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than 100% vested						. 5d(2)					
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HFRF	belief, it is true	e, correct, and comple	ete.	1				0			
Signature of plan administrator Date Enter name of individual signing as plan administrator		iled with authorized/va	alid electronic signature.	07/13/2016	GREGORY JOHN						
	HERE S	Signature of plan adı	ministrator	Date	Enter name of individ	dual signing a	s plan admini	strator			
SIGN											
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spor											
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	S	man (in al other of f	The it oppingobies and address (include room or suite i	NUMBER 1	Preparer's 1	elephone nu	nper			
		me (including firm nar	ne, il applicable) and address (optilor o					
	S	me (including firm nar	ne, il applicable) and address (·				
	S	me (including firm nar	ne, il applicable) and address (
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF	S	me (including firm nar	ne, il applicable) and address (

	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 a under 20 CER 2520 104 452 (See instructions on waiver eligibility)	an indepe	ndent qualified public a	ccount	ant (IQ	PA)					
	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										
	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined			
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar		(b) End of Year				
а	Total plan assets	7a			064		0				
b	Total plan liabilities	7b		0				0			
С	Net plan assets (subtract line 7b from line 7a)	7c		319064			0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt			(b) Total				
	Contributions received or receivable from:	• (1)									
	(1) Employers	8a(1)									
	(2) Participants	8a(2)				_					
	(3) Others (including rollovers)	8a(3)			04.4						
-	Other income (loss)	8b		11	214	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		11214			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		330	278						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						330278			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-319064			
j	Transfers to (from) the plan (see instructions)	8j									
Par	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $3B$	an Cha	racteris	stic Co	odes in	the instructions:					
В	B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	,	,	10-		х					
b	Program)			10a		~					
	• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х					
C						Х					
d	by fraud or dishonesty?					х					
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					х					
f	f Has the plan failed to provide any benefit when due under the plan?					Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).					х					
i						Х					
j	j Did the plan trust incur unrelated business taxable income?					Х					
Part	VI Pension Funding Compliance			10j	1						
						<u>.</u> .		-			

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)					
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?		Yes	X No

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					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 granting the waiver										
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.							
b	Enter	the minimum required contribution for this plan year		12b						
С	Enter	the amount contributed by the employer to the plan for this plan year		12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	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 Ye	es No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				X Yes	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I						
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)	PN(s)					
Part		Trust Information								
144	Name	e of trust		14b Trust's EIN						
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1						
15a	Is th	e plan a 401(k) plan?		Y	es					
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)?					Design- ased safe arbor nethod	P/ACP st				
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)(ii) and 1.401(m)-2(a)(2)(ii))?						res No				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					tatio ercentage est	erage nefit test				
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?					es	No				
17a Has the plan been timely amended for all required tax law changes?					es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///	•				structions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinior) or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	n's last fa	avorable				
18					/es No					
19	19 Were in-service distributions made during the plan year?					No				
	If "Yes," enter amount									
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					es	No	N/A			