Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and 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

Pa	rt l	Annual Repor	t Identification Information	า									
For c	alenda		fiscal plan year beginning 01/01/2			and ending 12	2/31/20	015					
A T	his retu	urn/report is for:	a single-employer plan a one-participant plan	list o		an (not multiemployer) ployer information in ac							
B Th	nis retu	rn/report is	/report (less than 12 mo	2 magatha)									
_			an amended return/report	Пазне	ort plant year retains	rioport (1000 triair 12 file	0111110)	<u> </u>					
C Check box if filing under: X Form 5558 automatic extension DFVC program Special extension (enter description)													
Pai	rt II	Basic Plan Inf	ormation—enter all requested in										
1a 1	Name o			<u> </u>			1b	Three-digit plan number (PN)	001				
				1c	Effective date of 01/0	plan 1/2014							
ľ	Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				2b	Employer Identi (EIN) 46-1	ication Number 510104				
		RK, DDS, INC.	nce, country, and ZIP or foreign post	stai code (if	r foreign, see instru	ictions)	2c	Sponsor's telep	hone number 86-8700				
7045 N		407.07					2d	Business code (see instructions)				
		1ST ST. VA 98034					621210						
3a Plan administrator's name and address Same as Plan Sponsor.								3b Administrator's EIN					
4	If the n	ame and/or FIN of the	he plan sponsor has changed since	e the last re	eturn/report filed fo	r this plan enter the	3c 4b		elephone number				
			umber from the last return/report.		starry, open med re-	and prairy erries are	TO EIN						
as	Sponso	or's name					4c						
5a	Total n	umber of participant	ts at the beginning of the plan year				5		3				
			ts at the end of the plan year			i	5	b	3				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							5		4				
-	-		articipants at the beginning of the pl			i	5d		3				
			participants at the end of the plan ye				5d	(2)	3				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested								е	0				
			or incomplete filing of this return						0				
SB o	r Śche		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.										
SIGN		Filed with authorized	d/valid electronic signature.	1	10/05/2016	YONG JAKE PARK							
HER	Ė	Signature of plan	administrator		Date	Enter name of individu	ividual signing as plan administrator						
SIGN													
HER			loyer/plan sponsor		Date		dual signing as employer or plan sponsor						
Prepa	arer's r	name (including firm	name, if applicable) and address (in	include roo	om or suite number)	Prep	arer's telephone	number				

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 Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can 	f an independ and condition not use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information					_				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		39	646					73523
b Total plan liabilities			00	0.40					70500
C Net plan assets (subtract line 7b from line 7a)	., 7с			646					73523
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)		6	317					
(2) Participants	8a(2)		29	700					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-2	140					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8с								33877
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	1 1								
f Administrative service providers (salaries, fees, commissions)									
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i Net income (loss) (subtract line 8h from line 8c)									33877
j Transfers to (from) the plan (see instructions)	·· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T 3D	n feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	as from the List of Pla	n Chara	octorist	ic Coc	les in th	a inetruc	tions:	
In the plan provides would be benefits, effect the applicable wellare	Todiaro oode	55 HOM the List of Flat	ii Onaic	20101101	10 000	100 111 111	o motrao	tiono.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	ınt
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 Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest					>				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pl			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount	as of vear er	nd.)	10g		X				
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			X				
i If 10h was answered "Yes," check the box if you either provided	f 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								
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			,	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								. П	Yes N
11a Enter the unpaid minimum required contribution for all years from						11a		<u>. – – </u>	
12 Is this a defined contribution plan subject to the minimum fundin							RISA?	. 🛮 🗎	Yes X N

