## 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).

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit FMM VENTURES RETIREMENT PLAN plan number 001 (PN) • 1c Effective date of plan 07/01/2008 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 37-1428382 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number FMM VENTURES, LLC 888-257-9249 2d Business code (see instructions) 14725 N.E. 20TH ST., SUITE D-94 541910 BELLEVUE, WA 98007 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year ...... 0 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 0 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, 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.

| belief, it is t | rue, correct, and complete.                                      |                    |   |  |  |  |  |
|-----------------|--|--------------------|---|--|--|--|--|
| SIGN<br>HERE    | Filed with authorized/valid electronic signature.                | 04/24/2017         | DAN FRUMIN  |  |  |  |  |
|                 | 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 spon |  |  |  |  |
| Preparer's r    | name (including firm name, if applicable) and address (include r | oom or suite numbe | nber ) Preparer's telephone numbe                         |  |  |  |  |
|                 |  |                    |   |  |  |  |  |
|                 |  |                    |   |  |  |  |  |
|                 |  |                    |   |  |  |  |  |

Form 5500-SF 2016 Page **2** 

|          | <ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul> |              |                          |          |          |         |          |           | X Yes    |          |
|----------|---|--------------|--------------------------|----------|----------|---------|----------|-----------|----------|----------|
|          | If you answered "No" to either line 6a or line 6b, the plan cann  |              |                          |          |          |         |          |           |          | Ш        |
| 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  |              |                          |          |          |         |          |           |          |          |
| 7        | Plan Assets and Liabilities   |              | (a) Beginning            | of Year  |          |         |          | (b) End   | of Year  |          |
| а        | Total plan assets   | 7a           |                          | 209782   |          |         |          |           | (        | )        |
| b        | Total plan liabilities  | 7b           |                          |          |          |         |          |           |          |          |
| С        | Net plan assets (subtract line 7b from line 7a)   | 7c           |                          | 209782   | !        |         |          |           | C        | )        |
| 8        | Income, Expenses, and Transfers for this Plan Year  |              | (a) Amour                | nt       |          |         |          | (b) T     | otal     |          |
| а        | Contributions received or receivable from:  | 0-(4)        |                          |          |          |         |          |           |          |          |
|          | (1) Employers   | 8a(1)        |                          |          |          |         |          |           |          |          |
|          | (2) Participants  | 8a(2)        |                          |          |          |         |          |           |          |          |
|          | (3) Others (including rollovers)  | 8a(3)        |                          | -2024    | _        |         |          |           |          |          |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8b<br>8c     |                          |          |          |         |          |           | -2024    | <u> </u> |
|          | Benefits paid (including direct rollovers and insurance premiums  | 80           |                          |          |          |         |          |           |          |          |
|          | to provide benefits)  | 8d           |                          | 205265   |          |         |          |           |          |          |
| е        | Certain deemed and/or corrective distributions (see instructions).  | 8e           |                          | 2493     |          |         |          |           |          |          |
| f        | Administrative service providers (salaries, fees, commissions)  | 8f           |                          |          |          |         |          |           |          |          |
| g        | Other expenses  | 8g           |                          |          |          |         |          |           |          |          |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h           |                          |          |          |         |          |           | 207758   |          |
| i_       | Net income (loss) (subtract line 8h from line 8c)   | 8i           |                          |          |          |         |          |           | -209782  | 2        |
| 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 2E 2G 2J 2K 2T 3D   |              |                          |          |          |         |          |           |          |          |
| 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 instru | ictions: |          |
| 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 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        |         |          |           |          | 10000    |
| 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  | as 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 to exceptions to providing the notice applied under 29 CFR 2520.10  | he require   | d notice or one of the   | 10i      |          |         |          |           |          |          |

