## 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

For calendar plan year 2016 or fiscal plan year beginning 0101/2016  A This return/report is for:  a single-employer plan a one-participant plan before the first return/report a short plan return/report a short plan year return/report (less than 12 months)  Part II Basic Plan Information—enter all requested information  1a Name of plan PREPARED RESPONSE, INC. RETIREMENT PLAN  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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2b Employer Identification Number (EIN) of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  5a Total number of participants at the beginning of the plan year.  5b Total number of participants at the end of the plan year.  5c Sonsor's name  5c Society  5c S	Pai		t Identification Information						
A This return/report is for:  a one-participant plan a foreign plan bits return/report a namended return/report bits first return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. bits first first return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. bits first first return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. bits first first return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. bits first f	For c	alendar plan year 2016 or f	iscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016				
B This return/report is	<b>A</b> TI	his return/report is for:	a single-employer plan		`				
C Check box if filing under:		·	a one-participant plan	a foreign plan			,		
C Check box if filing under:	<b>B</b> Th	is return/report is	·	'					
Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   PREPARED RESPONSE, INC. RETIREMENT PLAN   1c Effective date of plan on/101/2005   1c Effective date of plan on/101/2005   2d Plan sponsor's name (employer, if for a single-employer plan)   Mailing address (include room, apt., suite no. and street, or P.O. Box)   City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)   2c Sponsor's telephone number 253-272-1483   2d Business code (see instructions 541990   3d Administrator's telephone number 253-272-1483   2d Business code (see instructions 541990   3d Administrator's telephone number 253-276-3483   3d Administrator's telephone number 253			an amended return/report	a short plan year return/report (less than 12 m	nonths)				
Part II Basic Plan Information—enter all requested information  1a Name of plan PREPARED RESPONSE, INC. RETIREMENT PLAN  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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  REPARED RESPONSE, INC.  2b Employer Identification Number (EIN) 91-2081089  2c Sponsor's telephone number 253-272-1483  2d Business code (see instructions 541990  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year.  5b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>C</b> C	heck box if filing under:	H	Ц	DFVC p	orogram			
1a Name of plan   20   20   20   20   20   20   20   2	_		<u> </u>	· /					
PREPARED RÉSPONSE, INC. RETIREMENT PLAN    plan number (PN)   001     1c   Effective date of plan	Par	t II   Basic Plan Info	ormation—enter all requested inf	formation	T				
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  2b Employer Identification Number (EIN) 91-2061089  2c Sponsor's telephone number 253-272-1483  2d Business code (see instructions 541990  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 D EIN 4 D EIN 5 D Total number of participants at the beginning of the plan year.  5 D Total number of participants at the end of the plan year.  5 C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  5 C Number of participants with account balances as of the end of the plan year.  5 C Number of participants at the beginning of the plan year.  5 C Number of participants with account balances as of the end of the plan year.  5 C Number of participants with account balances as of the end of the plan year.			ETIDEMENT DI ANI						
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A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's selephone number 253-272-1483  2d Business code (see instructions 541990  3b Administrator's EIN  3c Administrator's telephone number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year					(EIN) 91-2061089				
2d Business code (see instructions 541990  3a Plan administrator's name and address Same as Plan Sponsor.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4b EIN  4c PN  5a Total number of participants at the beginning of the plan year			se, country, and Zir or loreign positi	ar code (ii foreign, see instructions)					
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year						54199	90		
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name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year					3c Adm	inistrator's t	elephone number		
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year									
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name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year	<b>1</b> 1	f the name and/or FIN of th	no plan aponagr has shanged since	the lest return/report filed for this plan, enter the	4h FIN				
5a Total number of participants at the beginning of the plan year				the last return/report filed for this plan, enter the	4D EIN				
b Total number of participants at the end of the plan year	a s	Sponsor's name	· 		4c PN	•			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a -	Total number of participants	s at the beginning of the plan year		5a		32		
complete this item)	<b>b</b> .	Total number of participants	s at the end of the plan year		5b		2		
- 10				1	5c		1		
<b>-</b> ((a)	d(1	Total number of active pa	articipants at the beginning of the pl	an year	5d(1)		2		
d(2) Total number of active participants at the end of the plan year	d(2	2) Total number of active page	articipants at the end of the plan yea	ar	5d(2)		1		
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	-	Number of participants tha	t terminated employment during the	plan year with accrued benefits that were less	5e				

