Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

2016

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		Identification Information									
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016											
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 THISTEL	um/report is ior.	a one-participant plan	a foreign plan								
B This retu	ırn/report is	the first return/report	X the final return/report								
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)						
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	n					
Part II	Pacia Plan Infe	special extension (enter descr	• •								
1a Name		ormation—enter all requested inf	ormation		1b Three-digit						
		DAVIS-BACON PENSION PLAN AN	ND TRUST		plan number	er 001					
					1c Effective da	ate of plan 01/01/2007					
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O				dentification Number 20-5585567					
	town, state or province NG SERVICES LLC	ce, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)		telephone number 0-474-0123					
4103 241ST ST NE ARLINGTON, WA 98223					2d Business code (see instructions) 238910						
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrat	or's EIN					
		_			2						
					3C Administrat	or's telephone number					
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN						
a Sponso	or's name				4c PN						
5a Total r	number of participants	at the beginning of the plan year			5a	3					
		at the end of the plan year			5b	0					
		account balances as of the end of			5c	0					
		articipants at the beginning of the pla			5d(1)	0					
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	0					
than '	100% vested	terminated employment during the			5e						
		or incomplete filing of this return									
SB or Sche		ther penalties set forth in the instruc ind signed by an enrolled actuary, a plete.									
0.0	Filed with authorized	/valid electronic signature.	02/17/2017	JOHN GUSTAFSON							
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plar	n administrator					
SIGN											
HERE	Signature of emplo		Date			ployer or plan sponsor					
Preparer's	name (including firm ।	name, if applicable) and address (in	iclude room or suite numbe	er)	Preparer's telep	hone number					

Form 5500-SF 2016 Page **2**

b Are you claiming a waver of the annual examination and report of an independent qualified public accountant (ICPA) under 28 CF 825.01.04-46 (See instructions on waiver eligibility and conditions. Under 18 CF 825.01.04-46 (See instructions on waiver eligibility and conditions). " Yes No Not determined by the part III Financial Information 7. Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1	6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)					X	Yes No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b								×	Yes Π No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		(,						1 103 110
7 Plan Assets and Liabilities	С							_	□No □ N	ot determined
7 Plan Assets and Liabilities	Pa	rt III Financial Information						•		
a Total plan assets	7			(a) Beginning	of Year				(b) End of Ye	ar
C Net plan assats (subtract line 7b from line 7a)	а	Total plan assets	7a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) (2) Participants. (3) Others (including rollovers). 8a(2) (3) Others (including rollovers). 8a(3) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), and 8a(3) 8d C Total income (add lines 8a(1), 8a(2), 8a(3), 8a(3) 8d C Total income (add lines 8a(2), 8a(3) 8d C Total income (add lines 8a(2), 8a(3), 8a(3)	b	Total plan liabilities								
a Contributions received or receivable from: (1) Employers (2) Participants			7с		43837	,				0
(1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b 2143 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 2143 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 46980 e Certain deemed and/or corrective distributions (see instructions) 8e 1 f Administrative service providers (salaries, fees, commissions) 8f 1 g Other expenses 8d 45980 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 45980 j Transfers to (from) the plan (see instructions) 8 1 i Net income (loss) (subtract line 8h from line 8c) 8 1 j Transfers to (from) the plan (see instructions) 8 1 lf the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2C 2F 26 2T 30 2T 30 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	
(2) Participants	а									
(3) Others (including rollovers)			` ` `			-				
b Other income (loss)			` ` `			\dashv				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,	1		21/12					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		· /			2143					04.40
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). g Other expenses. g Other expenses. h Total expenses (add lines 8d, 8e, 8f, and 8g)			8c							2143
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	a		8d		45980					
f Administrative service providers (salaries, fees, commissions)	е	,								
g Other expenses	f	, , , , , , , , , , , , , , , , , , , ,								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	a									
i Net income (loss) (subtract line 8h from line 8c)		·			459					45980
Transfers to (from) the plan (see instructions)							-43837			
Part IV Plan Characteristics	j	, , ,								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	Pai	rt IV Plan Characteristics	<u> </u>							
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructio	ns:
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruction	S:
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	10					Yes	No	N/A	Am	ount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction			X			
reported on line 10a.)		<u> </u>			10a					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		X			
by fraud or dishonesty?		Was the plan covered by a fidelity bond?			10c	Х				10000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	• • • • • • • • • • • • • • • • • • • •	•	· ·	10d		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	e	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	·	•		10h		X			
	i	If 10h was answered "Yes," check the box if you either provided to	he require	d notice or one of the	10i					

Form	5500	-SF	201	6

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions 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 302 of ERISA?								Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c	(3) PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	year" ADP
			- □ '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent detern	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

