Descent Retring Service Descent of Labor     This required to be filed under sections 104 and 4055 of the Employee Retring Income Security Act of 1974 (ERRS), and sections 6057(b) and 6058(a) of the internant Revenue Code (the Code).     This retring is accordance with the instructions to the Form 5500 SF.       Part I Annual Report Identification Information     a single-employee plan is a single-employee plan is of participaing employer information in accordance with the form instructions.)     a dending 12/37/2016       A This return/report is in a one participaint plan is a single-employee plan in the first return/report is a single-employee plan in a short plan year zotum/report is a short plan year zotum/report is a short plan year zotum/report is a short plan year return/report (less than 12 months)       C Check box (fi fling under: is to participaing employer, if for short is pacial extension (enter description)     DFVC program is pacial extension (enter description)       Part II     Basic Plan Information—enter all requested information is of participaing employer, if for a single-employer plan) Maling address (inclust row, and, street, or P.O. Dox) CPU or town, state or province, country, and ZIP or foreign posal code (if foreign, see instructions) appecs, INC.     2b Employer Identification Number (EN)     2c Sponsor's telephone number 502/365/3118     2d Business code (see instructions) 423910       3a Plan administrator's name and address: D TERRY BLVD OURSVILLE, KY 40229-4012     Same as Plan Sponsor.     3b Administrator's telephone number 502/365/3118     2d Business code (see instructions) 423910       3a Plan administrator's name and addr	Form 5500-SF		Short Form Annu		rt of Small Employee	OMB Nos. 1210-0110 1210-0089					
Description     Description     Description     The Form Is Open to Revence 602 (the Code).     The Form Is Open to Description       Part I Annual Report Identification Information     - Complete all entries in accordance with the instructions to the Form S50-SF.     The Form Is Open to Description       Part I Annual Report Identification Information     - Complete all entries in accordance with the instructions to the Form S50-SF.     The seturation of the code and year begin to the code and year begin to and entring.     1000000000000000000000000000000000000	Internal Revenue Service Department of Labor		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the			2016					
Protect word: Garage Cargesting     • Complete all entries in accordance with the instructions to the Form 5500-SE.     Public inspection       Part II     Annual Report Learning to 100 per lear											
Part II   Annual Report Identification Information   and anding 1231/2018     For calendar plan part 2016 of fixed plan parts beginning 0.001/2016   and anding 1231/2018     A   This resum/taport is for:   a single-employer plan   multiple-employer plan (for truthemployer) (files checking this box must attach a list or plan instructions.)     B   This resum/taport is for:   a one-participant plan   be final resum/taport (less than 12 months)     C   Check box # filing under:   prom 5058   automatic extension   DFVC program     I   Basic Plan Information—outer all requested information   Implementation   Implementation     I   Hasic Plan Information—outer all requested information   Implementation   Implementation     I   The structure plan is a single-employer plan (monter description)   PTR-employer   Implementation     Part II   Basic Plan Information—outer all requested information   Implementation   Implementation     I   The structure plan is a single-employer plan (monter description)   Implementation   Implementation     I   The structure plan is a single-employer plan (monter description)   Implementation   Implementation     I   The market plan sports has changed since the last return/report filed for this plan, enter the file for this plan			Complete all entries in a	,	,	Public Inspection					
A   This return/report is for:   a single-employer plan   a trutiple-employer information in accordance with the form instructions.)     B   This return/report is   a one-participant plan   a foreign plan     B   This return/report   a standard return/report   a standard return/report     B   This return/report   a standard return/report   a standard return/report     B   This return/report   a standard return/report   a standard return/report     B   This return/report   a standard return/report   a standard return/report     B   This return/report   b a finite mum/report   b a finite mum/report     B   This return/report   b a standard return/report   b a standard return/report     B   This return/report   b a standard return/report   b a standard return/report     B   This return/report   b a standard return/report   b This return/report     B   This return/report   b a standard return/report   b or a stingle-employer plan/ (print)   oright     C   Check tax   f f f f a stingle-employer plan/ (Drog a standard return/report   c f f f a stingle-employer plan/ (Drog a standard return/report   c f f f f a stingle-employer plan/ (Drog a standard return/report	Part I	Annual Report lo	entification Information								
A This return/report is to::::::::::::::::::::::::::::::::::::	For calend	-									
Arres and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the approximation and the plan sponsor has changed since the last return/report filed for this plan, enter the approximation and the plan sponsor has changed since the last return/report filed for this plan, enter the approximation and the plan sponsor has changed since the last return/report filed for this plan, enter the approximate or plan to plan the end of the plan sponsor. A If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the approximate or plan to plan the end of the plan year. Sa Control the end of the plan sponsor has the end of the plan year. Sa Control the end of the plan year Control the p	A This re			list of participating							