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 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.

bellet, it is t	irue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	04/24/2017	CAROL SPARLING				
	Signature of plan administrator	Date	Enter name of individu	ual signing as plan administrator			
SIGN							
HERE	Signature of employer/plan sponsor	ual signing as employer or plan sponsor					
Preparer's	name (including firm name, if applicable) and address (include i	r )	Preparer's telephone number				

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 accounts under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>					PA)			X Yes	No 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 ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not determi	ined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(	(b) End	of Year	
a	Total plan assets	7a		478307	•				512143	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		478307	•				512143	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
а	Contributions received or receivable from:	90(4)								
	(1) Employers	8a(1)		57373						
	(2) Participants	8a(2)		01010						
	(3) Others (including rollovers)	8a(3)		21251	_					
	Other income (loss)	8b 8c			_				78624	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	80							10021	
	to provide benefits)	8d		44788						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							44788	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							33836	
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	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
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	iduciary 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				1	50000
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 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	X					2965
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			10i						

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Page 3-	1	

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
If	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).

Complete all entries in accordance with the instructions to the Form 5500.95

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information			0000-01.					
For calendar plan year 2016 or	fiscal plan year beginning 01/01/20	16	and ending 12	2/31/2016					
	X a single-employer plan				Abia bassas da U. d				
A This return/report is for:		list of participating	employer information in	er) (Filers checking this box must attach an accordance with the form instructions.)					
a one-participant plan					the form instructions.)				
	_	<b>.</b>							
B This return/report is	the first return/report	the final return/report	rt						
	an amended return/report	=	urn/report (less than 12	months)					
C Check box if filing under:			12	months)					
Check box if filling under:	☐ Form 5558	automatic extension	1	DFVC progr	am				
	special extension (enter descr			_					
Part II Basic Plan Inf	ormation—enter all requested inf	ormation							
1a Name of plan				1b Three-dig	nit T				
PREPARED RESPONSE, INC. R	RETIREMENT PLAN			plan num	ber				
				(PN) •	001				
				1c Effective	date of plan				
29 Dian anonnaria nama (amul	****			01/01/20	05				
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	Pov\			Identification Number				
City or town, state or provin	ce, country, and ZIP or foreign posta	. Box) Il code (if foreign, see in:	structions)	(EIN) 91-					
PREPARED RESPONSE, INC.		( 3,7,000	,		s telephone number				
					(253) 272-1483				
3518 - 6TH AVE., SUITE 200B					code (see instructions)				
3310 - 0111 AVE., SUITE 200B				541990					
TACOMA, WA 98406				ł					
3a Plan administrator's name a	nd address K Same as Plan Spons	sor.	·	3b Administra	ator's FIN				
				1 - 1 - 1	2001 0 12114				
				3c Administra	ator's telephone number				
					•				
4 If the name and/or EIN of the	e plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EIN					
a Sponsor's name	mber from the last return/report.								
				4c PN					
	at the beginning of the plan year			5a	32				
<b>b</b> Total number of participants	at the end of the plan year		***************************************	5b	26				
C Number of participants with :	account balances as of the end of th	e nian vear (only defined	d contribution plane	5c					
complete this item)		•••••••••••••••••••••••••••••••••••••••			19				
d(1) Total number of active par	ticipants at the beginning of the plar	ı year		5d(1)	23				
d(2) Total number of active part	rticipants at the end of the plan year		•••••	5d(2)	14				
e Number of participants that	terminated employment during the p	lan year with accrued be	enefits that were less	5e					
Caution: A penalty for the late	Y incomplete filing of this set well				0				
Under penalties of perjury and oth	or incomplete filing of this return/r	eport will be assessed	unless reasonable car	use is establishe	ed.				
and the second of	id signed by an emoned actuary, as	well as the electronic ve	rsion of this return/repor	port, including, if a t. and to the best	applicable, a Schedule of my knowledge and				
2 district, contest, and comp	lete.		·		y rate weage and				
SIGN × CAROL S	Mary	14/20/17	x. Carol S	Darling					
Signature of plan ac	iministrator	Date	Enter name of individ	ual signing as bla	n administrator				
SIGN				e.g. mig do più	T COTTINISTRAÇÕI				
Signature of employ	/er/nian enoneor	Date	F-4						
Preparer's name (including firm na	arne, if applicable) and address (incli	Date    Date	Linter name of individu	ual signing as em	ployer or plan sponsor				
	, , , , , , , , , , , , , , , , , , , ,	Toom or done number	11	Preparer's telep	none number				
Par Banana January Banana	, see the Instructions for Form 5500.Si								
rur wannium Paduatian Ast Natles	eas the Instructions to Fam. Been as								