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

2016

This Form is Open to **Public Inspection**

		t Identification Information								
For calenda	r plan year 2016 or t	fiscal plan year beginning 01/01/20		and ending 12/3						
A This retu	ım/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp							
		a one-participant plan	a foreign plan							
B This return/report is										
	an amended return/report a short plan year return/report (less than 12 months)									
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter desc	cription)							
Part II	Basic Plan Info	ormation—enter all requested in	nformation							
1a Name of DE-WATERII	•	DAVIS-BACON PENSION PLAN A	AND TRUST		1b Three-digit plan number (PN) ▶	001				
					1c Effective date 01/01/2007	of plan				
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Idea (EIN) 20-5585					
City or	town, state or provin NG SERVICES LLC	nce, country, and ZIP or foreign pos	ital code (if foreign, see instru	uctions)	2c Sponsor's tel					
						e (see instructions)				
4103 241ST					230310					
ARLINGTON					2b Administrator	- CIN				
Ja Plan ac	iministrators name a	and address K Same as Plan Spo	onsor.		3b Administrator	SEIN				
					3c Administrator	's telephone number				
			~~~~			·				
		the plan sponsor has changed since number from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN					
a Sponso	or's name	·			4c PN					
5a Total r	number of participant	ts at the beginning of the plan year	**************************************	*******************	5a	3				
		its at the end of the plan year			5b	0				
	•	h account balances as of the end o		<u>•</u>	5c	0				
•		participants at the beginning of the p			5d(1)	0				
		participants at the end of the plan ye			5d(2)	0				
	per of participants the	at terminated employment during th	ne plan year with accrued be	nefits that were less	5e					
		e or incomplete filing of this retu								
SB or Sche	dule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,								
	rue, correct, and cou	mplete:	10/2/1-	John Gustafson	A	**************************************				
SIGN HERE	4424 8									
/ 1	Signature of plan		Date /	Enter name of Individ	lual signing as plan a	administrator				
SIGN 4	1990 F	Hisporgeon	<u> </u>							
		ployer/plan sponsor n name, if applicable) and address (	Date / /	Enter name of individual	lual signing as emple Preparer's telepho					
riepaieis	Danie (including inn	i maine, ii gapacabie) and address i	(include room or salte nambe	:	r reparer a telephic	we number				

6a \	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		**********		*****		X Yes	No
b A	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent qualified public a	ccount	ant (IQ	PA)			☐ Yes	
	f you answered "No" to either line 6a or line 6b, the plan cann		,					********	N	П ""
C II	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pr	ogram (see ERISA se	ction 4	021)?.		Yes	No [	Not deten	nined
Part	III Financial Information						**************************************			
	Plan Assets and Liabilities		(a) Beginning o	of Year			(1	b) End of	Year	
ат	Total plan assets	7a		4383	17				C	
ЬΤ	Total plan liabilities	7b				***************************************			TO APPROPRIEST STATE OF THE STA	
C N	Net plan assets (subtract line 7b from line 7a)	7c		4383	17		***************************************		0	
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) Tot	al	
	Contributions received or receivable from:  1) Employers	8a(1)								
(	2) Participants	8a(2)			3					
	3) Others (including rollovers)	8a(3)			1					
b c	Other income (loss)	8b	·	214	3					
<u>C 7</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				errate/war-stocker			2143	
	Benefits pald (including direct rollovers and insurance premiums o provide benefits)	8d		4598	10				***************************************	
<u>e</u> c	Certain deemed and/or corrective distributions (see instructions)	8e			1					
f <i>f</i>	Administrative service providers (salaries, fees, commissions)	8f		······································						
g	Other expenses	8g			1					
<u>h 1</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							45980	)
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	81							-43837	,
_ j	Transfers to (from) the plan (see instructions)	8j			ğ					
Part	IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	ides in I	the instru	ctions:	
þ	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan	n Chara	acterist	ic Cod	tes in th	ne instruct	ions:	
Part	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 contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Voluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	nclude transactions	10b		х				
С	Was the plan covered by a fidelity bond?	*********	· · · · · · · · · · · · · · · · · · ·	10c	Х		14 / 1965 1 / 1/2			10000
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 ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	an?	hans	10f		Х	4000			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		X	100			
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 2520.10			10i						

Page 2

Form 5500-SF 2016

Form	5500	QE.	201

Form 5500-SF 2016 Page 3- 1
-----------------------------

Part	VI	Pension Funding Compliance						
11	ls ti (Fo	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c rm 5500) and line 11a below)	omplet	e Sch	edule S	В		Yes 🛛 No
_11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*********		11a			
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				ſ	Ιп	Yes X No
	(If	ISA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	******	******	**********	***********		
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins nting the waiver		is, and	l enter t Day		of the lette Year	er ruling
If	you :	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			,		
<u>b</u>	Ente	r the minimum required contribution for this plan year			12b			
C	Ente	r the amount contributed by the employer to the plan for this plan year		.,,	12c			
	Sut	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lipative amount)	eft of a		12d		•	
e	Wil	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	s a resolution to terminate the plan been adopted in any plan year?	*******			X Yes	3 1	No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year	******		13a			0
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug ntrol of the PBGC?					X Yes [	No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ich assets or liabilities were transferred. (See instructions.)	ify the	olan(s)	to			
***************************************	13c(1	I) Name of plan(s):	***************************************	13c(2)	EIN(s)		13c(	3) PN(s)
Part	VIII	Trust Information	***************************************	Tanking and the second				
L		e of trust	*****************************		14b	Trust's E	EIN	
14c	Nan	ne of trustee or custodian					s or custo	
								•
Par	t IX	IRS Compliance Questions			-	***************************************		
15a	ls th	ne plan a 401(k) plan? If "No," skip b		Yes			No No	
15b		v did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply:	ΙЦ	safe i	n-base	L	"Prior y	/ear" ADP
	701(	(x)(3) for the plan year? Oneck all that apply.	ΙП	"Curre	ent year lest	r" [	N/A	
16a		at testing method was used to satisfy the coverage requirements under section 410(b) for the plan ir? Check all that apply:		Ratio perce test	o entage		verage enefit test	□ N/A
16b		the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?	🛛	Yes			∏ No	
17a	l If th	ne plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS letter and the serial number		n lette	r or adv	isory let	ter, enter t	he date of
17t	) If th	ne plan is an individually-designed plan that received a favorable determination letter from the IRS, e er	nter the	e date	of the n	nost rec	ent detem	nination
18	We	ined Benefit Plan or Money Purchase Pension Plan Only: re any distributions made during the plan year to an employee who attained age 62 and had not sep vice?		from	Ye	es (	] No	
19		s any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Y∈	es [	No No	