Form 5500-SF		Short Form Annual Return/Report of Small Employee Benefit Plan					DMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee Retir					2015		
Employee B	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the le).	Internal		orm is Open to c Inspection		
Part I		Complete all entries in a dentification Information	ccordance with the ins	tructions to the Form 5	500-SF.				
	ar plan year 2015 or fisc		016	and ending 0	3/31/2016				
A This ret	urn/report is for:	X a single-employer plan a one-participant plan		plan (not multiemployer) mployer information in ac		-			
B This retu	urn/report is	the first return/report an amended return/report	X the final return/report X a short plan year retu	rn/report (less than 12 m	ionths)				
C Check I	Check box if filing under:						am		
Part II	Basic Plan Infor	mation—enter all requested info	. ,						
1a Name					(PN)	number	001		
					IC Ellect	02/01			
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O.		terre the end	2b Emplo (EIN)		cation Number 89641		
	AR CARE INC.	country, and ZIP or foreign posta	li code (ir foreign, see ins	tructions)	2c Sponsor's telephone number 360-458-1421				
					2d Busin	ess code (s	ee instructions)		
16510 1061F YELM, WA 9	HAVENUE SE 8597-8636					81119	90		
3a Plan a	dministrator's name and	address XSame as Plan Spons	or.		3b Admir	nistrator's E	IN		
					3c Admir	histrator's te	lephone number		
		blan sponsor has changed since t per from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN				
a Spons		•			4c PN				
5a Total r	number of participants at	t the beginning of the plan year			5a		7		
		t the end of the plan year			5b		0		
		count balances as of the end of t			5c		0		
d(1) Tota	al number of active partie	cipants at the beginning of the pla	n year				7		
		cipants at the end of the plan yea			5d(2)		0		
		rminated employment during the			5e		0		
Caution: A Under pena SB or Sche	A penalty for the late or alties of perjury and othe edule MB completed and	incomplete filing of this return er penalties set forth in the instruct signed by an enrolled actuary, as	/report will be assessed tions, I declare that I have	d unless reasonable care examined this return/re	port, includin	ig, if applica			
sign	true, correct, and comple Filed with authorized/va	ete. alid electronic signature.	12/02/2016	MICHAEL J. BROWN					
HERE	Signature of plan ad	· · · · · · · · · · · · · · · · · · ·	Date	Enter name of individ		s plan adm	inistrator		
SIGN					<u> </u>				
HERE	Signature of employe		Date	Enter name of individ	lual signing a	s employer	or plan sponsor		
CAROL CO	OLBY	me, if applicable) and address (ind	clude room or suite numb	per)	Preparer's	telephone r 847-776			
PALATINE	, IL 60067								
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 550	0-SF.		F	orm 5500-SF (2015)		

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IQ	PA)				
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined		
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year		
а	Total plan assets	7a		211	082			0		
b	Total plan liabilities							0		
C	Net plan assets (subtract line 7b from line 7a)	7c		211	082	0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total		
а	Contributions received or receivable from:	80(1)			0					
	(1) Employers	8a(1)		2	387	-				
	 (2) Participants (3) Others (including relievers) 	8a(2)			0	-				
h	(3) Others (including rollovers) Other income (loss)	8a(3)		-6	740					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c			140	-		-4353		
-	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		206	211					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			518					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					206729			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-211082		
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:		
B	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	des in th	he instructions:		
Par	V Compliance Questions				-		•			
10	During the plan year:				Yes	No	N/A	Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions							
	reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х			25000		
d	by fraud or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	х			493		
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j			X			
Part	VI Pension Funding Compliance			,	1		1			

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched 5500) and line 11a below)	ule SB	(Form	Yes	No
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 3	302 of E	RISA?	Yes 🗡	K No

