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

Part I		t Identification Information									
For caler	ndar plan year 2015 or	fiscal plan year beginning 01/01/2015		<u> </u>	2/31/2015						
A This	return/report is for:		yer) (Filers checking this box must attach a in accordance with the form instructions)								
_			foreign plan								
B This re	eturn/report is	the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)									
C Chec	k box if filing under:	- 블	utomatic extension		DFVC	program					
		special extension (enter description)									
Part II		ormation—enter all requested informat	ion		41						
	ne of plan GROUP 401(K) PLAN				1b Three-digit plan number (PN) ▶						
					1c Effective da	ate of plan 01/01/2012					
Mail	ing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Box			2b Employer lo (EIN)	dentification Number 91-0908121					
	ENTRAL CONSTRUCT	nce, country, and ZIP or foreign postal cod FION, INC.	e (If foreign, see instr	ructions)	2c Sponsor's telephone number 509-765-5757						
· ·					2d Business c	ode (see instructions)					
P O BOX 8 MOSES LA	350 AKE, WA 98837					237990					
3a Plan	administrator's name a	and address XSame as Plan Sponsor.			3b Administrat	or's EIN					
		_			2						
					3C Administrat	or's telephone number					
4 If the	e name and/or FIN of th	he plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b EIN						
nan	ne, EIN, and the plan no	umber from the last return/report.	st return/report med to	or this plan, office the							
	nsor's name				4c PN						
5a Tota	al number of participant	ts at the beginning of the plan year			5a	105					
		ts at the end of the plan year		i	5b	114					
com	nplete this item)	n account balances as of the end of the pla			5c	42					
d(1) ⊤	otal number of active p	articipants at the beginning of the plan year	ar		5d(1)	101					
` '	·	participants at the end of the plan year			5d(2)	108					
tha	n 100% vested	at terminated employment during the plan	•		5e	0					
		other penalties set forth in the instructions,									
SB or Sc		and signed by an enrolled actuary, as well									
SIGN	Filed with authorized	d/valid electronic signature.	10/11/2016	PAMP MAIERS							
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as plar	n administrator					
SIGN											
HERE		loyer/plan sponsor	Date		dividual signing as employer or plan sponso						
I Dronaror	'e name (including firm	name if applicable) and address (include	room or quite numbe	or I	Prenarer's telent	none number					

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eli 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 independity and conditio	lent qualified public a	ccount	ant (IQ	PA)			X Ye	
C If the plan is a defined benefit plan, is it covered under the PBG0	C insurance pro	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	rmined
Part III Financial Information					1				
7 Plan Assets and Liabilities	_	(a) Beginning					(b) End	of Year	1000
a Total plan assets			236	869				331	1030
D Total plan liabilities C Net plan assets (subtract line 7b from line 7a)			236	869				331	1030
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoi					(b)	Γotal	
a Contributions received or receivable from:		(u) Amor					(6)	otai	
(1) Employers	8a(1)			432					
(2) Participants			78	711					
(3) Others (including rollovers)			2	0					
b Other income (loss)			-3	493				100	3650
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums)								100	050
to provide benefits)			13	944					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			545					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14	1489
	Net income (loss) (subtract line 8h from line 8c)							94	1161
j Transfers to (from) the plan (see instructions)	····· 8j			0					
B If the plan provides welfare benefits, enter the applicable welfar	e feature code	s from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instruc	tions:	
Part V Compliance Questions						NI/A	1		
During the plan year: Was there a failure to transmit to the plan any participant contr described in 29 CFR 2510.3-102? (See instructions and DOL' Program) Were there any nonexempt transactions with any party-in-inter reported on line 10a.)	s Voluntary Fidesest? (Do not in	luciary Correction clude transactions	10a	Yes	X	N/A		Amount	<u>:</u>
C Was the plan covered by a fidelity bond?									400000
d Did the plan have a loss, whether or not reimbursed by the pla	n's fidelity bond	d, that was caused	10c	X	X				100000
by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)	other persons come or all of th	by an insurance ne benefits under	10d 10e		X				
f Has the plan failed to provide any benefit when due under the	plan?		10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amour	nt as of year en	d.)	10g		Х				
h If this is an individual account plan, was there a blackout period 2520.101-3.)	d? (See instruc	tions and 29 CFR	10h		X				
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.	d the required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			,						
11 Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below)								Ye	s No
11a Enter the unpaid minimum required contribution for all years fro						11a			
12 Is this a defined contribution plan subject to the minimum fund	ing requiremen	ts of section 412 of t	he Cod	e or se	ction 3	302 of E	ERISA?	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
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	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	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	esign- ased safe arbor ethod	ADF test	P/ACP
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	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
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	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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F 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 Annual R	eport Identification Informatio	n.						