| 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<br>n 5500) and line 11a below)  |           |                        |                  |           |                       | Yes No          |
|          |         | 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.  A?  |           |                        |                  |           |                       | 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.   | Nonth _   | s, and                 | d enter t<br>Day |           | of the lett<br>Year   | er ruling<br>   |
| If       | you co  | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line   | 13.       | 1                      |                  | 1         |                       |                 |
| <u>b</u> | 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   |           |                        |                  |           |                       |                 |
| 13a      | Has a   | a resolution to terminate the plan been adopted in any plan year?   |           |                        |                  | X Yes     | S [] I                | 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(                  | <b>3)</b> PN(s) |
|          |         |   |           |                        |                  |           |                       |                 |
| Part     | VIII    | Trust Information   |           |                        |                  |           |                       |                 |
| 14a      | Name    | of trust  |           |                        | 14b <sup>-</sup> | Trust's E | EIN                   |                 |
| 14c      | Name    | of trustee or custodian   |           |                        |                  |           | s or custone 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:   |           |                        | n-based<br>arbor | d [       | ] "Prior y<br>test    | ear" ADP        |
|          |         |   |           | "Curre                 | ent year<br>est  | <u>"</u>  | N/A                   |                 |
| 16a<br>  |         | testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:  |           | Ratio<br>perce<br>test | entage           |           | verage<br>enefit test | □ N/A           |
|          | for the | 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 m         | nost rece | ent determ            | nination        |
| 18       | Were    | ed Benefit Plan or Money Purchase Pension Plan Only:<br>any distributions made during the plan year to an employee who attained age 62 and had not sepa<br>e?                                     |           | rom                    | Ye               | s [       | No                    |                 |
| 19       | Wasa    | any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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.

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

| Part I   | Annual Report                           | Identification Information  |  |  |                           |   |  |  |
|--|---|---|--|--|---------------------------|---|--|--|
| For calend   | dar plan year 2016 or fi                | iscal plan year beginning 01/01/201   | 6  | and ending 12/                                       | 31/2016                   |   |  |  |
| A This re  | eturn/report is for:                    | a single-employer plan  a one-participant plan                                  | a multiple-employer pl<br>list of participating en<br>a foreign plan | olan (not multiemployer)<br>mployer information in a |                           |   |  |  |
| B This rei   | turn/report is                          | the first return/report   | The final return/report  |  |                           |   |  |  |
| • 111010.  | turn opore to                           | an amended return/report  |  | rn/report (less than 12 m                            | nantha\                   |   |  |  |
| <b>.</b>   |   | an amended returns eport  | a short plan year retur  | m/report (less than 12 ii                            | AORINS)                   |   |  |  |
| C Check  | box if filing under:                    | Form 5558 special extension (enter descri                                       | automatic extension  |  | DFVC progra               | ım  |  |  |
| Part II  | Rasic Plan Info                         | prmation—enter all requested info   | <u>-                                     </u>                        |  |                           |   |  |  |
| 1a Name  |   | THIQUOIT CHIEF All requested min  | ormation   |  | 1b Three-digi             | :+  |  |  |
|  | TURES RETIREMENT F                      | PLAN  |  |  | plan numb                 | per                                       |  |  |
|  |   |   |  |  | (PN) <b>•</b>             | 001                                       |  |  |
|  |   |   |  |  | 1c Effective of 07/01/200 |   |  |  |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) |   |   |  |  | 2b Employer<br>(EIN) 37-1 | Identification Number                     |  |  |
|  | or town, state or province<br>URES, LLC | e, country, and ZIP or foreign posta  | al code (if foreign, see instr                                       | ructions)  | 2c Sponsor's              | telephone number                          |  |  |
|  |   |   |  |  |                           | (888) 257-9249<br>code (see instructions) |  |  |
| 14725 N.E.   | 20TH ST., SUITE D-94                    | <b>k</b>  |  |  | 541910                    | code (see instructions)                   |  |  |
| BELLEVUE,  | , WA 98007                              |   |  |  |                           |   |  |  |
| 3a Plan a  | administrator's name an                 | nd address X Same as Plan Spon  | isor.  |  | 3b Administra             | itor's EIN                                |  |  |
|  |   | ш   |  |  |                           | tor's telephone number                    |  |  |
| 4 If the   | name and/or EIN of the                  | e plan sponsor has changed since the  | he last return/report filed f  | for this plan, enter the                             | 4b EIN                    |   |  |  |
|  | e, EIN, and the plan num<br>sor's name  | mber from the last return/report.   |  |  | 4c PN                     |   |  |  |
| 5a Total   | number of participants                  | at the beginning of the plan year   |  |  | . 5a                      | 7   |  |  |
|  |   | at the end of the plan year   |  |  | 5b                        | 0   |  |  |
| C Numb   | per of participants with a              | account balances as of the end of the   | he plan year (only defined   | contribution plans                                   | 5c                        | 0   |  |  |
| •  | ŕ                                       | rticipants at the beginning of the pla  |  |  | 5d(1)                     | 2   |  |  |
|  |   | rticipants at the end of the plan year  | •  |  | 5d(2)                     | 0   |  |  |
| e Numb   | ber of participants that t              | terminated employment during the  | plan year with accrued ber   | nefits that were less                                | 5e                        |   |  |  |
| Caution: A   | A penalty for the late o                | or incomplete filing of this return/  | report will be assessed  | unless reasonable car                                | use is establishe         | ed.                                       |  |  |
| Under pena<br>SB or Sche   | alties of perjury and oth               | ner penalties set forth in the instruct<br>nd signed by an enrolled actuary, as | tions, I declare that I have   | examined this return/re                              | port, including, if       | applicable, a Schedule                    |  |  |
| SIGN   | × A                                     |   | 13/1/2017  | XJ DAN FRO   | UMIN                      |   |  |  |
| HERE   | Signature of plan ad                    | dministrator  | Date   | Enter name of individ                                | ual signing as pla        | n administrator                           |  |  |
| SIGN   |   |   |  |  |                           |   |  |  |
| HERE   | Signature of employ                     |   | Date   | Enter name of individ                                | ual signing as em         | ployer or plan sponsor                    |  |  |
| Preparer's   |   | ame, if applicable) and address (inc  |  | er)  | Preparer's telep          |   |  |  |
|  |   |   |  |  |                           |   |  |  |