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-					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		of the minimum funding standard for a prior year is being amortized in this plan year, see instruction waiver.		enter t Dav		f the letter i Year	ruling		
lf		eted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy					
_		ninimum required contribution for this plan year		12b					
				12c					
-		mount contributed by the employer to the plan for this plan year							
u		mount)		12d					
е	Will the mi	nimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	VII Pla	n Terminations and Transfers of Assets							
13a	Has a reso	lution to terminate the plan been adopted in any plan year?			XY	es No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year							0		
b		ne plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		ontrol			1		
		GC?				X Yes	No		
С		nis plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ets or liabilities were transferred. (See instructions.)	y the plan(s) to						
1	3c(1) Nam	e of plan(s):	13c(2)	EIN(s))	13c(3)	PN(s)		
Part		ust Information							
				14h					
	Name of tru WNS CAR	ST CARE, INC. 401(K) TRUST		14b Trust's EIN 208496200					
14c	Name of tr	rustee or custodian		14d Trustee's or custodian's					
MICH	IAEL J. BR	OWN			•	ne number			
					3	360-458-14	21		
Par	IX IR	S Compliance Questions							
15a	Is the plan	a 401(k) plan?		<u></u> Р	′es	No			
	· ·				Design-				
15b	,	we does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an approximation $(40, (m)/2)^2$			based saf harbor		DP/ACP		
	matching t	contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			nethod	te	St		
15c		ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes			No		
	testing met 2(a)(2)(ii))2	thod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	01(m)-						
40-					Ratio	A	verage		
16a	Check the	box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		percentag est		enefit test		
16b		lan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com ith any other plans under the permissive aggregation rules?		<u></u> Р	′es	No			
17a	Has the pla	an been timely amended for all required tax law changes?		ΠY	′es	No	N/A		
17b	Date the la	st plan amendment/restatement for the required tax law changes was adopted / /	. Enter the ap	plicab	le code	(See ir	nstructions		
		changes and codes).				(
17c		sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla tter, enter the date of that favorable letter/ and the letter's serial n		t to a	favorable	IRS opinio	n or		
17d	If the plan determinat	is an individually-designed plan and received a favorable determination letter from the IRS, e ion letter/	nter the date of	the pl	an's last f	avorable			
18		maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) nerican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Y	es	No			
19	Were in-se	rvice distributions made during the plan year?		Y	′es	No			
	lf "Yes," en	ter amount		19					
20	Were requi	red minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w	nether or not	Пү		No	N/A		
		required under section 401(a)(9)?		י⊔ן	03				

Form 5500-SF	Short Form Annu	al Return/Report of Small Empl	oyee		0448 Nos. 1210-0110 1210-0089
Department of the Treesury Internal Revenue Service	This form is not ired to be file	Benefit Plan d under sections 104 and 4065 of the Employee R	latinament		2015
Department of Labor	Income Security Act of 1974	(ERISA), and sections 6057(b) and 6058(a) of the	Internal	The set	
Employee Banefits Security Administration Pension Banefit Guaranty Corporation	1 .	Revenye Code (the Code).		This Form is Open to Public Inspection	
	→ Complete all entries in t identification Information	accordance with the instructions to the Form 5	580-SF.	<u> </u>	
For calendar plan year 2015 or		01/01/2016 and ending	03	37317201	.6
	X a single-employer plan	a multiple-employer plan (not multiemployer)			
A This return/report is for:	🗋 a one-pantolpant plan	list of participating employer information in ad	ccordance	with the for	m instructions)
🛱 This return/report is	the first return/report	fil the final return/report			
(a) (na isujinistor is	an amended return/report	N a shori plan yasr ratum/report (kas then 12 m	nanthe)		
C Check box if filing under:	🕅 Form 5858	autonistio extension	1	DFVC proc	าเลก
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Browns Car Care Inc	. 401(k) Trust			n number N) 🖡	001
