## 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.

2046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Parti	Annual Report	identification information							
For calend	lar plan year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 12	2/31/2016				
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) ( employer information in ac	_				
	14.1.7.104011.10.10.1	a one-participant plan	a foreign plan	. , . ,		,			
<b>B</b> This ret	urn/report is	the first return/report	the final return/repor	rt					
		an amended return/report	a short plan year ret	plan year return/report (less than 12 months)					
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC program				
D ( II	Desir Diese leefe	special extension (enter desc	· ′						
Part II	•	ormation—enter all requested in	formation		41				
1a Name		K) PROFIT SHARING PLAN			<b>1b</b> Three-digit plan number				
DILIKOWA	14DEROOM, 1140. 401(	TO THOM TO HARMON LAN			(PN) ▶	001			
					1c Effective dat	e of plan 1/01/1994			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	) Boy)		2b Employer Ide	entification Number			
		ce, country, and ZIP or foreign pos		structions)	(=)				
BYERS & Al	NDERSON, INC.					627-6401			
0000 N 00T	III CUITE 202				2d Business cod	de (see instructions)			
2208 N. 3011 TACOMA, W	H, SUITE 202 /A 98403				54	11190			
<b>3a</b> Plan a	administrator's name a	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administrato	r's EIN			
					3c Administrato	r's telephone number			
					30 Administrato	s telephone number			
		e plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN				
	e, EIN, and the plan nu sor's name	mber from the last return/report.			4c PN				
		s at the beginning of the plan year.			5a	7			
		s at the end of the plan year			5b	5			
		account balances as of the end of		•	5c	5			
	,	articipants at the beginning of the p			5d(1)	Ę			
<b>d(2)</b> Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	3			
		terminated employment during the			5e	1			
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable car					
SB or Sche	edule MB completed a	ther penalties set forth in the instru and signed by an enrolled actuary,							
SIGN	Filed with authorized	/valid electronic signature.	04/13/2017	JENNIFER L. GUADN	OLA				
HERE	Signature of plan a		Date	Enter name of individ		administrator			
SIGN	Jigilatare of plant	Administrator	Date	Enter name of maivid	aai sigiiiiig as piaii	administrator			
HERE	<u> </u>								

Date

Signature of employer/plan sponsor

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

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Pa	rt III Financial Information		1							
_7_	Plan Assets and Liabilities		(a) Beginning				(	(b) End	of Year	
a	Total plan assets	7a	1	326416					1497026	
b	Total plan liabilities	7b		0					2196	
С	Net plan assets (subtract line 7b from line 7a)	7c	1	326416	5				1494830	)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	otal	
а	Contributions received or receivable from:	92/1)		44684						
	(1) Employers	8a(1)		30378						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		112065						
	Other income (loss)	8b 8c							187127	,
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	80							107127	
	to provide benefits)	8d		7594						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		11119						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							18713	3
i	Net income (loss) (subtract line 8h from line 8c)	8i					168414			ļ
j	Transfers to (from) the plan (see instructions)	8i	0							
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					132642
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 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	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> 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 custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			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).

