Fo	rm 5500-SF	Short Form Annu	•	ort of Small Empl	oyee	(OMB Nos. 1210-0110 1210-0089	
	artment of the Treasury rnal Revenue Service	This form is required to be fil	Benefit Pla		otiromont	2015		
	epartment of Labor Benefits Security Administration		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).					
Pension B	enefit Guaranty Corporation			nstructions to the Form 5	500-SF.	Fubi	c Inspection	
Part I		Identification Information		and anding 0	E/24/2040			
FOI Calend	iar pian year 2015 of it	scal plan year beginning 06/01,		and ending 09 rer plan (not multiemployer)	5/31/2016 (Filers check	cina this bo	x must attach a	
A This re	turn/report is for:	a one-participant plan		g employer information in ac		-		
B This ret	urn/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	(onthe)			
C Check	box if filing under:	Form 5558	automatic extens		· _	FVC progra	am	
		special extension (enter dese	cription)					
Part II	Basic Plan Info	rmation—enter all requested in	nformation					
1a Name NEW TACC	•	UNERAL HOME & CREMATORY	401(K) PROFIT SHAR	ING PLAN	1b Three plan r (PN)	umber	001	
					1c Effect	ive date of	plan /1990	
Mailin	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.		. , ,	2b Emplo	yer Identifi	cation Number	
		e, country, and ZIP or foreign pos INERAL HOME & CREMATORY	stal code (if foreign, see	instructions)	2c Spons	sor's teleph 253-56	one number 4-1311	
					2d Busine	ess code (s	ee instructions)	
212 CHAM FACOMA, W	BERS CREEK ROAD /A 98467	WEST				8122	20	
3a Plan a	administrator's name ar	nd address XSame as Plan Spor	nsor.		3b Admir	istrator's E	IN	
					3c Admin	istrator's te	elephone number	
4 If the	name and/or EIN of the	e plan sponsor has changed since	the last return/report fi	ed for this plan, optor the	4b EIN	91-04	34820	
name	e, EIN, and the plan nu	mber from the last return/report.		ed for this plan, enter the	40 EIN 4C PN	00		
		at the beginning of the plan year			5a		19	
-		at the end of the plan year					17	
C Numb	per of participants with	account balances as of the end o	f the plan year (defined	benefit plans do not	5c		13	
d(1) Tot	al number of active pa	rticipants at the beginning of the p	blan year		5d(1)		17	
d(2) Tot	tal number of active pa	rticipants at the end of the plan ye	ear		5d(2)		15	
		terminated employment during th			5e		1	
Caution: A Under pen SB or Scho	A penalty for the late alties of perjury and ot	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary,	rn/report will be asses uctions, I declare that I h	sed unless reasonable can have examined this return/re	port, includin	g, if applica		
SIGN		/valid electronic signature.	08/03/2016	RON MESSENGER				
HERE	Signature of plan a		Date	Enter name of individ	lual signing a	s plan adm	inistrator	
SIGN HERE	Signature of emplo	wer/nlan snopsor	Date	Enter name of individ	lual signing o	s amplouer	or plan sponsor	
Preparer's		ame, if applicable) and address (Preparer's			
		e and OMB Control Numbers, see t					Form 5500-SF (2015)	

Form 5500-SF 2015		Page Z					
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Second							
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	brogram (see ERISA se	ection 4	021)?.		Yes	No Not determined
Part III Financial Information	_	1					
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year
a Total plan assets	7a		438	409			509557
b Total plan liabilities	7b			222			48
C Net plan assets (subtract line 7b from line 7a)	7c		438	187			509509
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		22	929			
(2) Participants	8a(2)		31	354			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b		18	472			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						72755
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
e Certain deemed and/or corrective distributions (see instructions).	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f			0			
g Other expenses	8g		1433				
h Total expenses (add lines 8d, 8e, 8f, and 8g)							1433
i Net income (loss) (subtract line 8h from line 8c)							71322
j Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 3D 2E 2J 2K 2F 2R 2T 2G	n feature co	odes from the List of PI	an Cha	racteris	stic Co	odes in t	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature coo	des from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructions:
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 contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c	Х			120000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		Х		
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.).			10e	X			2625
f Has the plan failed to provide any benefit when due under the p	an?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	ənd.)	10g		Х		
h If this is an individual account plan, was there a blackout period' 2520.101-3.)			10h	Х			
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i	Х			

