## 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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension	Complete all entries in accordance with the instructions to the Form 5500-SF.						
Part I	Annual Report	Ide	entification Information				
For calen	dar plan year 2015 or fi	scal	plan year beginning 10/01/2	2015 and ending 09	9/30/2	2016	
<b>A</b> This r	eturn/report is for:	X	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_	
<b>B</b> This re	eturn/report is		the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths	)	
C Check	k box if filing under:		Form 5558 special extension (enter desc	automatic extension		DFVC progr	ram
Part II	Basic Plan Info	orm	nation—enter all requested in	formation			
1a Nam	e of plan		FIT SHARING PLAN AND TRU			Three-digit plan number (PN)	001
					10	Effective date of	i pian 1/1998
Maili	ng address (include roo	m, a	, if for a single-employer plan) apt., suite no. and street, or P.C		2b	Employer Identif	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) M2 SOFTWARE, INC.				2c Sponsor's telephone number 360-574-6984			
	REENWOOD DR., SUI ER, WA 98662	TE 2	200		2d	Business code (	,
3a Plan	administrator's name ar	nd a	nddress XSame as Plan Spons	sor.	3b	Administrator's I	ΞIN
					3с	Administrator's t	elephone number
nam			an sponsor has changed since or from the last return/report.	the last return/report filed for this plan, enter the		EIN PN	
		. at t	the heginning of the plan year		1	ia	55
						b	58
<b>C</b> Num	ber of participants with	acc	ount balances as of the end of	the plan year (defined benefit plans do not	_	ic	42
d(1) ⊤	otal number of active pa	artici	pants at the beginning of the pl	an year	5d	(1)	47
				ar	_	(2)	50
<b>e</b> Nur tha	nber of participants that n 100% vested	terr	minated employment during the	e plan year with accrued benefits that were less	5	ie	2
Caution:	A penalty for the late	or i	ncomplete filing of this retur	n/report will be assessed unless reasonable cau			
Under pe	nalties of periury and ot	ther	penalties set forth in the instru-	ctions. I declare that I have examined this return/re	port. i	ncluding, if applic	able, a Schedule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

SIGN Filed with authorized/valid electronic signature 02/03/2017 **SCOTT BURKARD HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

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

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>					
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second to</li></ul>	an independand condition	dent qualified public a	ccount	ant (IQ	PA)		
<b>c</b> 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 determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		4633	3491	-		5775485
<b>b</b> Total plan liabilities	7b		4622	1404			
Net plan assets (subtract line 7b from line 7a)  Income. Expenses, and Transfers for this Plan Year	7c	(a) A	4633	1491			5775485
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total
(1) Employers	8a(1)		66	776			
(2) Participants	8a(2)		236	385			
(3) Others (including rollovers)	8a(3)		571	800			
<b>b</b> Other income (loss)	8b		525	5007			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1399968
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		257	809			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f			165			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						257974
i Net income (loss) (subtract line 8h from line 8c)	8i						1141994
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature coo	des from the List of PI	an Cha	racteri	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:
— If the plan provides well are serious, offer the applicable well are the	catare coac	o nom me List of tha	ii Onait	20101101		100 111 1110	, motraotions.
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest					V		
reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			500000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ		
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	he benefits under	10e	X			16137
f Has the plan failed to provide any benefit when due under the pla			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a				X			82026
h If this is an individual account plan, was there a blackout period?	(See instruc	ctions and 29 CFR	10g	^	X		82020
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 required	notice or one of the	10h 10i				
j Did the plan trust incur unrelated business taxable income?							
