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.

0046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	rt I Annual Repor	t Identification Information							
For o	calendar plan year 2016 or t	fiscal plan year beginning 01/01/20	016 and ending	10/25/2016	6				
A T	his return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer list of participating employer information in	loyer) (Filers checking this box must attach a on in accordance with the form instructions.)					
		a one-participant plan	a foreign plan						
B TI	his return/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/report (less than 12	months)					
C	Check box if filing under:	Form 5558	automatic extension	DFV	C program				
Da	mt II Doois Dlaw Inf	special extension (enter descri	, ,						
	•	ormation—enter all requested info	ormation	141 =					
	Name of plan MO MARKETING INC 4011	K PLAN		pla	nree-digit an number (N) 001				
				_ `	fective date of plan				
2a	Plan snonsor's name (empl	oyer, if for a single-employer plan)		2h ⊑r	mployer Identification Number				
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)				(E	IN) 46-4348768				
	City of town, state of province, country, and zir of foreign postal code (if foreign, see instructions)				ponsor's telephone number 208-661-5056				
				2d Bu	usiness code (see instructions)				
	E SHERMAN AVE, SUITE 2 R D ALENE, ID 83814	.1		541910					
3a	Plan administrator's name a	and address X Same as Plan Spon	osor.	3b Ac	dministrator's EIN				
				3c Ac	dministrator's telephone number				
4			the last return/report filed for this plan, enter the	4b EI	N				
_	•	umber from the last return/report.		4c Pi	NI.				
	Sponsor's name				<u>\</u>				
		. ,		dc					
С			the plan year (only defined contribution plans						
d(1) Total number of active page	articipants at the beginning of the pla	an year						
d (2	2) Total number of active p	articipants at the end of the plan yea	ar	5d(2))				
е			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.

<u>belief, it is t</u>	rue, correct, and complete.			
01014	RE	₹.		
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's i	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number

Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X	es No
	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 condit	tions.)						XY	es 🗌 No
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No	Not d	etermined
Par	t III Financial Information									
_	Plan Assets and Liabilities		(a) Beginning	of Year				(b) Enc	of Year	
a	Total plan assets	7a	(4) = 0 9	40802				(0) = 110		0
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		40802						0
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b)	Total	
	Contributions received or receivable from:			5699						
	(1) Employers	8a(1)		3033						
	(2) Participants	8a(2)			_					
	(3) Others (including rollovers)	8a(3)		59						
	Other income (loss)	8b		- 33					<i>E</i> =	'E0
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5/	758
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		46440						
	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f		120)					
	Other expenses	8g								
_ <u>.</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					46560			
	Net income (loss) (subtract line 8h from line 8c)	8i						-40802		
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	, ,,								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
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:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a	Х					1062
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				
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Page 3-	1	
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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 c 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 Day		of the lett Year	er ruling
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(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			n-based arbor	d [] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	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: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	01/01/0016	and anding	10/25/201	6		
For calenda	r plan year 2015 or f	iscal plan year beginning	01/01/2016	and ending				
∆ This refu	urn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attac list of participating employer information in accordance with the form instructions					
A misroto	annoport to tor.	a one-participant plan	a foreign plan	a foreign plan				
B This retu	rn/report is	the first return/report	X the final return/report					
D mis retu	путерот із	an amended return/report	a short plan year return/repo	ort (less than 12 month	ns)			
C Check b	oox if filing under:	☐ Form 5558		DFVC prog	ıram			
		special extension (enter desc	cription)					
Part II	Racic Plan Inf	ormation—enter all requested in						
1a Name		Officer distribution		1	b Three-digit	1		
Kokomo	Marketing In	c 401k Plan			plan number (PN) ▶	001		
				1	C Effective date of 10/01/201			
2a Plan sp	oonsor's name (emp	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	2	b Employer Ident (EIN) 46-43			
City or	town, state or proving Marketing,	nce, country, and ZIP or foreign pos	stal code (if foreign, see instructio	ns) 2	C Sponsor's telep	phone number		
nonome	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2	d Business code			
2115 E	Sherman Ave	e, Suite 21			541910			
	d Alene	ID 83814		3	b Administrator's	FIN		
3a Plan ad	dministrator's name	and address XSame as Plan Spor	nsor.	"	Administrator 5			
				3	C Administrator's	telephone named		
				3	· Administrators	relephone number		