	F	orm 5500-SF 2015 Page 3 - 1									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
а	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	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter t	ne 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							
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d							
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A				
Part		Plan Terminations and Transfers of Assets			100	110	1471				
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No					
		s," 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 brough	ght under the co	ontrol		Yes X	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	: VIII	Trust Information									
14a	Name o	f trust		14b 1	14b Trust's EIN						
14c	Name	of trustee or custodian		14d	14d Trustee's or custodian's						
140 Name of trustee of custodian						telephone number					
Par	t IX	IRS Compliance Questions									
15a	Is the	plan a 401(k) plan?		Ye	Yes No						
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)?		ba ha	Design- based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	Yes No						
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	U p∈	Ratio Average benefit 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	s	No					
17a Has the plan been timely amended for all required tax law changes?						No	N/A				
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/ and the letter's serial number											
17d	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		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	;	No					
19	Were in	n-service distributions made during the plan year?		Ye	s	No					
	If "Yes," enter amount										
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				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information										
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015										
A This r	eturn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box multiple ist of participating employer information in accordance with the form insti							
		a one-participant plan	a foreign plan			,				
B This re	eturn/report is	the first return/report an amended return/report								
_		an amended return/report	∐ a snort plan year retu	rn/report (less than 12	months)					
C Check box if filing under:										
Part II	Basic Plan Info	ermation—enter all requested info								
1a Name		enter an requested into	nnauon		1b Three-digit					
YONG J. P	PARK DDS INC. 401(k)	PLAN			plan number					
	W				1c Effective date of plan 01/01/2014					
Mailin	ng address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)			dentification Number				
YONG J. P.	ARK, DDS, INC.	e, country, and ZIP or foreign postal	code (if foreign, see insi	tructions)	2c Sponsor's t	(EIN) 46-1510104 2c Sponsor's telephone number (425) 636-8700				
7315 N.E. 1	141ST ST.					ode (see instructions)				
KIRKLAND,					32.2.0					
3a Plan a	administrator's name an	3b Administrator's EIN								
					3c Administrate	or's telephone number				
4 If the	name and/or EIN of the	plan sponsor has changed since the other from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN					
	or's name				4c PN					
5a Total	number of participants a	at the beginning of the plan year			5a	3				
		at the end of the plan year			5b	3				
C Numb	er of participants with a	ccount balances as of the end of the	e plan year (defined bene	efit plans do not	5c	4				
d(1) Tota	al number of active part	icipants at the beginning of the plan	year		5d(1)	3				
		icipants at the end of the plan year.			5d(2)	3				
than	100% vested	erminated employment during the pl			5e	0				
Under pena	alties of perjury and other	r incomplete filing of this return/re er penalties set forth in the instructio	eport will be assessed	unless reasonable car examined this return/re	use is established. nort including if an	nlicable a Schadule				
SB or Sche	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as v	well as the electronic ver	sion of this return/repor	t, and to the best of	my knowledge and				
SIGN HERE	X \		19/29/16	XJ YONG JI	AIR PARK	,· 				
THE STATE OF THE S	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing as plan	administrator				
SIGN HERE										
3/6/21	Signature of employ	er/plan sponsor me, if applicable) and address (inclu	Date	Enter name of individual						
i ichaici s i	name (moluding littl Na	me, n applicable) and address (INCIU	ide (OOM OF SUITE RUMDE	''	Preparer's telepho	ne number				
				ļ						
				ļ		[
		6								