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 (For 5500) and line 11a below)	Form
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 ERI	RISA? Yes X No

10j

Did the plan trust incur unrelated business taxable income?

j

Form 5500-SF 2015

Page **3** - 1

					1			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling	
lf	you c	ompleted 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				
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract 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?			Ye	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h 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	Trusťs E	IN		
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Ye	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No		
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No		
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18						No		
19	Were	in-service distributions made during the plan year?		Ye	es	No		
	lf "Y€	es," enter amount		19				
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A	

Filing Authorization for the 2015 Form 5500-SF

Name of Plan: New Tacoma Cemeteries, Funeral Home & Crematory 401(k) Profit Sharing Plan

EIN / PN: 91-0434820/001

Plan Year Ending: May 31, 2016

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors, Inc. (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: K	mm	m	Date:	8	13	12016
\mathcal{L}	Ron Messenger	,		/	/	

PART II Acknowledgement of Receipt of Authorization

On behalf of PPA, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For PPA: Atrubut Date: Date:	
Jennifer Virant, Retirement Plan Administrator	
The designated service provider must retain this authorization. Do not submit this form to the DOL unless requested to do so.	

	Y						
Form 5500-SF	Short Form Annual Return/Report of Small Empl				OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee F					
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974			This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the instru	ctions to the Form 55	00-SF.			
	Identification Information				and the second of		
For calendar plan year 2015 or fis		06/01/2015	and ending		31/2016		
A This return/report is for:	a single-employer plan				king this box must attach a ith the form instructions)		
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year return	report (less than 12 mo	onths)			
C Check box if filing under:	Form 5558	automatic extension		[] [DFVC program		
	special extension (enter desc						
· · · · · · · · · · · · · · · · · · ·	rmation—enter all requested in	formation					
1a Name of plan NEW TACOMA CEMETERIE PLAN	S, FUNERAL HOME & CF	REMATORY 401(K) PH	ROFIT SHARING	(PN) 1c Effect	number 001		
	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		uctions)	2b Empl	oyer Identification Number 91-0434820		
NEW TACOMA CEMETERI	ES, FUNERAL HOME & (2cSponsor's telephone number253-564-13112dBusiness code (see instructions)			
9212 CHAMBERS CREEK	ROAD WEST			812	220		
TACOMA	WA 98467						
	nd address XSame as Plan Spon	501.			inistrator's EIN inistrator's telephone number		
	e plan sponsor has changed since nber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN	91-0434820		
a Sponsor's name	NEW TACOMA CEMETEI	RIES AND FUNERAL	HOME	4c PN	001		
5a Total number of participants	at the beginning of the plan year.			5a	19		
	at the end of the plan year			5b	17		
c Number of participants with	account balances as of the end of	^f the plan year (defined bene	fit plans do not	5c	13		
100 M P2 90 M2	rticipants at the beginning of the p			5d(1)	17		
	rticipants at the end of the plan ye			5d(2)	15		
than 100% vested	terminated employment during the			5e	1		
Under penalties of perjury and ot	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, plete.	ctions, I declare that I have	examined this return/re	port, includi	ing, if applicable, a Schedule		
SIGN HERE	Musin	8/3/2016	RON MESSENGER				
Signature of plan administrator Date Enter name of individual signing as plan administrator							
SIGN HERE Simulations of small		Data	RON MESSENGER		on propiosion or plan enoncor		
Preparer's name (including firm r	oyer/plan sponsor name, if applicable) and address (i	Date include room or suite numbe			as employer or plan sponsor s telephone number		
					0.000		

