Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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 calend	or calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016								
A This re	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan						
	turn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)						
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension DFVC program						
Part II	Basic Plan Info	ormation—enter all requested info	ormation						
1a Name JERRY D.	of plan	ROFIT SHARING PLAN		1k	Three-digit plan number (PN) ▶	001			
				10	Effective date of 07/0	plan 1/1987			
Mailin	sponsor's name (emplo g address (include roo		2b Employer Identification Number (EIN) 91-1149241						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ERRY D. ABRAMS CO., INC.				20	2c Sponsor's telephone number 509-943-8323				
060 JADWIN AVE., STE. 150 RICHLAND, WA 99352-3532					2d Business code (see instructions) 531310				
3a Plan	administrator's name a	nd address XSame as Plan Sponso	or.	3k	Administrator's I	EIN			
	3c Administrator's telephone number								
		e plan sponsor has changed since the plan sponsor has changed since the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN				
a Spons	sor's name				PN				
5a Total	number of participants	s at the beginning of the plan year			5a	27			
		s at the end of the plan year account balances as of the end of th		fit plans do not	5b	25			
comp	olete this item)				5c	11			
d(1) Total number of active participants at the beginning of the plan year					5d(1) 11				
` '	•	articipants at the end of the plan year			5d(2)				
than	100% vested	t terminated employment during the p	·······		5e 3				
		or incomplete filing of this return/ ther penalties set forth in the instruct				able a Schadula			
SB or Sch		and signed by an enrolled actuary, as							
SIGN	Filed with authorized	I/valid electronic signature.	11/15/2016	JERRY D. ABRAMS					
HERE	Signature of plan administrator Date Enter name of individual signing as plan administrator					ninistrator			

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligible 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 lf you answered "No" to either line 6a or line 6b, the plan cannot 	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes	<u> </u>
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not deter	mined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		2657					14037	
b Total plan liabilities	7b		0055	0	-			4.4007	0
C Net plan assets (subtract line 7b from line 7a)	7c		2657	864				14037	88
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Γotal	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-64	080					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-640	180
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1185	356					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		4	1640					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11899	996
i Net income (loss) (subtract line 8h from line 8c)	8i							-12540)76
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics					·				
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
				V					
			10c	X					240000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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	ne benefits under	10e		X				
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 a					X				
h If this is an individual account plan, was there a blackout period? (•	,	10g						
2520.101-3.)			10h		X				
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"	1-3		10i						
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 requirem 5500) and line 11a below)								Yes	s No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		· -	
12 Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of t	he Cod	e or se	ction 3	302 of EF	RISA?	Yes	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		
140 Maine of tracted of eastedian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b	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 harbor test method			
15c	5c 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))?					No			
16a	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						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		