For calendar plan year 20	115 or fiscal plan year beginning	01/01/2015	and ending	12/31				
A This return/report is fo		lan (not multiemployer) oployer information in a	yer) (Filers checking this box must attact in accordance with the form instructions)					
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report							
	an amended return/report	an amended return/report a short plan year return/report (less than 12 i						
C Check box if filing und	<u>M</u> 1 01111 00000	automatic extension		DFV	program			
Part II Basic Pla	special extension (enter des							
1a Name of plan	n Information—enter all requested i	nformation	· · · · · · · · · · · · · · · · · · ·					
Maiers Group 40	l(k) Plan			1b Three-dig plan numb				
				1c Effective of 01/01/				
Mailing address (inclu	(employer, if for a single-employer plan) de room, apt., suite no. and street, or P province, country, and ZIP or foreign pos	O. Box)	rolland	2b Employer (EIN) 91	Identification Number - 0908121			
North Central	Construction, Inc.	ren roome fil toteldill see IUSUI	renous)	2c Sponsor's telephone number 509-765-5757				
P O Box 850				2d Business (237990	code (see instructions)			
Moses Lake	WA 98837							
3a Plan administrator's n	ame and address XSame as Plan Spor	sor.		3b Administra	tor's EIN			
				3c Administra	tor's teleptione number			
4 If the name and/or EIN name, EIN, and the pl	of the plan sponsor has changed since an number from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN				
	Name of the state			4c PN				
	ipants at the beginning of the plan year			5a	105			
b Total number of partic	pants at the end of the plan years with account balances as of the end of			5b	114			
complete this item)	with account datances as of the end of	trie plan year (defined benef	t plans do not	5c	4:			
	ve participants at the beginning of the pl			5d(1)	103			
d(2) Total number of act	ive participants at the end of the plan ye	ar		5d(2)	10.			
 Number of participant than 100% vested 	s that terminated employment during the	plan year with accrued bene	efits that were less	5e	r			
vaution: A penalty for the	late of incomplete filling of this return	1/report will be assessed o	niess reasonable cau	se is establishe	-d. `			
SB or Schedule MB comple belief, it is true, correct, and	ind other penalties set forth in the instruc- ted and signed by an enrolled actuary, a complete	sions, I declare that I have e	xamined this return/report,	ort, including, if a , and to the best o	pplicable, a Schedule of my knowledge and			
SIGN /	Dellan.	10/11/2016	Pamp Maiers					
HERE Signature of	lah administrator	Date	Enter name of individu	f individual signing as plan administrate				
SIGN JOHN) Allen		Pamp Maiers	ior algring ea plat	r authinistrator			
HEDE X 1/	mployer/plan sponsor							
Preparer's name (including	firm name, if applicable) and address (in	Date clude room or suite number	Enter name of individu)	Preparer's telept	lone number			
For Paperwork Reduction Act	Notice and OMB Control Numbers, see the	instructions for Form 5500-SI	<u>L</u>		Form 5500-SF (2015)			

	Form 5500-SF 2015		Page 2	·							
6; i	Were all of the plan's assets during the plan year invested in eligit 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	c accou	ntant (QPA)				X Yes			
(If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA	section	4021)	?	Yes	No	☐ No	t deter	mined
LP	art III Financial Information					····	***************************************				
7	Plan Assets and Liabilities		(a) Beginni	ing of Y	ear			(b) E	nd of Y	ear	
	Total plan assets			2	36,8	69	·				1,030
	Total plan liabilities	7b						***************************************			
	Net plan assets (subtract line 7b from line 7a)	7c		2	36,8	69			***************************************	33	1,030
8	Income. Expenses, and Transfers for this Plan Year	14.15.35	(a) Am	ount				d)) Total		
а	Contributions received or receivable from: (1) Employers	0-441			2.3 4.	3		*************		***************************************	
***************************************	(2) Participants	8a(1)			33,4						
	(3) Others (including rollovers)	8a(2)			78,7		-				· · · · · · · · · · · · · · · · · · ·
b	Other income (loss)	8a(3)		·	~ .	0			~~~~	•	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	\$2000 DEED DEED		-3,4	93					
d	Benefits paid (including direct rollovers and insurance premiums	8c	383400 M 0 435 M 0 450	***************************************						10	8,650
	to provide benefits)	8d		3	13.,94	14		14			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	-8e				0		•			
f	Administrative service providers (salaries, fees, commissions)	8f			54	15			· ·		
g	Other expenses	8g		······································		0			***************************************	·	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		p 15.5		+	· · · · · · · · · · · · · · · · · · ·		·	7	4 400