			10j				
11 Is this a defined benefit plan subject to minimum funding requirem							
5500) and line 11a below)  11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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	e 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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						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)		<b>13c(3)</b> F	( <b>3)</b> 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		a 11 0		
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 pland the letter's serial representation of the letter's series of the l		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	3	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 calenda											
	ir plan year 2015 or	fiscal plan year beginning	10/01/2015	and ending	09/30/203	16					
A This retu	urn/report is for:	X a single-employer 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 one-participant plan	a foreign plan								
<b>B</b> This retu	rn/report is	the first return/report	the final return/repor	the final return/report							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)						
C Check b	oox if filing under:	Form 5558	automatic extension	1	DFVC pro	gram					
		special extension (enter desc	cription)								
Part II	Basic Plan In	formation—enter all requested in	nformation								
1a Name of DM2 SOF	•	401(k) PROFIT SHARING	G PLAN AND TRUS	г	<b>1b</b> Three-digit plan number (PN) ▶	001					
					1c Effective date 10/01/199						
20 Di		days if for a significant construct when									
Mailing	address (include ro	oloyer, if for a single-employer plan) from, apt., suite no. and street, or P.	O. Box)	-4	2b Employer Iden (EIN) 91-14						
-	FTWARE, INC	nce, country, and ZIP or foreign pos •	stal code (il foreign, see in	structions)	2c Sponsor's tele 360-574-6	•					
7700 N	E GREENWOOD	DR., SUITE 200			2d Business code 541519	(see instructions)					
VANCOU		WA 98662				-					
3a Plan ad	dministrator's name	and address XSame as Plan Spor	nsor.		3b Administrator's	EIN					
					JC Administrators	telephone number					
		the plan sponsor has changed since	e the last return/report filed	d for this plan, enter the	4b EIN						
	EIN, and the plan r	the plan sponsor has changed since number from the last return/report,	e the last return/report filed	d for this plan, enter the	4b EIN 4c PN						
name, a Sponso	EIN, and the plan r or's name				4c PN	55					
a Sponso	EIN, and the plan r or's name number of participar	number from the last return/report.			4c PN 5a	55 58					
a Sponso 5a Total r b Total r c Number	EIN, and the plan r or's name number of participar number of participar er of participants wit	number from the last return/report.	f the plan year (defined be	enefit plans do not	4c PN 5a						
a Sponso 5a Total r b Total r c Number	EIN, and the plan ror's name number of participar number of participar er of participants wite ete this item)	number from the last return/report.  Its at the beginning of the plan year into at the end of the plan year into account balances as of the end of	f the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c	58					
name, a Sponso 5a Total r b Total r c Number completed(1) Total d(2) Total	EIN, and the plan ror's name number of participar number of participar er of participants wit ete this item) al number of active	number from the last return/report.  Its at the beginning of the plan year  Ith account balances as of the end of the plan year at the end of the plan year participants at the beginning of the plan year participants at the end of the plan year	of the plan year (defined be plan year	enefit plans do not	4c PN 5a 5b 5c 5d(1)	58 42					
name, a Sponso 5a Total r b Total r c Number completed (1) Total d(2) Total e Number	EIN, and the plan roor's name number of participar er of participants wit ete this item) al number of active participants the	number from the last return/report, ats at the beginning of the plan year mits at the end of the plan year mits at the end of the plan year mith account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the	of the plan year (defined be plan year ear	enefit plans do not	4c PN 5a 5b 5c 5d(1)	58 42 47 50					
name, a Sponso 5a Total r b Total r C Numbe comple d(1) Tota d(2) Tota e Numb than Caution: A Under pena	EIN, and the plan ror's name number of participar er of participants wite this item)	number from the last return/report.  Its at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instruction and signed by an enrolled actuary,	of the plan year (defined be plan year	benefits that were less  ed unless reasonable ca ve examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e susse is established. eport, including, if appi	58 42 47 50 2 licable, a Schedule					