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

For calendar plan yes		dentification Information									
Tor caleridar plan yea		al plan year beginning	07/01/2015	and ending		06/30/201	. 6				
A This return/report	is for:	an (not multiemployer) ployer information in ac		-							
	L	a one-participant plan	a foreign plan								
B This return/report i	is [
	L	an amended return/report	a short plan year return	n/report (less than 12 m	months)						
C Check box if filing	under: [DFVC prog	gram						
T T		special extension (enter des									
	Plan Infor	mation—enter all requested i	nformation		141.						
1a Name of plan Jerry D. Abra	ams Co.,	Inc. Profit Sharin	g Plan			Three-digit plan number (PN)	001				
						Effective date of 07/01/198	,				
Mailing address	(include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.	.O. Box)			Employer Ident	ification Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Jerry D. Abrams Co., Inc.						2c Sponsor's telephone number 509-943-8323					
1060 Jadwin Ave., Ste. 150							(see instructions)				
Richland		WA 99352-3	532								
3a Plan administrator's name and address XSame as Plan Sponsor.						3b Administrator's EIN					
					36	Administrator's	telephone number				
		plan sponsor has changed sinc		_===	_	=					
			e the last return/report filed to	or this plan, enter the	4b	EIN					
a Sponsor's name		ber from the last return/report.	e the last return/report filed to	or this plan, enter the	4b 4c						
a Sponsor's name		ber from the last return/report.			4c	PN	27				
a Sponsor's name 5a Total number of	participants a	ber from the last return/report.	·		4c	PN a	27				
a Sponsor's name5a Total number ofb Total number ofc Number of partic	participants a participants a cipants with ac	ber from the last return/report. It the beginning of the plan year It the end of the plan year Coount balances as of the end of	of the plan year (defined bene	efit plans do not	4c 5:	PN a b	25				
 a Sponsor's name 5a Total number of b Total number of c Number of partice complete this ite 	participants a participants a cipants with ac em)	ber from the last return/report. It the beginning of the plan year It the end of the plan year count balances as of the end of	of the plan year (defined bene	efit plans do not	4c 5:	PN a b	25 11				
a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number	participants a participants a cipants with ac em)of active parti	ber from the last return/report. It the beginning of the plan year It the end of the plan year Cocount balances as of the end of	of the plan year (defined bene plan year	efit plans do not	4c 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:	PN a b c (1)	25 11 11				
a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number d(2) Total number e Number of parti	participants a participants with accipants with accimpants of active participants that te	ber from the last return/report. It the beginning of the plan year It the end of the plan year It count balances as of the end of the plan year It icipants at the beginning of the plan year Icipants at the end of the plan year	of the plan year (defined bene plan year rear	efit plans do not	4c 55 51 55 55 55 55 55 55 55 55 55 55 55	PN a b c (1) (2)	25 11 11 7				
a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number d(2) Total number e Number of parti than 100% ves Caution: A penalty	participants a participants with accem)	ber from the last return/report. It the beginning of the plan year It the end of the plan year It the end of the plan year It the end of the plan year I the end of the plan year	plan year (defined bene plan year year he plan year with accrued be	efit plans do not	4c 55 56 56 56 56 56 56 56 56 56 56 56 56	PN a b c (1) (2) e established.	25 11 11 7 3				
a Sponsor's name 5a Total number of b Total number of c Number of partic complete this its d(1) Total number d(2) Total number e Number of parti than 100% ves Caution: A penalty Under penalties of po	participants a participants with accept of active participants that ted	ber from the last return/report. It the beginning of the plan year It the end of the end of the end of the end of the plan year I incomplete filing of this retuer penalties set forth in the instructed signed by an eprolled actuary	plan year (defined bene plan year rear he plan year with accrued benefits to be the plan year will be assessed ructions, I declare that I have	efit plans do not nefits that were less unless reasonable ca	4c 55 56 56 56 56 56 56 56 56 56 56 56 56	PN a b c (1) (2) e established. ncluding, if appli	25 11 11 7 3 icable, a Schedule				
a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number d(2) Total number e Number of parti than 100% ves Caution: A penalty Under penalties of po SB or Schedule MB of belief, it is true corre	participants a participants with accept of active participants that teted	ber from the last return/report. It the beginning of the plan year It the end of the end of the end of the end of the plan year I incomplete filing of this retuer penalties set forth in the instructed signed by an eprolled actuary	plan year (defined bene plan year rear he plan year with accrued benefits to be the plan year will be assessed ructions, I declare that I have	efit plans do not nefits that were less unless reasonable ca	4c 55 56 56 56 56 56 56 56 56 56 56 56 56	PN a b c (1) (2) e established. ncluding, if appli	25 11 11 7 3 icable, a Schedule				
a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number d(2) Total number e Number of parti than 100% ves Caution: A penalty Under penalties of po SB or Schedule MB obelief, it is true corre	participants a participants with accept of active participants that teted	ber from the last return/report. It the beginning of the plan year It the end of the end of the end of the end of the plan year It incomplete filling of this return to the plan year penalties set forth in the instrict of signed by an enrolled actuary ete.	plan year (defined beneficial plan year	nefits that were less unless reasonable ca examined this return/resion of this return/repo	4c 5. 5. 5d. 5d. 5d. 5d. 5d. 5d. 5d. 5d. 5	PN a b c (1) (2) e established. ncluding, if applit to the best of m	25 11 11 7 3 icable, a Schedule by knowledge and				
a Sponsor's name 5a Total number of b Total number of c Number of partic complete this its d(1) Total number d(2) Total number e Number of parti than 100% ves Caution: A penalty Under penalties of post SB or Schedule MB belief, it is true corre SIGN HERE Signatu	participants a participants with accept of active participants that teted	ber from the last return/report. It the beginning of the plan year It the end of the end of the end of the end of the plan year It incomplete filling of this return to the plan year penalties set forth in the instrict of signed by an enrolled actuary ete.	plan year (defined bene plan year rear he plan year with accrued benefits to be the plan year will be assessed ructions, I declare that I have	efit plans do not nefits that were less unless reasonable ca examined this return/repo	4c 5. 5. 5d. 5d. 5d. 5d. 5d. 5d. 5d. 5d. 5	PN a b c (1) (2) e established. ncluding, if applit to the best of m	25 11 11 7 3 icable, a Schedule by knowledge and				
a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number d(2) Total number e Number of parti than 100% ves Caution: A penalty Under penalties of p SB or Schedule MB belief, it is true corre SIGN HERE Signatu Sign HERE Signatu	participants a participants with accept of active participants that teted	ber from the last return/report. It the beginning of the plan year It the end of the end of the end of the end of the plan year incomplete filling of this return to the end of the plan year penalties set forth in the instress of the end of the plan year penalties set forth in the instress of the end of the plan year penalties set forth in the instress of the end of the plan year. It is the beginning of the plan year year incomplete filling of this return to the plan year year.	plan year (defined beneficially plan year	mefits that were less unless reasonable ca examined this return/re sion of this return/repo Jerry D. Abra Enter name of individent	4c 55 50 50 50 50 50 50 50 50 50 50 50 50	PN a b c (1) (2) e established. ncluding, if applit to the best of m gning as plan ad gning as employ	25 11 11 7 3 icable, a Schedule by knowledge and dministrator				
a Sponsor's name 5a Total number of b Total number of c Number of partic complete this ite d(1) Total number d(2) Total number e Number of parti than 100% ves Caution: A penalty Under penalties of p SB or Schedule MB belief, it is true corre SIGN HERE Signatu Sign HERE Signatu	participants a participants with accept of active participants that teted	ber from the last return/report. It the beginning of the plan year It the end of the end of the end of the end of the plan year incomplete filling of this return to the plan year penalties set forth in the instread signed by an enrolled actuary ete.	plan year (defined beneficially plan year	mefits that were less unless reasonable ca examined this return/re sion of this return/repo Jerry D. Abra Enter name of individent	4c 55 50 50 50 50 50 50 50 50 50 50 50 50	PN a b c (1) (2) e established. ncluding, if applit to the best of m	25 11 11 7 3 icable, a Schedule by knowledge and dministrator				