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

r-or calend			02 /02 /001 6	- Harris	20 102 10026			
	ar plan year 2016 or	fiscal plan year beginning	01/01/2016 and er		12/31/2016			
A This rot	turn/ranart in face	X a single-employer plan	a multiple-employer plan (not multie					
A This rei	turn/report is for:	a one-participant plan	list of participating employer inform a foreign plan	iation in accorda	ance with the for	n instructions.)		
B This reti	urn/report is	the first return/report	the final return/report					
<b>D</b> 111101010	инитеротт ю	an amended return/report	a short plan year return/report (less	than 12 months	.)			
C Check I	box if filing under:	Form 5558	automatic extension	_ D	FVC program			
		special extension (enter desc	ription)					
Part II	Basic Plan Inf	formation—enter all requested in	nformation					
1a Name	of plan			1b	Three-digit			
BYERS &	ANDERSON, IN	NC. 401(K) PROFIT SHA	RING PLAN		plan number	001		
				40	(PN)	f . l		
					Effective date o 01/01/1994	•		
		loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.0	O. Box)	2b	Employer Identi (EIN) 91 - 125			
_			tal code (if foreign, see instructions)	2c	Sponsor's telep			
BYERS 8	& ANDERSON, 1	INC.			253-627-64			
0000 17	2.0001			2d	Business code	(see instructions)		
2208 N.	. 30TH, SUITE	1 202		!	541190			
TACOMA		WA 98403						
	dministrator's name			2h	Administratorio	CIN		
Ja Pian a	dministrator's name	and address X Same as Plan Spo	msor.	30	3b Administrator's EIN			
				3c	Administrator's	telephone number		
				1				
4 If the r	name and/or EIN of t	he plan sponsor has changed since	the last return/report filed for this plan, e	enter the 4b	EIN			
		number from the last return/report.		40	LIIV			
a Spons	or's name			4c	PN			
5a Total	number of participant	ts at the beginning of the plan year			5a			
<b>b</b> Total i	number of participant				)a	7		
					5b			
		h account balances as of the end of	f the plan year (only defined contribution	plans 5	5b	5		
		h account balances as of the end of		plans 5	5b 5c	5		
compl	lete this item)	h account balances as of the end of	f the plan year (only defined contribution	plans 5	5b 5c 1(1)	5		
compl d(1) Tota	lete this item)al number of active p	h account balances as of the end of participants at the beginning of the p	f the plan year (only defined contribution	plans 5	5b 5c	5 5 5		
compl d(1) Tota d(2) Tota e Numb	lete this item)	h account balances as of the end of the end of the participants at the beginning of the participants at the end of the plan yeart terminated employment during the	f the plan year (only defined contribution polan year	plans 50 50 50 ere less	5b 5c 1(1)	7 5 5 5 3		
compl d(1) Tota d(2) Tota e Numb than	lete this item)al number of active p al number of active p per of participants tha 100% vested	h account balances as of the end of participants at the beginning of the popularicipants at the end of the plan yeart terminated employment during the	f the plan year (only defined contribution polan year	plans 50 50 ere less 5	5b 5c d(1) d(2)	5 5 5		
complete d(1) Total d(2) Total e Number than Caution: A Under penale	lete this item)  al number of active p  al number of active p  per of participants tha  100% vested  A penalty for the late  alties of perjury and of	h account balances as of the end of participants at the beginning of the posticipants at the end of the plan year terminated employment during the e or incomplete filing of this return the penalties set forth in the instru	f the plan year (only defined contribution plan year	plans  50  50  ere less  onable cause is return/report,	56 d(1) d(2) 56e s established. including, if appli	5 5 3 1 icable, a Schedule		
complete d(1) Total d(2) Total e Number than Caution: A Under penass B or Sche	lete this item)  al number of active p  al number of active p  per of participants the  100% vested  A penalty for the late  alties of perjury and e  edule MB completed	h account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	f the plan year (only defined contribution polar year	plans  50  50  ere less  onable cause is return/report,	56 d(1) d(2) 56e s established. including, if appli	5 5 3 1 icable, a Schedule		
complete d(1) Total d(2) Total e Number than Caution: A Under penasse or Schebellef, it is	lete this item)  al number of active p al number of active p per of participants tha 100% vested  A penalty for the late atties of perjury and e dule MB completed true, correct, and cor	h account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	f the plan year (only defined contribution plan year	plans  50 50 ere less onable cause is return/report, and	56b 5c d(1) d(2) 5e s established. including, if applid to the best of m	5 5 3 1 icable, a Schedule		
complete d(1) Total d(2) Total e Number than Caution: A Under pens SB or Schebellef, it is SIGN	lete this item)	participants at the beginning of the poarticipants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.	f the plan year (only defined contribution plan year	plans  50  50  ere less  onable cause is return/report,	56b 5c d(1) d(2) 5e s established. including, if applid to the best of m	5 5 3 1 icable, a Schedule		
complete d(1) Total d(2) Total e Number than Caution: A Under penasse or Schebellef, it is	lete this item)  al number of active p al number of active p per of participants tha 100% vested  A penalty for the late atties of perjury and e dule MB completed true, correct, and cor	participants at the beginning of the poarticipants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.	olan year (only defined contribution polar year	plans  plans  50  50  pre less  conable cause is is return/report, and it is returned.	56b 5c d(1) d(2) 5e s established. including, if applid to the best of m	5 5 3 1 icable, a Schedule y knowledge and		
complete description of the co	lete this item)	participants at the beginning of the poarticipants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.	olan year (only defined contribution polar year	plans  plans  50  50  pre less  conable cause is is return/report, and it is returned.	5b 5c 5(1) 6(2) 5e s established. including, if applid to the best of m	5 5 3 1 icable, a Schedule y knowledge and		
complete description of the co	lete this item)	participants at the beginning of the poarticipants at the end of the plan year terminated employment during the e or incomplete filling of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.  Administrator	f the plan year (only defined contribution)  plan year  e plan year with accrued benefits that we  pri/report will be assessed unless rease uctions, I declare that I have examined thi as well as the electronic version of this re  Date  Enter name	plans  50 50 ere less  onable cause is is return/report, and r. L. Guada e of individual si	56b 5c 4(1) 4(2) 5e 5 established. including, if applid to the best of m	5 5 3 1 icable, a Schedule y knowledge and		
complete description of the co	lete this item)	participants at the beginning of the poarticipants at the end of the plan year terminated employment during the e or incomplete filling of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.	f the plan year (only defined contribution)  plan year  e plan year with accrued benefits that we  pri/report will be assessed unless rease uctions, I declare that I have examined thi as well as the electronic version of this re  Date  Enter name	plans  50 50 ere less  onable cause is return/report, and r L . Guada e of individual si	56b 5c 4(1) 4(2) 5e 5 established. including, if applid to the best of m	5 5 5 1 icable, a Schedule y knowledge and Iministrator		
complete description of the co	lete this item)	participants at the beginning of the poarticipants at the end of the plan year terminated employment during the e or incomplete filling of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.  Administrator	f the plan year (only defined contribution)  plan year  e plan year with accrued benefits that we  pri/report will be assessed unless rease uctions, I declare that I have examined thi as well as the electronic version of this re  Date  Enter name	plans  50 50 ere less  onable cause is return/report, and r L . Guada e of individual si	56b 5c 5(1) 5(2) 5e 5 established. including, if applid to the best of m nola igning as plan ad	5 5 5 1 icable, a Schedule y knowledge and Iministrator		
complete description of the co	lete this item)	participants at the beginning of the poarticipants at the end of the plan year terminated employment during the e or incomplete filling of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.  Administrator	f the plan year (only defined contribution)  plan year  e plan year with accrued benefits that we  pri/report will be assessed unless rease uctions, I declare that I have examined thi as well as the electronic version of this re  Date  Enter name	plans  50 50 ere less  onable cause is return/report, and r L . Guada e of individual si	56b 5c 5(1) 5(2) 5e 5 established. including, if applid to the best of m nola igning as plan ad	5 5 5 1 icable, a Schedule y knowledge and Iministrator		
complete description of the co	lete this item)	participants at the beginning of the poarticipants at the end of the plan year terminated employment during the e or incomplete filling of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.  Administrator	f the plan year (only defined contribution)  plan year  e plan year with accrued benefits that we  pri/report will be assessed unless rease uctions, I declare that I have examined thi as well as the electronic version of this re  Date  Enter name	plans  50 50 ere less  onable cause is return/report, and r L . Guada e of individual si	56b 5c 5(1) 5(2) 5e 5 established. including, if applid to the best of m nola igning as plan ad	5 5 5 1 icable, a Schedule y knowledge and Iministrator		