	Form 5500-SF 2015		Page 2					
b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canne If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public ac ions.) rm 5500-SF and must	ccounta instea	ant (IQ d use	PA) Form	5500.	X Yes No
	rt III Financial Information	surance p	iogram (see ERISA se		JZ1):.	······ [_]	Tes	
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ır	1	-	(b) End of Year
а	Total plan assets	7a	(1/3	· · · · · · · · · · · · · · · · · · ·	3,40	9		509,557
b	Total plan liabilities	7b			22	2		48
	Net plan assets (subtract line 7b from line 7a)	7c		438	3,18	7		509,509
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	c	22	2,92	9		
	(2) Participants	8a(2)		31	1,35	4		
	(3) Others (including rollovers)	8a(3)				0		
b	Other income (loss)	8b		18	8,47	2		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						72,755
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				0		
е	Certain deemed and/or corrective distributions (see instructions)	8e				0		
f	Administrative service providers (salaries, fees, commissions)	8f				0		
g	Other expenses	8g			1,43	3		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,433
	Net income (loss) (subtract line 8h from line 8c)	8i						71,322
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 3D 2E 2J 2K 2F 2R 2T 2G	feature co	odes from the List of Pla	an Chai	racteris	stic Co	odes in th	e instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	acterist	tic Cod	les in the	instructions:
Par	t 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 F	Fiduciary Correction	10a		x		
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			10b		х		
c	Was the plan covered by a fidelity bond?			10c	Х			120,00
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		

	by fraud or disnonesty?	100						
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 instructions.)	10e	x					2,625
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
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.)	10h	Х					
l	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	10i	Х					
j	Did the plan trust incur unrelated business taxable income?	10j						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500) and line 11a below).						Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	10			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of	the Cod	e or se	ection 3	02 of ERI	SA?	Yes	X No