	Form 5500-SF 2015		Page 2							
D	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead under the plan cannot use F						5500.		X Y	es No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	1021)?		Yes	No [Not det	termined
Pa	rt III Financial Information					-				
7_	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	of Year	
_	Total plan assets	. 7a		2,65	7,86	4			_1,4	403 , 788
	Total plan liabilities	. 7b				0				C
_	Net plan assets (subtract line 7b from line 7a)	. 7c		2,65	7,86	4	1,403,			403,788
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b)	Total	
а	Contributions received or receivable from; (1) Employers	Po/4)				0				
		Ba(1)				-				
-	(2) Participants	8a(2)				0			_	_
h	Other income (loss)	8a(3)			1 00	<u> </u>	-	_		
	- Address - Address - Market -	8b		-6	4,08	0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				-			_	-64,080
	to provide benefits)	8d		1,18	5,35	6				
е	Certain deemed and/or corrective distributions (see instructions)	8e				0				
f	Administrative service providers (salaries, fees, commissions)	8f			4,64	0				
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,189,9			189 996
	Net income (loss) (subtract line 8h from line 8c)	8i								254,076
	Transfers to (from) the plan (see instructions)	8i				_	4			1017010
Pai	t IV Plan Characteristics	oj					_			
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of PL	an Cha	racteri	stic Co	ndes in	the instru	ctions.	
	2E 3D									
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instruc	tions:	
-										
Par										
10	During the plan year:				Yes	No	N/A		Amoun	it
a	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		Х				
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions			v				
_	reported on line 10a.)			10b		X				
c	Was the plan covered by a fidelity bond?			10c	Х					240,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	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.)	e or all of	the benefits under	40-		х				
f	Has the plan failed to provide any benefit when due under the plan			10e 10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 10h		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	ne required	notice or one of the	10ii						100
j	Did the plan trust incur unrelated business taxable income?			10i						
Part		37.00		10]						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	es," see instructions a	and cor	nplete	Sched	ule SB	(Form	П үе	es No
11a	Enter the unpaid minimum required contribution for all years from									
12	Is this a defined contribution plan subject to the minimum funding							DIEAG	Πv	es X No
		- odali ettie	110 01 3000011 4 12 01 U	10 000	o or se	ouon a	NZ OI L	KISA (1	20 VI 140

	Form 5500-SF 2015 Page 3 -								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		1						
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								
If	granting the waiver		Day_		Year				
	Enter the minimum required contribution for this plan year	Т	12b						
			12c						
- d	Enter the amount contributed by the employer to the plan for this plan year		120						
	negative 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?			Yes	X No				
	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 PBGC?		ntrol		Yes X	No			
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)) to							
1	3c(1) Name of plan(s): 13c	(2) E	IN(s)		13c(3) P	N(s)			
:									
Part	VIII Trust Information								
14a	Name of trust	•	14b Trust's EIN						
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?		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 harbor method		ADP/ACP test				
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))?		Yes		No				
-	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Ratio percentage test		Average benefit test				
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes	3	No				
	Has the plan been timely amended for all required tax law changes?		Yes	8	No	N/A			
	for tax law changes and codes).			le code		nstructions			
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is su advisory letter, enter the date of that favorable letter and the letter's serial number					or			
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the dat determination letter.	of the	ne plan	's last favo	orable				
	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		No				
	Were in-service distributions made during the plan year?		Yes	3	No				
	If "Yes," enter amount		19						
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or no retired), as required under section 401(a)(9)?	t	Yes	3	No	□ N/A			