| P | а | ^ | 6 | 2 |
|---|---|---|---|---|
|   |   |   |   |   |

|          | Were all of the plan's assets during the plan year invested in eligib  |             |                          |        |              |         |          |                | X Yes N                               |  |
|----------|--|-------------|--------------------------|--------|--------------|---------|----------|----------------|---------------------------------------|--|
| b        | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann                       | and condi   | tions.)                  |        |              |         |          |                | X Yes N                               |  |
| С        | If the plan is a defined benefit plan, is it covered under the PBGC in   |             |                          |        |              |         |          |                | ☐ Not determined                      |  |
|          | rt III Financial Information   |             |                          |        |              |         | J .00    | П.             |                                       |  |
| 7        | Plan Assets and Liabilities  |             | (a) Beginning            | of Voc |              | _       |          | (h) End        |                                       |  |
|          | Total plan assets  | 7a          | (a) Beginning            | 2097   |              |         |          | (b) <u>End</u> | 0 rear                                |  |
|          | Total plan liabilities   |             |                          |        | <del>-</del> |         |          |                |                                       |  |
|          | Net plan assets (subtract line 7b from line 7a)  | 7c          |                          | 2097   | 82           |         |          |                | 0                                     |  |
| 8        | Income, Expenses, and Transfers for this Plan Year   |             | (a) Amoui                |        | -            |         |          | /b) T          |                                       |  |
|          | Contributions received or receivable from: (1) Employers   | 8a(1)       | (a) Amoun                |        |              |         |          | (b) T          | Otal                                  |  |
|          | (2) Participants   | 8a(2)       |                          |        |              |         |          |                |                                       |  |
|          | (3) Others (including rollovers)   |             |                          |        |              |         |          |                |                                       |  |
|          | Other income (loss)  |             |                          | -20    | 24           |         |          |                |                                       |  |
| С        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c          |                          |        |              |         |          |                | -2024                                 |  |
| d        | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d          |                          | 2052   | 65           |         |          |                |                                       |  |
| e        | Certain deemed and/or corrective distributions (see instructions)  | 8e          |                          | 24     | 93           |         | AFIRE    |                |                                       |  |
| f        | Administrative service providers (salaries, fees, commissions)   | 8f          |                          |        |              |         |          |                |                                       |  |
| g        | Other expenses   | 8g          |                          |        |              | 270     | ME 116   |                |                                       |  |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h          |                          |        |              |         | 207758   |                |                                       |  |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c)  | 8i          |                          |        |              | -209782 |          |                |                                       |  |
| j        | Transfers to (from) the plan (see instructions)  | 8j          |                          |        |              | 1       |          |                |                                       |  |
| Par      | t IV Plan Characteristics  |             |                          |        |              |         | -        |                |                                       |  |
| 9a       | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D  | feature co  | des 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 fe   | eature cod  | les from the List of Pla | n Char | acteris      | tic Co  | des in t | he instru      | ictions:                              |  |
| Par      | V Compliance Questions   |             |                          |        |              |         | -        |                |                                       |  |
| 10       | During the plan year:  |             |                          |        | Yes          | No      | N/A      | -              | Amount                                |  |
| a        | 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 reported on line 10a.)  | ? (Do not   | include transactions     | 10b    |              | х       |          |                | · · · · · · · · · · · · · · · · · · · |  |
| С        | Was the plan covered by a fidelity bond?   |             |                          | 10c    | х            |         | 724      |                | 1000                                  |  |
| 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   | າ?          |                          | 10f    |              | х       |          |                |                                       |  |
| g        | Did the plan have any participant loans? (If "Yes," enter amount as  | s of year-e | end.)                    | 10g    |              | х       |          |                |                                       |  |
| 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 the exceptions to providing the notice applied under 29 CFR 2520.101   |             |                          | 10i    |              |         |          |                |                                       |  |