Feat New all of the plant is assets during the plant year invested in eligible assets? (See Instructions). Yes New all plants of the plant is a set of the plant is a defined benefit plan, is it overed under the PBCC insurance program (see ERISA section 4077) Yes No Not determined the plant is a defined benefit plan, is it overed under the PBCC insurance program (see ERISA section 4077) Yes No Not determined the plant is a defined benefit plan, is it overed under the PBCC insurance program (see ERISA section 4077) Yes No Not determined the plant is a defined benefit plan, is it overed under the PBCC insurance program (see ERISA section 4077) Yes No Not determined the plant is a defined benefit plan, is it overed under the PBCC insurance program (see ERISA section 4077) Yes No Not determined the plant is a defined benefit plant plant plant is a defi	Form 5500-SF 2015		Page 2				-					
Patt If Financial Information (a) Beginning of Year (b) End of Year 30846 73523	D Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil if you answered "No" to either line 6a or line 6b, the plan ca	of an independ ity and condition Innot use Forn	lent qualified public ns.) n 5500-SF and mu	c accou	ntant (i ead us	QPA)	m 5500.	•••••	X Yes [
7 Plan Assets and Liabilities 7 (e) Beginning of Year 30646 73523 a Total plan seets. 76 30646 73523 C Net plan assets (subtract line 76 from line 7a) 7c 30646 73523 8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 3 Contributions received or receivable from: (1) Employers 84(1) 6317 (2) Participants 84(1) 84(2) 82(3) 84(3)		- Insurance pro	gram (see LNSA	3CCIIO11	4021)		res	[] ₁₄₀ []	Not determine			
a Total plan assets			(a) Daningi									
b Total plan liabilities		(a) Degitining of Year (b) End of Year										
8 Income, Expenses, and Transfers for this Plan Year (e) Amount (b) Total 8 Income, Expenses, and Transfers for this Plan Year (e) Amount (b) Total 9 Contributions received or receivable from: (1) Employers												
B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total				396	646	+			73523			
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Other income (loss) (8) Other signature (loss) (8) Other expenses (9) Oth		則組制器	(a) Am			\dashv		(b) T				
33 Others (including rollovers) 8a(3)	a Contributions received or receivable from:	8a(1)	(a) Airi		317	3 (),		(b) Total				
b Other income (cass) C Total income (cass) Bb -2140 33877 C Total income (cass) Bb -2140 33877 C Total income (cass) Based in Sa(1), 8a(2), 8a(3), and 8b)	(2) Participants	8a(2)		297	700			_ = 514				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					_							
d Benefits paid (including direct rolicovers and insurance premiums to provide benefits) e Certain deermed and/or corrective distributions (see instructions)	b Other income (loss)	8b		-21	40		N = 1		PER SAR			
to provide benefits) Catain deemed and/or corrective distributions (see instructions)		8c							33877			
f Administrative service providers (salaries, fees, commissions)	to provide benefits)					EX.						
g Other expenses						9			W 1 4 W 1 2 4			
h Total expenses (add lines 8d, 8e, 8f, and 8g)						9	- ₹					
Net income (loss) (subtract line 8h from line 8c)							F. C. 3.					
part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2T 3D B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10a X 10b X 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X												
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									33877			
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides plan participant loans in the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides pensions participant loans in the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides pensions participant loans in the applicable welfare feature co		··· 8j										
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												
Part V Compliance Questions 10	ya in the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T 3D	n feature codes	from the List of P	lan Cha	aracteris	stic C	odes in t	he instructi	ions:			
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	B If the plan provides welfare benefits, enter the applicable welfare	feature codes t	from the List of Pla	n Char	acterist	ic Co	des in the	e instructio	ns:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part V Compliance Questions											
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	John Jour.				Yes	No	N/A		Amount			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary Fiduo	ciary Correction	102		Х						
C Was the plan covered by a fidelity bond?	b Were there any nonexempt transactions with any party-in-interes	t? (Do not inclu	de transactions			х						
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	C Was the plan covered by a fidelity bond?			10c		х			-			
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.)	d Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bond, t	hat was caused			х						
f Has the plan failed to provide any benefit when due under the plan?	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor	her persons by	an insurance benefits under			х						
Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3												
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3												
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h If 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						The Met				
Did the plan trust incur unrelated business tayable income?	if 10h was answered "Yes," check the box if you either provided to	If 10h was answered "Yes," check the box if you either provided the required notice or one of the										
					$\neg +$							

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

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

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40......

☐ Yes ☐ No

Yes X No

5500) and line 11a below).....

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	(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. Month Day Year									
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.								
	b Enter the minimum required contribution for this plan year		12b							
	Enter the amount contributed by the employer to the plan for this plan year		12c							
_	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	ft of a	12d							
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A				
Par	Plan Terminations and Transfers of Assets									
13	A Has a resolution to terminate the plan been adopted in any plan year?			Yes X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year									
b	of the PBGC?				Yes 🛚	No				
	which assets or liabilities were transferred. (See instructions.)	the plan(s) to) 							
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)				
-										
Par	Trust Information									
14a	Name of trust		14b Trust's EIN							
140	Name of trustee or custodian	14d Trustee's or custodian's telephone number								
Pai	IRS Compliance Questions				-					
15a	Is the plan a 401(k) plan?		Yes		No					
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas	sign- ed safe bor hod	PACP					
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curr testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(2(a)(2)(ii))?	ent year (m)-	Yes	s No						
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		□ per	Ratio percentage test		rage efit test				
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combir this plan with any other plans under the permissive aggregation rules?	ning	Yes		No					
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	□ N/A				
	for tax law changes and codes).	. Enter the ap				structions				
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 and the letter's serial number										
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, ente determination letter		he plan's	last favo	rable					
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ha made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isl		Yes		No					
19	Were in-service distributions made during the plan year?		Yes		No					
	If "Yes," enter amount		19							
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whet retired), as required under section 401(a)(9)?		Yes		No	□ N/A				