4 If the r	name and/or EIN of	the plan sponsor has changed sinc	e the last return/report filed for thi		b EIN	Telephone number		
name	, EIN, and the plan r	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed for thi	s plan, enter the 4		Telephone number		
name a Spons	, EIN, and the plan r or's name	number from the last return/report.		s plan, enter the	lb EIN	2		
a Spons 5a Total r	, EIN, and the plan r or's name number of participan	number from the last return/report. ts at the beginning of the plan year	·	s plan, enter the	lb EIN			
a Sponso 5a Total r b Total r c Numb	, EIN, and the plan r or's name number of participan number of participan er of participants wit	number from the last return/report. Its at the beginning of the plan year the end of the plan year	of the plan year (defined benefit pl	s plan, enter the 4	lb EIN lc PN 5a	2		
a Sponso 5a Total r b Total r c Numb	, EIN, and the plan r or's name number of participan number of participan er of participants wit lete this item)	ts at the beginning of the plan yearts at the end of the plan yearh account balances as of the end of	of the plan year (defined benefit pl	s plan, enter the 4 4 ans do not	lb EIN lc PN 5a 5b	2 0		
a Sponso 5a Total r b Total r c Numb completed(1) Total	, EIN, and the plan ror's name number of participan number of participan er of participants wit lete this item)	aumber from the last return/report. Its at the beginning of the plan year Its at the end of the plan year It h account balances as of the end o	of the plan year (defined benefit pl	s plan, enter the 4	lb EIN lc PN 5a 5b 5c	2 0		
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name, a Sponsor 5a Total i b Total i c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is: SIGN HERE	, EIN, and the plan roor's name number of participant and participants with lete this item) all number of active plants and number of active plants the serior participants the serior participants the serior participants the serior participants alties of perjury and sedule MB completed	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined benefit plan year	ans do not s that were less ss reasonable causenined this return/report, a	Ib EIN Ic PN 5a 5b 5c 5d(1) 5d(2) 5e a is established. It, including, if applied to the best of m Jr.	2 0 2 0 0 iicable, a Schedule ny knowledge and		
name, a Sponsor 5a Total of b Total of c Numb completed d(1) Total of d(2) Total of e Numb than Caution: A Under pensor SB or Schebelief, it is: SIGN HERE	, EIN, and the plan roor's name number of participant are of participants with lete this item)	aumber from the last return/report. Its at the beginning of the plan year Its at the end of the plan year It haccount balances as of the end of the end of the plan year Contricipants at the beginning of the plan year terminated employment during the eor incomplete filing of this return other penalties set forth in the instrand signed by an enrolled actuary emplete.	plan year (defined benefit plan year	ans do not s that were less ss reasonable cause mined this return/report of this return/report, a	Ib EIN Ic PN 5a 5b 5c 5d(1) 5e is established. rt, including, if appland to the best of m Jr. I signing as plan act	2 0 0 2 0 iicable, a Schedule hy knowledge and		
a Sponsor 5a Total in b Total in c Numb completed d(1) Total in d(2) Total in e Numb than Caution: A Under pens SB or Schebelief, it is SIGN HERE SIGN HERE	EIN, and the plan roor's name number of participant er of participants witelete this item)	ts at the beginning of the plan year ts at the end of the plan year that at the end of the plan year that account balances as of the end of the plan year tricipants 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 instrand signed by an enrolled actuary molete.	plan year (defined benefit plan year	ans do not s that were less ss reasonable cause mined this return/report, a bert E. Doss, nter name of individua	Ib EIN Ic PN 5a 5b 5c 5d(1) 5e is established. rt, including, if appland to the best of m Jr. I signing as plan act	2 0 0 2 0 iicable, a Schedule hy knowledge and dministrator		
a Sponse 5a Total i b Total i c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pens SB or Sche belief, it is SIGN HERE	EIN, and the plan roor's name number of participant er of participants witelete this item)	aumber from the last return/report. Its at the beginning of the plan year Its at the end of the plan year It haccount balances as of the end of the end of the plan year Contricipants at the beginning of the plan year terminated employment during the eor incomplete filing of this return other penalties set forth in the instrand signed by an enrolled actuary emplete.	plan year (defined benefit plan year	ans do not s that were less ss reasonable cause mined this return/report, a bert E. Doss, nter name of individua	Ib EIN Ic PN 5a 5b 5c 5d(1) 5e is established. rt, including, if appland to the best of m Jr. I signing as plan act	2 0 0 2 0 iicable, a Schedule hy knowledge and dministrator		
a Sponse 5a Total i b Total i c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pens SB or Sche belief, it is SIGN HERE	EIN, and the plan roor's name number of participant er of participants witelete this item)	ts at the beginning of the plan year ts at the end of the plan year that at the end of the plan year that account balances as of the end of the plan year tricipants 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 instrand signed by an enrolled actuary molete.	plan year (defined benefit plan year	ans do not s that were less ss reasonable cause mined this return/report, a bert E. Doss, nter name of individua	Ib EIN Ic PN 5a 5b 5c 5d(1) 5e is established. rt, including, if appland to the best of m Jr. I signing as plan act	2 0 0 2 0 iicable, a Schedule hy knowledge and dministrator		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 550	0-SF 2015		Page 2	****					
