) Preparer's telephone number Image: Complexity of employer or plan sponsor Image: Complexity of employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include nor suite number) Preparer's telephone number					ELLEN BRIANT					
Sign HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number		<u> </u>		Date 6 8 11	Enter name of individ	ual signing a	s plan administrator			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number Preparer's telephone number	SIGN			Duit of Lott A		dui signing b				
Preparer's name (including firm name, if applicable) and address (include room or suite number)		Signature of employ	er/nlan sponsor	Date	Enter name of individ	ual cigning a				
	Preparer's									

Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015

Dee	-	2
Pag	e	4

6a Were all of the plan's assets during the plan year invested in eligit								ΧΥε	es 🗌 No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public ions.)	accoun	tant (IC	(PA)			X Ye	es 🗌 No
If you answered "No" to either line 6a or line 6b, the plan can									
${\bf C}$ If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA s	ection 4	4021)?	[] Yes [No] Not dete	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	of Year	
a Total plan assets	. 7a		3	7,75	6				36,141
b Total plan liabilities	. 7b								
C Net plan assets (subtract line 7b from line 7a)	. 7c		3	7,75	6				36,141
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) 1	otal	Wards and a start of the
a Contributions received or receivable from: (1) Employers	. 8a(1)								
(2) Participants	. 8a(2)				100				
(3) Others (including rollovers)	. 8a(3)					·	and the second second		
b Other income (loss)	8b		_	1,26	0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		21 - N. 1.						-1,260
d Benefits paid (including direct rollovers and insurance premiums							ing and the second s		
to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	8e			25	-				
f Administrative service providers (salaries, fees, commissions)	8f	· · · · · · · · · · · · · · · · · · ·		35	5				
g Other expenses	8g							and the second	
 h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) 	8h					-1,61			355
j Transfers to (from) the plan (see instructions)	<u>8i</u>				132 122/24				-1,015
Part IV Plan Characteristics	8j	and the state of the	-			1000			
B If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	:
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	iduciary Correction	10a		x				
b Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions		1	х	Sec. 201			
reported on line 10a.)			10b						
C Was the plan covered by a fidelity bond?			10c	Х				12	500,00
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e Were any fees or commissions paid to any brokers, agents, or oth									
carrier, insurance service, or other organization that provides som			10-		Х				
 the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan 			10e 10f		Х				angen en e
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х				
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				х				
2520.101-3.)			10h			1			-
i If 10h was answered "Yes," check the box if you either provided the						S. M. Ward			
If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required 1-3	notice or one of the	101						
 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10° Did the plan trust incur unrelated business taxable income? 	ne required 1-3	notice or one of the							
 i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10" j Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance 	ne required 1-3	notice or one of the	10i 10j						
 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10° Did the plan trust incur unrelated business taxable income? 	ne required 1-3 ents? (If "Y	notice or one of the	10i 10j and con	nplete	Sched	ule SB ((Form	Tes	s 🗌 No

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

Yes X No

	Form 5500-SF 2015	Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12	2d, and 12e below, as applicable.)					
â	a If a waiver of the minimum funding standard for	a prior year is being amortized in this plan year, see ir	structions, and	enter the	date of th	e letter ru	uling
		nd 10 of Schedule MB (Form 5500), and skip to line		Day_		Year	
		plan year		12b			
			12c				
	c Enter the amount contributed by the employer tod Subtract the amount in line 12c from the amount		120				
	negative amount)		12d			7	
	e Will the minimum funding amount reported on lin			Yes	No	N/A	
Part							
138		d in any plan year?			X Yes	No	
		at reverted to the employer this year		13a			0
b	of the PBGC?	nts or beneficiaries, transferred to another plan, or brou	_			Yes 🛛	No
с 	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (See	vere transferred from this plan to another plan(s), ident instructions.)	tify the plan(s) to	n.			
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)
Par	rt VIII Trust Information		-				
14a	a Name of trust			14b ⊤	rust's EIN		
140	C Name of trustee or custodian				Trustee's c elephone r		an's
Par	rt IX IRS Compliance Questions						
15a	a Is the plan a 401(k) plan?			Yes	i	No	
	matching contributions (as applicable) under sec	ndiscrimination requirements for employee deferrals ar tions 401(k)(3) and 401(m)(2)?		bas bar	sign- sed safe bor thod	ADF test	P/ACP
15c	testing method" for nonhighly compensated empl	perform ADP/ACP testing for the plan year using the "c oyees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	401(m)-	Yes		No	
		e plan to satisfy the coverage requirements under sect		Rat per tes	centage		erage efit test
	this plan with any other plans under the permissiv	mination tests of sections 410(b) and 401(a)(4) by con /e aggregation rules?		Yes	1	No	
17a	a Has the plan been timely amended for all required	d tax law changes?		Yes	á.	No	N/A
17b	b Date the last plan amendment/restatement for the for tax law changes and codes).	e required tax law changes was adopted	Enter the a	applicabl	e code	(See in	nstructions
	advisory letter, enter the date of that favorable let		number				ог
	determination letter	ceived a favorable determination letter from the IRS, e		the plan'	s last favo	rable	
18	Is the Plan maintained in a U.S. territory (i.e., Pue made), American Samoa, Guam, the Commonwe	erto Rico (if no election under ERISA section 1022(i)(2 ealth of the Northern Mariana Islands or the U.S. Virgin) has been Islands)?	Yes		No	
19	Were in-service distributions made during the plan	n year?		Yes		No	
	If "Yes," enter amount			19			
20	Were required minimum distributions made to 5% retired), as required under section 401(a)(9)?	owners who have attained age 70 ½ (regardless of w	hether or not	Yes		No	N/A