			ويرابع المعتب ويترجع والمعربين	ective date (of plan
	<u></u>		02	/01/200	7
	loyer, if for a single-employer plan) iom, ept., sulle no, and street, or P.C				tifiastion Number
City or town, state or provin	nce, country, and ZiP or foreign post	tal code (If foreign, sos instructions)	1	N) 45-04 onsor's telev	phone number
Browns Çar Care In	ac.			0-458-1	
16510 106th Avenue	- SE				(see Instructions)
the second of the second s	mp		. Ç.,	1190	
Yelm	WA 95597-86	36			
	WA 93527-35 and address (Stams as Pion Spor	ⅆℴℋℌⅆℽ⅀ℳℼ℈ℎ⅁ℳℋℋℳℋℋℒⅆⅆⅆⅆ℻⅃⅃ⅆ⅀ⅆⅆℳ℻ℳⅆ℆℻℻⅌Ωℋ℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℻℅℻℻℻	36 Ad	ministrator's	RIN
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Fax: (206) 878-2867 From: Mogan Lewand

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Form 5500-8F 2015	والاردي المصحانية وسالين	9age 2		. <u> </u>					,
 6a Were all of the plan's assets during the plan year invested in eligit b Are you claiming a waiver of the annual exemination and recert of under 29 CFR 2520.104-45? (See instructions on waiver aligibility If you answered "Ne" to either line Se or line Sis, the plan setu 	an Indoppi and sondit tat take Fe	ident qualified public a ional) Ivn 3500-5F and must	ccounts Instag	ant (10) Idi Qeç	PA) Form	5309.	······································	X Yes [X Yes [] Ne] Ne
C If the plan is a dofined benefit plan, is it covered under the RBGC is	nelnenge () Mederedense	rogram (see Erisa se	-5100 41	021)?. -		Yes (Sot determine	is)Cl
Ran III Financial Information	an and a state of the	la a parte antes a presidentes en parte en antes			·			ما بالاستان ويوم معامل والم	
7 Plan Assels and Llabilities	<u>Perces</u>	(a) Beginning	alterization de la companya de la c	simber or set	-	u rajna na	(i) End a	Year	en e
a Total plan assets			21.	1,08	2	ىرىمىيىتىنى بىرىكى ئۇرىمىيىتىنى بىرىكى	در شکار برد. در شکار برد بارد بارد بارد بارد بارد بارد بار	anistan gérékainan jering	<u> </u>
b Yətal plan flabilli şe men monormun munan yaranı yaranı yaranı yaranı yaranı yaranı yaranı yaranı yaranı yara	a second s	ndereteren in ander en anderetere an	or a c		C Deserver	alari kanalari kana	au neutrane autore autore de la constante de la	an a	ncisecture)ius. (i)
C Net plan assets (austract line 7b from line 7a)	Reference	сабучай упроторы или местик ула косфендациясы мендер	engeneren ageb	1,08	*		and a contract the second second	andisatus Atiat Caribia	nestanikasi N
6 income, Expenses, and Transfers for this Plan Year		(a) Amai	and the second		1		<u>(b) To</u>		\$
 Contributions received or receivable from: (1) Employers 	熊家(有)				0 }%			932.67 A	
(2) Participanta	(Jerstreenseering)	, we die prindigen an werden gewennen in der sich die die seine die se	abwarranka	8.38	7	107 S 8		2. m. s. j	
(3) Others (Including rollovers)		an a	anara da ana a	narpi.ou'n.oim	o Rei	5			
b Other income (loss)		anie wiedzie w stanie	n se	5, 74	0 52				
C Total income (add lines 8a(1), 8a(2), 6a(3), and 8b)	· - 部項					an a	al de la companya de	v 4	,353
d Benafits paid (including direct follovers and insurance premiums		and in the second s	ري دن سريم ميکرست مي	s,21	183	488			
to provide benefite)		ocodoctolicacional communication de la constanción de la constanción de la constanción de la constanción de la	ninestation Ci-fri	ಜಾಯ ಸಾರ್ ಜಿಕ್ರೆ ನಿಂಗಿ		2 1 175		NY CONTRACTOR	
e Oertain depred and/or corrective distributions (cay instructions)	:	an san ang ang ang ang ang ang ang ang ang a	,anggalangensya				u de la construcción de la constru	n stangeren	eera karig
f Administrative service providers (selarius, fees, commissions)	CONTRACTOR AND ADDRESS OF	ang kanya na sa	بغرائبهرت بترجيز ومدراج	يل تن محمورين (مريوري)			n na a tr		a de la compañía de
 Q Other expenses						19 9 - 19 90 y 1994		346	.729
I dat expenses (add lines ad, oa, b), and en. Net Income (loss) (subtract line 6h from line 6b), continues data and		Service Services				alarenyska karanski o	, and the second se	-211	Contraction of the local division of the loc
Transfers to (from) the plan (see instructions)	. The second sec		nantan persitan Sarih di Kerantan	in an					
Ratt IV Plan Characteristics		An his data Balandar velydinig y Straid Andrew Station (1), 4 hefd	and the second secon	//////////////					PRINTER ADDRESS
3a If the plan provides pension banefits, enter the applicable sension 2E 2J 2F 2G 3a If the plan provides wolfers banefits, enter the applicable welfore									alliferatur de la constant de la const Interpreter de la constant de la cons