If Yes, complete line 12b, 12b, roll, and 12b below, as agginable) If a value of the orighum funding standard for a prior year is being amortized in this plan year, see instructions, and and the date of the letter ruling origination of this plan year. Development If you completed line 12b, complete lines 3, 9, and 10 of Schedule MB (form 3500), and skip to line 13. Development 12b C Einst the amount is into 25 com the amount into 12b. Earls the next (letter a minus sign to be latt of a fast and the sign year. 12b 12c C Will the minum funding streamt reported on line 12b the three fasts (letter a minus sign to be latt of a fast as a streamt in the 25 com the amount income the sign of the latter ruling deadline? Yes No 18A Part VIII Plan Terminations and Transfers of Assets 13a 13a 1aa 1aa D were all the plan seads distributes to participants or seedforainels, transferred to another plan, or brought under the control Yes No 1f4d O were all the plan seads distributes to participants or seedforainels, transferred to another plan, or brought under the sead of a stable were transferred from this plan to another plan, blan year, any assets or fashiles were transferred from this plan to another plan, blan more or plan, blan were anothered. (Be instructores.) 1ad 1ad D were all the plan sead, mass the distributes of antipants or seadforain the plan to another plan, blan were reported on line 12b the were seadfored from this plan to another plan, blan were sead or stables were	Form 5500-SF 2015	Page 3 -					
granting the values. Month Day Year Month Day Year Month Day Year If You complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip to line 13. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip to line 13. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip to line 13. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip to line 13. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip to line 13. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip to line 31. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip to line 31. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip to line 31. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip to line 31. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ekip to line 31. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 500), and ekip to line 31. Image: Complete line 3, 9, and 10 of Schedule MB (Form 500), and ekip to line 31. Image: Complete line 3, 9, and 10 of Schedule MB (Form 500), and ekip to line 31. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 500), and ekip to line 31. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 500), and ekip to line 31. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 500), and ekip to line 31. Image: Complete lines 3, 9, and 10 of Schedule MB (Form 500), and take 31.	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica	ble.)					
b Enter the minimum required contribution for this plan year I2b c Enter the amount fine 12b (mit the amplity to the plan for this plan year 12c d Subted the amount fine 12b (mit the mount fine 12b, Enter the result (miter a minus sign to the left of a final search and the 12b (miter a minus sign to the left of a final search and the 12b (miter a minus sign to the left of a final search and the 12b (miter a minus sign to the left of a final search and the 12b (miter a minus sign to the left of a final search and the 12b (miter a minus sign to the left of a final search and the 12b (miter a minus sign to the left of a final search and the 12b (miter a minus sign to the left of a final search and the miter amount of any plan search that reverted to the employer this year 13a b Were all the plan seasts distributed to patient search and the molycer this year, or brought under the control of the PBGC? 13c(1) Name of the plan seasts and the reverted to the employer this year. 13a b Were all the plan seasts and the reverted to the employer this plan and the plan (b) the search and the plan seast that final search and the plan seast that final search and the plan search and the search and the plan search and the plan search and the search and the plan				_			
C Index the manufactor contributed by the employer to the plan for this plan year 12c G Subtract the amount in line 12c from the amount in line 12c. Iterat the result (enter a minus sign to the left of a negative amount) 12c B With a minimum funding amount reported on line 12c to methy the funding deadline? 12c B With a minimum funding amount reported on line 12c to methy the funding deadline? 12c B With a minimum funding amount reported on line 12c to methy the funding deadline? 12c B Wore all the plan seeds distributed to participants or beneficiaries. Iteranferreal to another plan, or brought under the control 12c C If during the plan year, any assets or labilities wave transferred from the plan to another plan (s). Identify the plan(s). Identify the plan(s). 13c(3) PN(s) B Nore all the plan year, any assets or labilities wave transferred from the plan to another plan(s). Identify the plan(s). 13c(3) PN(s) B at the plan year, any assets or labilities wave transferred from the plan to another plan(s). Identify the plan(s). 13c(3) PN(s) B at the plan year, any assets or labilities wave transferred from the plan to another plan(s). 13c(2) EN(s) 13c(2) EN(s) B at the plan a 401(h) plan? 14d Trustes for costodian 14d Trustes for costodians B at the plan as diff plan estidy the nondecinimization negutements for annyloyee deferrals and employer Inabities ADP/ACP	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	n 5500), and skip to line 13.					
C internet and another time 2 you the employee of the pair year of the set of the another time 2 you the the result (entre a minus sign to the left of a set of the another time 2 year year of the set	b Enter the minimum required contribution for this plan year		12b				