i	Net income (loss) (subtract line 8h from line 8c)	8i		-	7	\top		***************************************			4,489 4,161
-	Transfers to (from) the plan (see instructions) If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to the plan provides pension to the plan pensio	8j	des from the List of P	Plan Cha	ıracteri	o stic Co	odes in	the instri	uctions		
9a B	If the plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T If the plan provides welfare benefits, enter the applicable welfare fe	8j feature co				stic Co				•	
9a B Par	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T If the plan provides welfare benefits, enter the applicable welfare fe	8j feature co				stic Co					
9a B Par 10	If the plan Characteristics If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fellow. If the plan provides welfare benefits, enter the applicable welfare fellow. The plan provides welfare benefits, enter the applicable welfare fellow. The plan provides welfare benefits, enter the applicable welfare fellow.	8j leature co ature cod	es from the List of Pla			stic Co					
9a B Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volence)	8j feature cod ature cod ons withir	es from the List of Pla the time period duciary Correction		acteris	stic Cod	des in th		ctions:		
9a B Par 10 a	If the plan provides pension benefits, enter the applicable pension of 2E 2J 2K 2F 2G 3D 3H 2T If the plan provides welfare benefits, enter the applicable welfare feel to the plan provides welfare benefits, enter the applicable welfare feel to the plan provides welfare benefits, enter the applicable welfare feel to the plan provides welfare feel to the plan and participant contributing the plan year: Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Vorengram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	eature cod ature cod ons within oluntary Fi	es from the List of Planth of the time period duciary Correction	10a	acteris	stic Cod	des in th		ctions:		
9a B Par 10 a	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 2F 2G 3D 3H 2T If the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides pension is the plan applicable welfare feat. Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Volume Program). Were there any nonexempt transactions with any party-in-interest?	eature cod ature cod ons within oluntary Fi	es from the List of Planth of the time period duciary Correction	10a	acteris	stic Cod	des in th		ctions:	ount	
9a B Par 10 a b c d	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 2F 2G 3D 3H 2T If the plan provides welfare benefits, enter the applicable welfare feat V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Volengram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?	8j feature cod ature cod ons within fluntary Fi (Do not in	es from the List of Plant in the time period duciary Correction include transactions d, that was caused	10a	Yes	stic Cod	des in th		ctions:	ount	
9a B Par 10 a b c d	If the plan provides pension benefits, enter the applicable pension of 2E 2J 2K 2F 2G 3D 3H 2T If the plan provides welfare benefits, enter the applicable welfare feet to the plan provides welfare benefits, enter the applicable welfare feet to the plan provides welfare benefits, enter the applicable welfare feet to the plan provides welfare feet to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Vorengram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fine by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	eature cod ature cod ons within lluntary Fi (Do not it	es from the List of Planthe time period duciary Correction include transactions d, that was caused by an insurance the box of the confirmation of	10a 10b 10c	Yes	stic Cod	des in th		ctions:	ount	
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9a B Par 10 a b c d e	If the plan provides pension benefits, enter the applicable pension of 2E 2J 2K 2F 2G 3D 3H 2T If the plan provides welfare benefits, enter the applicable welfare feat the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare feat to the plan any participant contributing the plan year. Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fine by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan' Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout perior? (See instructions)	eature cod ature cod ons withir oluntary Fi (Do not it delity bon or persons or all of to	es from the List of Plant the time period duciary Correction and the transactions do that was caused by an insurance the benefits under those and 29 CEP.	10a 10b 10c 10d 10e 10f	Yes	No X X X	des in th		ctions:	ount	