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Part V. Compliance Questions	n Marina and Andrewski and Andre Andrewski and Andrewski and	ajaran darak menangkan ana angkan darak sa	, attack and the second	(genaration)	هندر دو م	Spannenskanskerve	Autorite and an	ter and the second s	-
10 During the plan year:			pennerado pennerado	¥05	1450 : 	N/A	and the second second	Artspeliet	eneration and the second s
S Was there a failure to transmit to the plant any participant contributions and COL's to program)	Voluntary F	idualary Correction	'iQa		×.,				
 Were there any nonexempt transactions with any party-in-interes 	in was the	inglude transactions	an a		arrandarad X		abienen kunnen sikke si	en un construir à sub et se current	iic - cworsynw
reported on line 10a.)			105	enere parie	anistratives. An		awalooimaamii		really recording
Was the plan covered by a fidelity bond? an environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmental and the plan covered by a fidelity bond? An environmen	CALIFICATION INCOMENTATION OF THE REAL PROPERTY OF	404/08/20/04/03/5.50/05/06/04/04/04/04/04/09/09/06/07/5	489	7				9 (2)	5,000
d Did the pish have a loss, whether ar net reimburged by the pish's by fraud or dishonesty?		******	40.d	lingshiganana,	X				
Were any fees or commissions paid to any brokers, uponts, or si carrier, insurance service, or other organization that provides say the plant (See instructions,)	96 67 8H 3f	the benefits under	90a	x					4.9.5
f Has the plan failed to provide any benefit when due under the pla			10:		X	550	and the first of the second		and the second
g Did the plen have any participant loans? (If "Yes," enter amount i	AR INT ARHOR &	4		****	X	1350		ĸĸġĊĸĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊŎŎŎ	and supplication of the su
14 If this is an individual account plan, was there a plactout sortpo? 2520,101-3.)	(See insin	uctions and 29 GFR	<u>40g</u> 10h		X	602			
I If 10h was answered "Yes," chock the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the reguire	s notice or one of the	101				esse "		
j Did the plan trust lower unrelated business texable income?	ومخدد وكودي فكولهن وأبيه شرب وجوون	بالمردية وزيارين وبروي ويعتدن أستناط فبالمالية فالمتعادي بمنابع والمتعاطية				X			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Ren W. Pension Funding Compliance			nin-suidespacin A PRE	hand the second s	inerenzae	มีระการสารเหตุล	and the second	most missenet sin for the sound	ngarar ayaa ya
TT is this a optimed benefit plan subject to minimum functing required \$500) and line 11a beliew).	kantika 7 (if "	Yee," see instructions :	and con	njaliete	Schot	iule 90	(Fam	l'i vee l'	²) Nga
11# Enter the unpoid minimum required contribution for all years from	. Behedde	#8 (Fam: 3800) line 4	ð.,,			116		an a shine an	Construction of the second
12 Is this a defined contribution plan subject to the minimum funding	200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Wheel Condition of the second s		dates and an	a fan of a' a	and the state of the second second	RISA7	Yes	Ne Ne
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From: Megan Lewand Fax: (206) 976-2667

Form 5500-6F 2015 Page 3 - []	<i>,</i>				
(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 emorized in this plan year, see ins granting the waiver.	Aontin	nter the Day	e date of th	e letter rulli Yaar	ng managamento
If you completed line 12a, complete lines 3, 9, and 10 of Schedule ME (Form \$500), and skip to line	13.				anaveza antes a
b Enter the minimum required contribution for this plan year		12b		alio lano osma o segura da casa da cas	-
C Enter the amount contributed by the employer to the plan for this plan year		120			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (anter a minus sign to the line additional and the second seco		12d		-	
Ø Will the minimum funding amount reported on line 12d bs mat by the funding deadline?			Yea	No	M/A
Part VI Plan Terminations and Transfers of Ascets		and the second		No-Perio Antonio antona an	uipepiageerourunaero estas
13a Has a resolution to terminate the plan been adopted in any plan yast? sustain our generation of the plan been adopted in any plan yast?		-	X Yes	Ne Ne	
if "Yes," onter the amount of any glan excess that revealed to the amployer this year construction	*1242*1465124651286624*	\$\$ 2		-	Q Martineeron
b Werz all the plan assets distributed to participants or leansticiarias, transferred to another glan, or brout			X	Yes 📋 b	hp.