Form	CCOO	$\alpha$	0010

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6a b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	of an indeper v and condit	ndent qualified publications.)	c accou	ıntant (	(IQPA)	)	Vac II N
	if you allowered "No" to either line 6a or line 6b, the plan car	inot use Fo	rm 5500-SF and ma	ust insi	tead u	se Fo	rm 550	0
	If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA	section	4021)	?	Ye	s No Not determined
P	art III Financial Information		· · - · · · - · · · · · · · · · ·				=	<u> </u>
7	Plan Assets and Liabilities		(a) Beginnin	of Ye	ar			(b) End of Year
a	Total plan assets	7a	1,7		307			512143
b								012140
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		478	307			512143
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				
_a	Contributions received or receivable from:  (1) Employers	. 8a(1)	(2)					(b) Total
	(2) Participants	. 8a(2)	-	57	373			
	(3) Others (including rollovers)	. 8a(3)						
<u>b</u>				212	251			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		New E				78624
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		447	788		19: 4 1 0 3	70024
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				dia.		
f	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u>	Other expenses	8g				a Neg		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			A II			44788
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			Wing.			33836
j_	Transfers to (from) the plan (see instructions)	8i				1971.8	Cel.	
Pai	t IV Plan Characteristics	<u> </u>						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cod	es from the List of P	lan Cha	racter	istic C	odes ir	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Char	acteris	tic Co	des in	the instructions:
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		х		Amount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	2 (Do not inc	lude transactions	10b		х		
С	Was the plan covered by a fidelity bond?				Х		20.1	450000
d			10c	Â	Х	- ALEX	150000	
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			2965
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					×	21 V T	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructi	ons 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 2520.101-	required n	otico or one of the	10n 10i				

Page	3-	1

Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)				В		<u> </u>	es [	No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			440					
12	ERISA? 15 ERISA?				f	T	Пү	es D	d Nr
								_	-1
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	Annti	tions, ar	nd enter t	he dat		letter ear	ruling	9
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.							
<u> </u>	Enter the minimum required contribution for this plan year			12b					
C	Enter the amount contributed by the employer to the plan for this plan year			12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the inegative amount)	eft o	fa	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A	1
Part \	Plan Terminations and Transfers of Assets					<u> </u>			
13a	Has a resolution to terminate the plan been adopted in any plan year?				Ye	s >	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			1 110		
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ht ur	nder the			☐ Ye:	s X	No	
	<ul> <li>ii, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identife which assets or liabilities were transferred. (See instructions.)</li> </ul>	y the	plan(s)	to				-	
13	c(1) Name of plan(s):		13c(2)	EIN(s)		13	3c(3)	PN(s)	
	Trust Information								
	ame of trust								
TTQ N	arrie of trust			14b Tr	ust's E	IN			
14c N	ame of trustee or custodian	_		14d Tr		s or cus		ı's	
Part I	X IRS Compliance Questions								_
15a Is	the plan a 401(k) plan? If "No," skip b		Yes			No			
<b>15b</b> ∺40	ow did the plan satisfy the nondiscrimination requirements for employee deferrals under section 1(k)(3) for the plan year? Check all that apply:		Design safe ha	arbor		"Prior test	year	'ADP	
			"Currer ADP te	nt year" st		N/A			
ye	hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ear? Check all that apply:		Ratio	itage [		erage nefit tes	—- • Г		— <b>-</b> А
	d the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?	П	test Yes			 ] No		<b></b>	_
the	e letter and the serial number.	inior	letter o	r advisor	y lette	r, enter	the d	ate of	
17b If t	the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente ter	r the	date of	the mos	t recer	nt deterr	ninati	on .	
VVE	fined Benefit Plan or Money Purchase Pension Plan Only: ere any distributions made during the plan year to an employee who attained age 62 and had not separa vice?	ted f	rom [	Yes		No			
19 Wa	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		[	Yes		No			_