name, a Sponso 5a Total r b Total r c Number comple d(1) Tota d(2) Tota e Number than Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan ror's name number of participar er of participants wite tet this item)	number from the last return/report.  Its at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instruction and signed by an enrolled actuary,	of the plan year (defined be plan year	benefits that were less  ed unless reasonable ca ve examined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if appirt, and to the best of n	58 42 47 50 2 licable, a Schedule					
name, a Sponso 5a Total r b Total r c Number comple d(1) Tota d(2) Tota e Number than Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan ror's name number of participar er of participants wite tet this item)	number from the last return/report.  Its at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of the plan year into a terminated employment during the cor incomplete filling of this return other penalties set forth in the instructional signed by an enrolled actuary, implete.	plan year (defined be plan year	benefits that were less  ed unless reasonable ca we examined this return/report version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if appirt, and to the best of n	58 42 47 50 2 licable, a Schedule ny knowledge and					
name, a Sponso 5a Total r b Total r C Numbe comple d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan ror's name number of participar er of participants wite this item)	number from the last return/report.  Its at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of the plan year into a terminated employment during the cor incomplete filling of this return other penalties set forth in the instructional signal in administrator	of the plan year (defined be plan year	benefit plans do not  benefits that were less  ed unless reasonable ca ve examined this return/re version of this return/report  Scott Burkard  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if apprix, and to the best of notes and the second and dual signing as plan a	58 42 47 50 2 licable, a Schedule ny knowledge and					
name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than 2 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan ror's name number of participar er of participants wite this item)	number from the last return/report.  Its at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of participants at the beginning of the participants at the end of the plan year at terminated employment during the cor incomplete filling of this return other penalties set forth in the instruction and signed by an enrolled actuary, implete.	of the plan year (defined be plan year	benefit plans do not  benefits that were less  ed unless reasonable ca ve examined this return/re version of this return/report  Scott Burkard  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5e use is established. eport, including, if apprt, and to the best of notes and the dual signing as plan and dual signing as employed.	42 47 50 2 licable, a Schedule ny knowledge and dministrator					
name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than 2 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan ror's name number of participar er of participants wite this item)	number from the last return/report.  Its at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of the plan year into a terminated employment during the cor incomplete filling of this return other penalties set forth in the instructional signal in administrator	of the plan year (defined be plan year	benefit plans do not  benefits that were less  ed unless reasonable ca ve examined this return/re version of this return/report  Scott Burkard  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if apprix, and to the best of notes and the second and dual signing as plan a	42 47 50 2 licable, a Schedule ny knowledge and dministrator					

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Form	5500	-SE	201	

Form 5500-SF 2015		Page 2									
6a Were all of the plan's assets during the plan year invested in eligible	o accete? (9	See instructions )						XY	es 🗆	No	_
b Are you claiming a waiver of the annual examination and report of a	n independ	ent qualified public ac	countai	nt (IQP	A)				es [	l No	
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 be a second to the se	and condition	ns.)			• • • • • • • • • • • • • • • • • • • •	500.		М	es L	INU	,
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance nro	gram (see ERISA sec	tion 40	21)?	П	Yes $\square$ N	₀Пи	ot det	ermin	ed	
		gram (coo z. no. coo								_	_
		(a) Beginning	of Yea		T.	(b)	End of	Year			_
7 Plan Assets and Liabilities	7a		, 633						775,	48	<del>_</del> 5
a Total plan assetsb Total plan liabilities	7b				$\top$						
C Net plan assets (subtract line 7b from line 7a)	7c	4	,633	,491				5,	775,	48	5
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al			
a Contributions received or receivable from:			6.6	,776							
(1) Employers	8a(1)			3,385							
(2) Participants	8a(2)			, 800						-	
(3) Others (including rollovers)	8a(3)			, 00'	100						
b Other income (loss)	8b 8c		320	,, 00				1,	399	96	8