| Form 5500-SF 2016 |  |  |
|-------------------|--|--|
|                   |  |  |

| ⊃age <b>3-</b> | 1 |  |
|----------------|---|--|
|----------------|---|--|

| Part     | VI Pension Funding Compliance  |            |                        |   |                       |         |  |
|----------|--|------------|------------------------|---|-----------------------|---------|--|
| 11       | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)   | omplete s  | Schedule               | SB  | Y                     | es No   |  |
| 11a      | Enter 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 Co   |            |                        |   | Y                     | es X No |  |
|          | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |            |                        |   | 50.10                 |         |  |
|          | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instigranting the waiver.   | onth       | and enter<br>Da        |   | of the letter         | ruling  |  |
|          | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1   |            |                        | 1   |                       |         |  |
| <u>b</u> | Enter the minimum required contribution for this plan year   |            | 12b                    | <u> </u>                                      |                       |         |  |
| c        | Enter the amount contributed by the employer to the plan for this plan year  | <u></u>    | 12c                    |   |                       |         |  |
| d        | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)   |            | 12d                    |   |                       |         |  |
| е        | Will the minimum funding amount reported on line 12d be met by the funding deadline?   |            | L                      | 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?  |            |                        | X Ye  | s No                  | 1       |  |
|          | If "Yes," enter the amount of any plan assets that reverted to the employer this year  |            | 13a                    |   |                       | 0       |  |
| b        | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?   | nt under 1 | he                     |   | X Yes                 | 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.)                        | y the plar | n(s) to                |   |                       |         |  |
| 1        | 3c(1) Name of plan(s):   | 130        | (2) EIN(s)             |   | 13c(3)                | PN(s)   |  |
|          |  |            |                        |   |                       |         |  |
| Part     | Trust Information  |            |                        |   |                       |         |  |
| 14a      | Name of trust  |            | 14b                    | Trust's f                                     | EIN                   |         |  |
| 14c      | Name of trustee or custodian   |            | 14d                    | 14d Trustee's or custodian's telephone number |                       |         |  |
| Part     | IX IRS Compliance Questions  | - ''       |                        |   |                       |         |  |
| 15a      | Is the plan a 401(k) plan? If "No," skip b   | Ye         | s                      |   | 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:  | ∐ saf      | sign-base<br>e harbor  | L   | "Prior yea            | ar" ADP |  |
| 46-      |  | U AD       | irrent year<br>P test  | [   | N/A                   |         |  |
|          | What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  |            | itio<br>rcentage<br>st |   | verage<br>enefit test | □ N/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? | Ye         |                        |   | No                    |         |  |
|          | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS o the letter and the serial number   |            |                        |   |                       |         |  |
|          | If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent<br>letter  | er the da  | te of the n            | nost rece                                     | ent determin          | ation   |  |
| ,        | Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separ<br>service?                             |            | 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                    |         |  |