	Form 5500-SF 2016		Page <b>2</b>		<u></u>		
b c	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 at the your answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an independ and conditio ot use Forr	lent qualified public accountains.) ns.) n 5500-SF and must instea	ant (IQ d use	PA) Form	5500.	X Yes No
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
a	Total plan assets	7a	1,326,4	416			1,497,026
b	Total plan liabilities	7b		0			2,196
С	Net plan assets (subtract line 7b from line 7a)	7c	1,326,	416			1,494,830
8	Income, Expenses, and Transfers for this Plan Year	Man.	(a) Amount				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	44,6	584			
	(2) Participants	8a(2)	30,3	378			
	(3) Others (including rollovers)	8a(3)		0		No.	
b	Other income (loss)	8b	112,0	065	NV F		The state of the state of
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					187,127
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7,!	594	À	ġ.	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	11,1	119	ELL I		
g	Other expenses	8g:		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	March Control of the				18,713
i_	Net income (loss) (subtract line 8h from line 8c)	8i	resident particular				168,414
j	Transfers to (from) the plan (see instructions)	8j		0			
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2J$ $2K$ $3D$	feature cod	es from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:			Yes	No	N/A	Amount

10	During the plan year:			No	N/A	Amount
а	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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	X			132,642
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		-
е	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.)	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 of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

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rage	J"	

							- 25
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)				_ Y	'es 🗌	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc ERISA?				_	es X	No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	uctions and	l enter t	he date	of the lette	r rulina	
	granting the waiver		Day		Year	rraining	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.					
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d		and the same of th		
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 N	0	
	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 brough control of the PBGC?				Yes X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	) to				
4	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	) PN(s)	
Part							
14a	Name of trust		146	Trust's E	EIN		
14c	Name of trustee or custodian				s or custod ne number	ian's	
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		in-based narbor	L	"Prior ye test	ear" ADI	Р
10-		☐ ADP	_		N/A		
тьа	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio percentest	entage		verage enefit test		I/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?				No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number						of
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is a favorable determination of the plan is a favorable determination of the IRS and the plan is a favorable determination of the IRS and the IRS	ter the date	of the m	nost rece	ent determi	ination	
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separ service?	rated from	Ye	s [	No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s	No		