## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

**HERE** 

SIGN HERE

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	art I Annual Re	eport Identification Information	n		
For	calendar plan year 201	15 or fiscal plan year beginning 07/01/	/2015 and ending 06	5/30/2016	
A	This return/report is for		a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 mg	onths)	
C	Check box if filing unde	er: X Form 5558	automatic extension	DFVC pr	ogram
		special extension (enter desc	cription)	_	
Pa	rt II Basic Plai	n Information—enter all requested in	nformation		
1a	Name of plan	AILING WAGE RETIREMENT PLAN		1b Three-digit plan number (PN) ▶	003
				1c Effective date	of plan 7/01/2012
2a	Mailing address (inclu	(employer, if for a single-employer plan) de room, apt., suite no. and street, or P.		<b>2b</b> Employer Ide (EIN) 93	ntification Number 3-1226404
HIGH	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  GHWAY SPECIALTIES, LLC		2c Sponsor's tel	ephone number -390-1113	
	2 NE 13TH AVENUE COUVER, WA 98685-1	407			e (see instructions) 37310
3a	Plan administrator's n	ame and address ⊠Same as Plan Spon	nsor.	3b Administrator  3c Administrator	s EIN s telephone number
4		N of the plan sponsor has changed since lan number from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN	
a	Sponsor's name			4c PN	
5a	Total number of partic	ipants at the beginning of the plan year.		5a	72
	•			5b	61
С			f the plan year (defined benefit plans do not	5c	56
dí			olan year	5d(1)	1
	-		ear	5d(2)	44
	Number of participan	ts that terminated employment during the	e plan year with accrued benefits that were less	5e	2
			rn/report will be assessed unless reasonable cau		
SB		eted and signed by an enrolled actuary,	uctions, I declare that I have examined this return/rep as well as the electronic version of this return/report		

04/06/2017

Date

Date

KARL THATCHER

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

Form 5500-SF 2015		Page <b>2</b>							
6a Were all of the plan's assets during the plan year invested in eligib b 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 If you answered "No" to either line 6a or line 6b, the plan cann	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  Form	5500.		□ □ .	′es
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 de	termined
Part III Financial Information					-				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		465	320				60	03415
<b>b</b> Total plan liabilities	7b		405	.000				0.0	20445
C Net plan assets (subtract line 7b from line 7a)	7c			320	-				03415
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)		150	072					
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		7	250					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15	57322
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		14	663					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		4	564					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	19227
i Net income (loss) (subtract line 8h from line 8c)	8i							13	38095
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	oaturo codo	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o inetrue	tions:	
in the plant provides wellare benefits, effer the applicable wellare in	eature coue	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 1111	e ilistiuc	110115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
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 Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest									
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
<b>d</b> 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 t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
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?	(See instru	ctions and 29 CFR	10g 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	ne required	notice or one of the	10h 10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			10)	<u> </u>	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								П	′es ∏ N
11a Enter the unpaid minimum required contribution for all years from						11a		<u>. – –                                  </u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Y	′es X N

	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	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial			telephone		o	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A	