 of the PBGG7 international structure internation structure internation structure internat					
13c(1) Name of plan(s):	13c(2) [≚IN(s)		13e(8) P	N(\$)
		-			
	anine y než než režini se objež posotova se je se	4,0x,477 4 ,427,523	and a start and	ويددر والمتحد والمتحدة	angene en
Ren VIII Trust Information	andraeth fran 1971, aind an an de anna, gin	126	Trust's Ein	bi Veritaria anterioriani anteriori	and an
14a Name of trust		i on the			
Browns Car Care, Inc. 401(k) Trust			40-60	126200	
Tes Name of trustop or custodian	مى بىلى يەر سەريەت بىلىرىغىر ئەرىپەر يەرىك سەريەت. مەرى	140	Trustas's talaphona		in's
Michael J. Brown		- addresson for the		(1995-14) 198-141 1995-141	-
Parcia 7 IRS Compliance Questions					
13a is the pipe a 401(k) pise?		[] Y	\$\$	Ne	
15b If "Yee," how does the 401(x) plan satisfy the nondeprinting requirements for smallayer deferrals an metching contributions (as applicable) under sections 401(k)(3) and 401(m)(\$)? Decompositions of the section of	*****************	D b	ubign- scud safa srbar ubiggi-	[] ADP isst	/AGR
Too if the ADP/ACP test is used, eld the 401(s) plan perform ADP/ACP testing for the plan year using the "s testing method" for henhighly conspansing employees (Yrusa, Reg sections 1.405(4)-2(s)(3)(i) and 1. 2(s)(2)(ii))?	104(m)»	1) vi	\$6 Marine Environmente	[] No	n for management of an independent of a
182 Chack the box to indicate the method used by the plan to satisfy the coverage requirements under seat	ion 410(b):	Ц р р	allo arcentage ast		raga sfi test
TSD Does the plan satisfy the coverage and hondisarimination tests of socians 410(b) and 401(b)(4) by con this plan with any other plane under the permission space at the rules?	Noisiing 	[] Y	agosyński se starowanie w starow Na starowanie w staro	[] No	, , , , , , , , , , , , , , , , , , ,
17a Has the plan bean timely amended for all required tax law changes?		[] ¥i	48	[]Ne	Ald[]
170 Date the last plan amendment/restatement for the required tax law shanges was adopted		applica	ରୀଜ ଉପ୍ଟ _{୨୦}		HUSION
17¢ If the plan sponser is an adoptor of a pra-appraved muster and prototype (M&P) or volume submitter pl advisory letter, enter the date of that fevorable letter and the letter's seriel t	1Umber	******			an de la companya de La companya de la comp
174 If the plan is an incluidually-designed plan and received a feverable determination letter from the INS, a determination letter		आरह दिन्ह	na.187 : 63462 2≕[X	567 KS 531 Kg	
18 Is the Plan maintained in a U.S. tankory (i.e., Puerto Alco (if no election under ERISA section 1022(i)(2 mode), American Sigmos, Guam, the Commonwealth of the Northern Mariana leignda or the U.S. Virgin) has been h (slands)?	[]¥¢	16	[] Ne	
19 Were in-service distributions made during the plan yaar?		Y []	時間	🗍 No	
It "Yes," onter amount		18	and and party and a speed of party of the set		
20 Ware required minimum distributions made to 5% owners whe kave addinations 70 % (regardlass of v	hether of hot	korrana M	n gand and man a ser a canto 1939:	aryona arguman Ba	- N/A
ceited), as required under section 40 fiel/917 announcementation and an announcementation of an announcementation	lapanatanan pinasian	i Laj Angenara	a na si dimangka di dana sa	eledona udonana ar sistemata juntif	n Marine (Marine Marine) Marine (Marine Marine) Marine (Marine Marine Marine Marine (Marine Marine Ma Marine Marine Ma Marine Marine Ma