regative amount) Image: constraints Image: constraints 9 With the minimum funding amount reported on line 12d be met by the funding destine? Image: constraints Image: const			12c				
Part VII Plan Terminations and Transfers of Assets 13a Has a modulin to terminate the plan bean adopted in any plan year? I'res, "inter the anomato far plan assets that reverted to the employer this year. 13a b Ween all the plan assets distributed to participants or bandfictures, transferred to another plan, or brought under the control I'res, "inter the anomator of another plan, or brought under the control I'res, "inter the control c If during this plan year, any assets or liabilities were transferred from this plan to another plan(e). (Bortly the plan(e) to which assets or liabilities were transferred from this plan to another plan(e). (Bortly the plan(e) to which assets or liabilities were transferred from this plan to another plan(e). (Bortly the plan(e) to which assets or liabilities were transferred from this plan to another plan(e). (Bortly the plan(e) to which assets or liabilities were transferred from this plan to another plan(e). (Bortly the plan(e) to which assets or liabilities were transferred from this plan to another plan(e). (Bortly the plan(e) to which assets of liabilities were transferred from this plan to another plan(e). (Bortly the plan(e) to which assets are interested to the plan to another plan(e). (Bortly the plan to another plan(e). (Bortly the plan the plan term the termination the plan term term term the plan term term term term term term term term		•	12d				
13a Has a resolution to terminate the plan been adopted in any plan year? Image: Second	e Will the minimum funding amount reported on line 12d be met by the funding	deadline?		Yes No N/A			
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 brought under the control I Yes No c If during this plan year, any assets or liabilities were transferred. (See instructions.) 13c(1) I Sc(2) EIN(a) 13c(3) PN(6) 13c(1) Name of plan(a): 13c(2) EIN(a) 13c(3) PN(6) 13c(3) PN(6) 14a Name of trust 14b Truste Ein and the plan set of the plan s							
b Wee all the plan assets distibuted to participants or beneficiaries, transferred to another plan, or brought under the control I yes No c If during His plan year, any assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 13c(3) PN(s) Part VIII Trust information 14b Trust's EIN 14c Name of trust 14d Trust's EIN 14c Name of trust 14d Trust's EIN 15a is the plan a 401(k) plan? If the ADP/ACP test is used, old the 401(k) (2) and 401(m)(2)? Passign-test is the plan a 401(k) plan? 15b if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer Passign-test is the hand the above considered and the plan year using the "current year testing methods" 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 the output were applicable on the above considered and pholocytes (freas. Reg section 1.401(k)-2(a)(2)(i) and 1.401(m)) Yes No 16b Does the plan satisfy the coverage and nondiscrimination test of socions 1.401(k)-2(a)(2)(i) and 1.401(m)) Yes No No 174 Has the plan bean timaly amended for all required tax kaw changes?			1 1	Yes X No			
of the PBGC?							
which assets or liabilities were transferred. (See instructions.) 13c(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information 14b Trust selin 14a Name of trust 14b Trusts EIN 14d Trusto's or custodian's telephone number Part IX IRS Compliance Questions 14d Trusto's or custodian's telephone number 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deforals and employer method isset affer habrdow (10) plan satisfy the nondiscrimination requirements for employee deforals and employer method Design habrdow (10) plan plan efform ADP/ACP tests to see plicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADP/ACP test to sect did the 401(k) plan perform ADP/ACP tests to get did the 401(k) plan perform ADP/ACP tests to sections 410(k) plan efform ADP/ACP tests to section the permissive aggregation rules? Prove No 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(k): Ratio percentage Average tests Prove No No 17b Date the plan satisfy the coverage and nondiscrimination tests of sections 410(k) by combining t	of the PBGC?			Yes X No			
Part VIII Trust Information 14a Name of trust 14b Trust's EIN 14c Name of trustee or custodian 14d Truste's or custodian's telephone number Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan satisfy the nondiscrimination requirements for employee deferrats and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? Design: based safe hardor method 15b If 'Yes,' how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrats and employer method Design: based safe hardor method 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 nonhighty compensated employees (Treas. Reg sections 14.01(k)-2(a)(2)(i) and 1.401(m)-2(a)(2)(i) and 1.401(m)-2(a)(i) and 1.401(m)-2(a)(i) and 1.401(m)-2(a)(i) and 1.401(m)-2(a)(i) and 1.401		n to another plan(s), identify the plan(s)	to				
14a Name of trust 14b Trust's EIN 14c Name of truste 14d Trustee's or custodian's telephone number 14c Name of truste or custodian 14d Trustee's or custodian's telephone number Part IX IRS Compliance Questions 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-based safe harbor test method 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)(i) and 1.401(m). Ves No 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Ratio percentage banefit test test method used by the plan to satisfy the coverage requirements under section 410(b): Pres No 17a Has the plan been timely amended for all required tax law changes? Yes No NA 17b Date the last plan amendment/restatement for the required tax law changes was adopted for the plan's ast dovrable letter and the latter's serial number Enter the applicable code (Se instructions for taxibac charge instructions for the plan's last favorable determination letter form the IRS, enter the date of the theorable (HC) and to the Northerm Mariana Islands or the U.S. Wight Islands? Yes No 17b Date the last plan amendment/restatement for tho election und	13c(1) Name of plan(s):	13c(2	e) EIN(s)	13c(3) PN(s)			