## 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										
	ar plan year 2015 or fi	scal plan year beginning	07/01/2015	and ending	06/30/201					
▲ This ret	turn/report is for:	X a single-employer plan	a multiple-employer list of participating e	oox must attach a m instructions)						
A mister	um/report is for.	a one-participant plan	a foreign plan							
<b>B</b> This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu							
C Check b	pox if filing under:		DFVC prog	gram						
		special extension (enter desc								
Part II	Basic Plan Info	rmation—enter all requested in	formation		_					
<b>1a</b> Name Road La		ailing Wage Retiremen	it Plan		<b>1b</b> Three-digit plan number (PN) ▶	003				
			1c Effective date of 07/01/201							
2a Plan sp	oonsor's name (emplo address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	). Box)		2b Employer Identi (EIN) 93-122					
City or		e, country, and ZIP or foreign post		tructions)	<b>2c</b> Sponsor's telep 503-390-1	ohone number				
14502	NE 13th Avenu		2d Business code 237310							
Vancou		WA 98685-14								
3a Plan ad	dministrator's name ar	nd address 🏻 Same as Plan Spons	sor.		<b>3b</b> Administrator's EIN					
1 If the n	name and/or FIN of the	o plan enoneor has changed since	the last return/report filed	for this plan enter the	4h FIN					
name,	EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
name, <b>a</b> Sponso	EIN, and the plan nur or's name	mber from the last return/report.			4c PN	72				
name, a Sponso 5a Total r	EIN, and the plan nur or's name number of participants	mber from the last return/report. at the beginning of the plan year			4c PN 5a	72				
name, a Sponso 5a Total r b Total r	EIN, and the plan nur or's name number of participants number of participants	at the beginning of the plan year at the end of the plan year			4c PN 5a 5b	72 61				
name, a Sponso 5a Total r b Total r c Number complete	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan yearat the end of the plan year	the plan year (defined ber	nefit plans do not	4c PN 5a 5b 5c	61 56				
name, a Sponso 5a Total r b Total r c Number completed(1) Total	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined ber	nefit plans do not	4c PN 5a 5b 5c 5d(1)	56 1				
name, a Sponso 5a Total r b Total r c Number completed (1) Total d(2) Total	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of tricipants at the beginning of the plan year	the plan year (defined ber an year	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	61 56				
name, a Sponso 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number than 1	EIN, and the plan nur or's name number of participants number of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the pl rticipants at the end of the plan year terminated employment during the	the plan year (defined ber an yearan year ber	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	56 1				
name, a Sponso  5a Total r b Total r C Number completed (1) Total d(2) Total e Number than 1	EIN, and the plan nur or's name number of participants are of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year terminated employment during the	the plan year (defined ber an yearar ar plan year with accrued be	nefit plans do not enefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	61 56 1 44 2				
name, a Sponso  5a Total r b Total r C Number completed (1) Total d(2) Total e Number than 1  Caution: A  Under penais B or Sche	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa er of participants that 100% vested alties of periury and of	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year terminated employment during the  or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a	the plan year (defined ber an yearar plan year with accrued be	enefit plans do not enefits that were less I unless reasonable cau e examined this return/re ersion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applict, and to the best of my	56 1 44 2 cable, a Schedule				
name, a Sponso  5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than r  Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with al number of active pa al number of active pa er of participants that 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the plan year terminated employment during the  or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a	the plan year (defined ber an yearar plan year with accrued be	nefit plans do not enefits that were less I unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applict, and to the best of my	56 1 44 2 cable, a Schedule				
name, a Sponso  5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than 1  Caution: A  Under penal SB or Schele belief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with al number of active pa al number of active pa er of participants that 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the pl rticipants at the end of the plan yea terminated employment during the rer penalties set forth in the instruct a signed by an enrolled actuary, a plete.	the plan year (defined ber an yearar plan year with accrued be	enefits that were less  I unless reasonable cau e examined this return/reporersion of this return/repore	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applict, and to the best of my	61 56 1 44 2 cable, a Schedule y knowledge and				
name, a Sponso  5a Total r b Total r C Number completed d(1) Total d(2) Total e Number than r  Caution: A Under penal SB or Schebelief, it is t  SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item) al number of active pa er of participants that 100% vested penalty for the late alties of perjury and oth dule MB completed ar rue, correct, and comp	at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the pl rticipants at the end of the plan yea terminated employment during the rer penalties set forth in the instruct a signed by an enrolled actuary, a plete.	the plan year (defined ber an year	enefits that were less  I unless reasonable cau e examined this return/reporersion of this return/repore	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applic	61 56 1 44 2 cable, a Schedule y knowledge and				
name, a Sponso  5a Total r b Total r c Number completed d(1) Total e Number than 1  Caution: A  Under penal SB or Sche belief, it is t  SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of tricipants at the beginning of the plan year terminated employment during the plan year terminated by an enrolled actuary, a plate.	the plan year (defined ber an year	enefit plans do not enefits that were less  I unless reasonable cau e examined this return/re ersion of this return/repor  Karl Thatcher  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applic t, and to the best of my	56 1 44 2 cable, a Schedule y knowledge and ministrator				
name, a Sponso  5a Total r b Total r c Number completed d(1) Total e Number than 1  Caution: A Under penal SB or Sche belief, it is t  SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of cricipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the cor incomplete filing of this return there penalties set forth in the instruct and signed by an enrolled actuary, a collete.	the plan year (defined ber an year	enefit plans do not enefits that were less  I unless reasonable cau e examined this return/re ersion of this return/repor  Karl Thatcher  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if applic t, and to the best of my	56 1 44 2 cable, a Schedule y knowledge and ministrator				