B Par 10 a b c d f	If the plan provides pension benefits, enter the applicable pension of 2E 2J 2K 2F 2G 3D 3H 2T If the plan provides welfare benefits, enter the applicable welfare feat the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare feat to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Vorengram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's finely fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Did the plan have any participant loans? (If "Yes," enter amount as	eature cod ature cod ons withir oluntary Fi (Do not it delity bon or persons or all of ti of year er ee instruc	es from the List of Plant the time period duciary Correction and the transactions and the transactions by an insurance the benefits under the bene	10a 10b 10c 10d	Yes	No X X X X X X	des in th		ctions:	ount	
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B Par 10 a b c d f g h i Part 11	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides welfare benefits, enter the applicable welfare feat. If the plan provides welfare benefits, enter the applicable welfare feat. Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fine by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan's this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-Did the plan trust incur unrelated business taxable income? VI Pension Funding Compliance	eature cod ature cod ons withir oluntary Fi (Do not it delity bon or persons or all of th of year er iee instruct required 3	es from the List of Plant the time period duciary Correction and the transactions duciary Correction and that was caused by an insurance the benefits under the benef	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes X	No X X X X X X X X X X X X X X X X X X X	N/A	ne instruc	Amo	1c	00,000

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		94 Anglesi, 44 - Transportation of the American		T	****************	
If a waiver of the minimum funding standard for a prior year is being amortized in this granting the waiver.		Mannth	enter the		ne letter Year	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	and skip to li	ne 13.		Pfermannen en	1001	
b Enter the minimum required contribution for this plan year	···	************	12b			······································
C 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 negative amount)	minus sign to th	ne left of a	12d		······	······································
e Will the minimum funding amount reported on line 12d be met by the funding deadline	?		П	Yes Π	No	N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to ferminate 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	*****************	***********************	13a		<u> </u>	
b Were all the plan assets distributed to participants or beneficiaries, transferred to ano of the PBGC?	ther plan, or bro	ought under the co	ontrol		Yes X	No
C If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	ner plan(s), ide	ntify the plan(s) to)			
13c(1) Name of plan(s):		13c(2)	EIN(s)	T	13c(3)	PN(s)
Part VIII Trust Information					****	
14a Name of trust			14b Tr	ust's EIN		
14c Name of trustee or custodian	***************************************			rustee's or elephone n		ian's
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 emplo matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	***************				ADI	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan y testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-22(a)(2)(ii))?	1 has (ii)(2)(c)	401/m)	Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirem	ents under sec	tion 410(b):	Rati perc	entage		erage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 4 this plan with any other plans under the permissive aggregation rules?	01(a)(4) by cor	nbining	Yes		No	
17a Has the plan been timely amended for all required tax law changes?	·*************************************		Yes		No	∏N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopte for tax law changes and codes).		Enter the a		***************************************		nstructions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volumed advisory letter, enter the date of that favorable letter and the	e letter's serial i	number				Of .
17d If the plan is an individually-designed plan and received a favorable determination letter determination letter	from the IRS, e	enter the date of the	ne plan's	last favora	ble	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA semade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands of	ection 1022(i)(2 the U.S. Virgir) has been n Islands)?	Yes	[No	
19 Were in-service distributions made during the plan year?			Yes	Γ	No	
If "Yes," enter amount			19		4	
Were required minimum distributions made to 5% owners who have attained age 70 ½ (retired), as required under section 401(a)(9)?	egardless of w	hether or not	Yes		No	□ N/A