14a Name of trust 14b Trust's EIN 14c Name of trust 14d Trustee's or custodian's telephone number 14d Trustee's or custodian's telephone number 14d Trustee's or custodian's telephone number Part IX IRS Compliance Questions 14d Trustee's or custodian's telephone number 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-based safe habes of test method 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)(i) and 1.401(m). Pare in the pare intege based safe based safe based safe based safe based safe intege based safe based safe must based safe based safe must based safe in the approximation tests of sections 1.401(k)-2(a)(2)(i) and 1.401(m). Pare in the applicable code safe based safe							
14c Name of trustee or custodian 14d Trustee's or custodian's telephone number Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan astisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? Design-based safe harbor method 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-based safe harbor method 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) and 1.401(m)-2(a)(2)(iii) and 1.401(m)-2(a)(2)(iii) and 1.401(m)-2(a)(2)(ii)	Part VIII Trust Information						
telephone number Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan? Yes No 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- based safe ADP/ACP test matbod Test 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)- 2(a)(2)(li)? Average benefit test fest for tax law changes and codes). Frex mathetic for the plan subject 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	14a Name of trust		14b ⊤r	rust's EIN			
15a is the plan a 401(k) plan? Image: the plan a 401(k) plan? Image: the plan a 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)? Image: the plan a 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)? Image: the plan satisfy the correct 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)? Image: the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining its plan with any other plans under the permissive aggregation rules? Image: the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining its plan with any other plans under the permissive aggregation rules? Image: the plan section 410(b): Image: the plan section 410(b): Image: test Ratio 17a Has the plan been timely amended for all required tax law changes was adopted for tax law changes and codes). Image: test is aubject to a favorable letter and the letter's serial number Image: test is able to that favorable letter Image: test is aubject to a favorable letter Image: test is aubject to a favorable letter Image: test is aubject is also favorable letter Image: test is aubject is also favorable determination letter from the IRS, enter the date of the plan's last favorable Image: test is aubject is also favorable determination is tay is the plan mantianed in a U.S. territory (i.e., Puerto Rico	14c Name of trustee or custodian						
13b is the plan a 40 (k) plan ************************************	Part IX IRS Compliance Questions						
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer based safe ADP/ACP 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 Yes No 2(a)(2)(ii))? Ratio Percentage Average 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Ratio Average 17a Has the plan been timely amended for all required tax law changes? Yes No N/A 17c If the plan span and odder 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 Yes No 17d If the plan satisfue of a US. 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)? Yes No 19 Yes No If "Yes," enter amount. Yes No 120 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not Yes No	15a is the plan a 401(k) plan?		🗌 Yes	No 🗌 No			
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))?			bas har	sed safe ADP/ACP			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	testing method" for nonhighly compensated employees (Treas. Reg sections	1.401(k)-2(a)(2)(ii) and 1.401(m)-		S No			
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 17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the applicable code (See instructions 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			Yes	s No			
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 advisory letter, enter the date of that favorable 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. 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? 1f "Yes," enter amount 19 20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not Yes No							
advisory letter, enter the date of that favorable 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. 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)? Yes 19 Were in-service distributions made during the plan year? In Yes 16 "Yes," enter amount 19 20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not Yes No	for tax law changes and codes).						
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)? Image: Yes Image: No 19 Were in-service distributions made during the plan year? Image: Yes Image: No If "Yes," enter amount 19 19 20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not) Image: Yes Image: No	advisory letter, enter the date of that favorable letter 17d If the plan is an individually-designed plan and received a favorable determine	and the letter's serial number		· · · · · · · · · · · · · · · · · · ·			
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