b Are you claiming under 29 CFR 25 If you answered	lan's assets during the plan year invested in eliging a waiver of the annual examination and report of 20.104-46? (See instructions on waiver eligibility "No" to either line 6a or line 6b, the plan can fined benefit plan, is it covered under the PBGC	f an indepen y and conditi inot use For	dent qualified public a ons.)m 5500-SF and mus	ccounta t instea	ant (IQ	PA) Form	5500.	X Yes [No No ed
Part III Financ	ial Information								Nonember vombalent
7 Plan Assets and	Liabilities		(a) Beginning	of Yea	ar		(b) End of Year	
a Total plan assets		7a		4	0,80	2			0
b Total plan liabiliti	es	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		4	0,80	2			0
8 Income, Expense	s, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total	
	eived or receivable from:	8a(1)			5,69	9			
					,				
***************************************	ding rollovers)								
	ss)			***************************************	5	9			
	d lines 8a(1), 8a(2), 8a(3), and 8b)	1						5,	758
	luding direct rollovers and insurance premiums			1	C 11	0			
· · · · · · · · · · · · · · · · · · ·	s)			4	6,44	U			
	and/or corrective distributions (see instructions)	8e		Nacional Control of Co	1.0	0			
	rvice providers (salaries, fees, commissions)				12	0			
	add lines Od Oo Of and Oo)							16	560
	add lines 8d, 8e, 8f, and 8g)						46,560 -40,802		
) (subtract line 8h from line 8c) n) the plan (see instructions)			***************************************	***************************************			10,	002
Part IV Plan	Characteristics	1 4							CONC. COMMISSION
	les welfare benefits, enter the applicable welfare		and the state of the						.Proconcensors
10 During the plan					Yes	No	N/A	Amount	
described in 29	ure to transmit to the plan any participant contrib) CFR 2510.3-102? (See instructions and DOL's	Voluntary F	iduciary Correction	10a	Х			1	,06
the second of the second of the second	nonexempt transactions with any party-in-intere			405		Х			
	10a.)			10b	-	V			
	overed by a fidelity bond?			10c		Х			
	ve a loss, whether or not reimbursed by the plan onesty?			10d		Х			
e Were any fees carrier, insurance	or commissions paid to any brokers, agents, or one service, or other organization that provides so instructions.)	other persons ome or all of	s by an insurance the benefits under	10e		Х			000000000000000000000000000000000000000
	led to provide any benefit when due under the pl			10f	 	Х			
	ve any participant loans? (If "Yes," enter amount			10g		Х		***************************************	100090000000000000000000000000000000000
h If this is an indi-	ridual account plan, was there a blackout period	? (See instru	ctions and 29 CFR	10g 10h		Х			
	vered "Yes," check the box if you either provided coviding the notice applied under 29 CFR 2520.1			10i					
j Did the plan tru	st incur unrelated business taxable income?			10j					
Part VI Pension	Funding Compliance	***************************************		h	1		A	, mark a construction of the construction of t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11 Is this a defined	benefit plan subject to minimum funding require 1a below).								No
	d minimum required contribution for all years from						11a		
12 Is this a defined	l contribution plan subject to the minimum fundin	ng requireme	nts of section 412 of t	he Cod	e or se	ection :	302 of ER	RISA? Yes X	No

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		nter the Day		e letter ruli Year	ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		207	***************************************		
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			
Marketon Strand Contract Strands	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d			
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			-	100200001600000000000000000000000000000	
13a	Has a resolution to terminate the plan been adopted in any plan year?		***************************************	X Yes	No	
	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 brought of the PBGC?			X	Yes	Vo
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he plan(s) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)
Part	VIII Trust Information					
14a	Name of trust		14b 7	rust's EIN		
14c	Name of trustee or custodian		14d	Trustee's telephone		an's
Par	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Ye	S	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curr testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(2(a)(2)(ii))?	(m)-	Ye		No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):		atio ercentage st		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combir this plan with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the plan been timely amended for all required tax law changes?		Ye	S	No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the	applicat	ole code _	(See i	nstructions
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial num		t to a fa	vorable IR	S opinion	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter	er the date of	the pla	n's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been lands)?	Yes	3	No	
19	Were in-service distributions made during the plan year?		Ye	s	No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age $70 \frac{1}{2}$ (regardless of where the retired), as required under section $401(a)(9)$?		Ye	·s	No	□ N/A