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      Benefits paid (including direct rollovers and insurance premiums	80										
to provide benefits)	8d		257	7,80	9						
e Certain deemed and/or corrective distributions (see instructions)	8e										
f Administrative service providers (salaries, fees, commissions)	8f			16	5						
g Other expenses	8g				200				0.5.5		
h Total expenses (add lines 8d, 8e, 8f, and 8g)									257 141		
Net income (loss) (subtract line 8h from line 8c)	8i					OF SATION		Τ,	747	, 99	4
j Transfers to (from) the plan (see instructions)	- 8j										
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension	facture and	ton from the List of Dis	n Chai	actoris	tic Co	des in the	instructi	ons:			_
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	rieature coc	ies nom the cist of the	an Onai	actoric	,,,,,			• • • • • • • • • • • • • • • • • • • •			_
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Plar	Chara	cterist	ic Cod	es in the i	nstructio	ns:			
											—
Part V Compliance Questions				V	Na	N/A		<b>A</b>	4	_	—
10 During the plan year:	مراطقان و مراطقان	the time period		Yes	No	N/A		Amoι	int		—
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		х						
b Were there any nonexempt transactions with any party-in-interes	t? (Do not i	nclude transactions	10b		х						
reported on line 10a.)				Х					50	0.0	 000
C Was the plan covered by a fidelity bond?			10c	<del>                                     </del>	-	200		_		-	_
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d	-	Х						
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides softhe plan? (See instructions.)	me or all of t	the benefits under	10e	х					1	6,	137
f Has the plan failed to provide any benefit when due under the pl			10f		Х						_
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g	Х					8	2,	026
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х						
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	d notice or one of the	10i			2.7.11					
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 require 5500) and line 11a below)	ments? (If "	Yes," see instructions	and co	mplete	Sche	dule SB (F	orm		Yes		No
11a Enter the unpaid minimum required contribution for all years from	n Schedule	SB (Form 5500) line 4	100	<u></u>		. 11a					
12 Is this a defined contribution plan subject to the minimum fundir	g requireme	ents of section 412 of	the Cod	de or s	ection	302 of ER	ISA?	Ш	Yes	X	No

Fo	rm 5500-SF 2015 Page <b>3</b> -					
(If "Yes	," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		_	<u> </u>	1.11	
a If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a g the waiver	ind en	ter th Day	ne date of the	e letter ruling Year	g ———
If you cor	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	$\neg$	12b	1		
	e minimum required contribution for this plan year	- 1		<del> </del>		
c Enter th	e amount contributed by the employer to the plan for this plan year		12c	-		
negativ	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a re amount)		12d	] ] <sub>V</sub>	No 🗆	N/A
	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
	Plan Terminations and Transfers of Assets			<u> </u>	<del></del>	
	resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	," enter the amount of any plan assets that reverted to the employer this year		13a			
of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t PBGC?		ntrol		Yes X N	0
C If during	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)				40.40.50	14-1
	lame of plan(s):	c(2) E	EIN(s	)	13c(3) PN	V(S)
					D	
Part VIII	Trust Information					
14a Name	of trust		146	Trust's EIN	l	
14c Name	e of trustee or custodian		14	d Trustee's telephone		n's
Part IX	IRS Compliance Questions					
15a Is the	plan a 401(k) plan?			Yes	No	
15h If "Ve	s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employe ding contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	эг		Design- based safe harbor method	ADP test	
testin	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2)(ii))?	ar		Yes	No	
16a Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b)	):		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 combining lan with any other plans under the permissive aggregation rules?	<u></u>		Yes	No	
<b>17a</b> Has t	he plan been timely amended for all required tax law changes?			Yes	No (See ii	N/A nstruction
for to	the last plantamental codes)			a favorable		
advis	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is and the letter's serial number ory letter, enter the date of that favorable letter			<u>·</u>		
dete	plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the orinination letter		Т_			
mad	e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)	f	10	Yes	No	
	in-service distributions made during the plan year?		<u> </u>	Yes	No	
	es," enter amount		1	9		
20 Were retire	e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or ed), as required under section 401(a)(9)?	r not		Yes	No	□ N/A