6a	Were all of the plan's assets during the plan year invested in eligib								X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes No
	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 į	orogram (see ERISA s	ection 4	1021)?		Yes	No 📗	Not determined
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginnin	q of Ye	ar			(b) End o	f Year
a	Total plan assets	. 7a	(4, 2-3		5,32	:0			603,415
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		46	5,32	0			603,415
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) To	tal
	Contributions received or receivable from:		(1)						
	(1) Employers	8a(1)		15	0,07	2			
	(2) Participants	8a(2)						<del></del>	
	(3) Others (including rollovers)	8a(3)						······	
b	Other income (loss)	8b			7,25	0			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							157,322
d	Benefits paid (including direct rollovers and insurance premiums			1	4,66	3			
	to provide benefits)	8d			4,00	╬			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			4 50	_	,		
f	Administrative service providers (salaries, fees, commissions)	8f			4,56	4			<del></del>
g	Other expenses	8g			-				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19,227
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							138,095
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in	the instruction	ons:
	2A 2E 2F 2G 3D								
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coo	tes in th	e instruction	ns:
_		<del></del>							
Par		<del></del>			Van	l Na	N/A		\
10	During the plan year:	tiona utithi	n the time period	I	Yes	No	IN/A	<u> </u>	Amount
а	Was there a failure to transmit to the plan any participant contribut 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					Х			
	reported on line 10a.)			10b		Х	<del>                                     </del>		
c	Was the plan covered by a fidelity bond?			10c		^			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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.)	er person e or all of	s by an insurance the benefits under	10e		Х			
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 as			10g		Х			
	If this is an individual account plan, was there a blackout period? (					Х			
	2520.101-3.)			10h		Λ			
	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		L			
Part				_					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions	and cor	nplete	Sched	lule SB	(Form	Yes No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction :	302 of E	RISA?	Yes X No

Page 2

Form 5500-SF 2015

	Form 5500-SF 2015 Page <b>3 -</b>						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiverMonth		er the o	date of the	e letter ru ⁄ear	ling	
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		<del></del>				
b	Enter the minimum required contribution for this plan year	+	2b				
	Enter the amount contributed by the employer to the plan for this plan year	- -	2c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	_ 1	2d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part \	Plan Terminations and Transfers of Assets						
	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	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	contr	ol		Yes X	No	
С	of the PBGC?						
1:	3c(1) Name of plan(s): 13c(2	) EIN	l(s)		13c(3) F	PN(s)	
	850 · I —						
Part '	VIII Trust Information	- I a		ıst's EIN			
14c	Name of trustee or custodian	1		rustee's o lephone r		an's	
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	[	Yes		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)?					ADP/ACP test	
	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		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Rati perc test	o entage		erage efit test	
16b	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		No		
	Has the plan been timely amended for all required tax law changes?	<u>[</u>	Yes		No	□ N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).				`	nstruction	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject 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 date of determination letter.	1_		iast iavu			
	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)?	L	Yes		No		
	Were in-service distributions made during the plan year?	<u>[</u>	Yes		No		
	If "Yes," enter amount	- 1	9	·			
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?		Yes		No	□ N/A	