and the special outcome of the plan information   and the plan informationenter all requested information     An Name of plan   1b   Three-digit plan number of one of plan information - one of the plan number of the plan number of one of plan information of the plan number of one of plan information of the plan number of one of plan information of the plan number of one of plan information of the plan number of plan information of the plan number of plan information of the plan number of plan information's name and address of sector P O. Box OldsWLLE, RY 40229-4012   2b   Employer Identification Number (EN)     3a Plan administrator's name and address of Same as Plan Sponsor.   3b   Administrator's telephone number for the plan number of plan information is the of plan information is the of plan information is the of plan number	<b>B</b> This ret	urn/report is									
Part II   Basic Plan Information—enter all requested information   1b   Three-digit plan number (PN)   001     1a Name of plan APPES ARCHERY, INC. 401(K) RETIREMENT SAVINGS PLAN   1b   Three-digit plan number (PN)   001     2a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt, sulte on and street, or P.O. Box) City of town, state or province, county, and ZIP or foreign postal code (if foreign, see instructions)   2b   Employer Identification Number (EIN) (1994)     2c Sponsor's telephone number State or povince, county, and ZIP or foreign postal code (if foreign, see instructions)   2c Sponsor's telephone number (2023)     2d Business code (see instructions)   423910     3a Plan administrator's name and address (Same as Plan Sponsor.   3b Administrator's telephone number (2023)     3a Plan administrator's name and dotr EIN of the plan sponsor has changed since the last return/report lied for this plan, enter the asme. EIN, and the plan number for the last return/report lied for this plan, enter the asme. EIN and due count balances as of the end of the plan year.   5a   55     5d Total number of participants at the beginning of the plan year.   5a   62   5b   62     6(2) Total number of participants at the end of the plan year.   5d   5d   5d   5d     61 Total number of active participants at the end of the plan year.   5d   5d   5d   5d <td>C Check</td> <td>box if filing under:</td> <td></td> <td></td> <td></td> <td>C program</td>	C Check	box if filing under:				C program					
1a Name of plan   Displane of plan   Displane of plan   Oct     PARPE'S ARCHERY, INC. 401(K) RETIREMENT SAVINGS PLAN   Displane of plane   Displane of plane   Oct     2a Plan sponsor's name (employer, if for a single-employer plan)   Displane of plane   Displane of plane   Displane   Disp			1	1 ,							
PAPES ARCHERY, INC. 401 (K) RETIREMENT SAVINGS PLAN   plan number 001 1c   oot 1c     23   Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apl., suite no. and street, or P-O. Box) Maling address (include room, apl., suite no. and street, or P-O. Box) Markes, INC.   2b   Employer Identification Number (EN)   2c     Sponsor's telephone number SOL24055-8118   2d   Business code (see instructions)   42:3910     Son TERRY BLYD OULSYILLE, KY 4028-4012   3b   Administrator's EIN   3c   42:3910     3a   Plan administrator's name and address   Same as Plan Sponsor.   3b   Administrator's telephone number 5c2:4055.8118     3c   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsors name   5a   5a   5b     5a   Total number of participants with account balances as of the ond of the plan year.   5a   5b   5c   62: 5b   5b   5c   62: 5c   62: 5c   62: 5c   62: 5c   5c   62: 5d(1)   5c   62: 5d(2)   <			mation—enter all requested inf	ormation	46 -						
24   Plan sponsor's name (employer, if for a single-employer plan) Maining 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 (EN)     3APES, INC.   2b   Employer identification Number (EN)   2c   Sponsor's telephone number 502-085-8118     2d   Business code (see instructions) 423910   2d   Business code (see instructions) 423910     3a   Plan administrator's name and address   Same as Plan Sponsor.   3b   Administrator's telephone number 502-085-8118     3a   Plan administrator's name and address   Same as Plan Sponsor.   3b   Administrator's telephone number 502-085-8118     3a   Plan administrator's name and address   Same as Plan Sponsor.   3b   Administrator's telephone number 50     5a   Total number of participants at the end of the plan year   5a   5c   5c     5a   Total number of participants at the end of the plan year   5d   5d(1)   5i     6(1)   Total number of active participants at the end of the plan year   5d   5d(2)   5i     6(2)   Total number of active participants at the end of the plan year   5d   5d(2)   5i   5d   5d			TIREMENT SAVINGS PLAN		pl (F	an number PN) ▶ 001					
Maing address (include room, apt., sule no. and street, or P.O. Box)   (Ei) of '0.0739209     City or fows, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)   2C Sponsor's telephone number 502-826-8118     20 TERRY BLVD   2d Business code (see instructions)   423910     3a Plan administrator's name and address   Same as Plan Sponsor.   3b Administrator's EIN     3a Plan administrator's name and address   Same as Plan Sponsor.   3b Administrator's telephone number     4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor is name.   4b EIN     3a Sponsor's name   3c Administrator's telephone number   5b 5b     5b Total number of participants at the beginning of the plan year   5a 5b   5c     c Number of participants at the end of the plan year   5c   5c   5c     c Number of participants the end of the plan year   5d(2)   5d   5d     c Number of participants the end of the plan year   5d(2)   5d   5d   5d     c Number of participants that terminated employment during the plan year   5d(2)   5d					1c E						
PAPES, INC.   26   Sponsof's telephone number Scutsville, KY 40229-4012     3a Plan administrator's name and address   Same as Plan Sponsor.   3b Administrator's EIN     3a Plan administrator's name and address   Same as Plan Sponsor.   3b Administrator's EIN     3c Administrator's telephone number   3c Administrator's telephone number     4   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor's name.   4b EIN     4   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor's name.   5a     5   Total number of participants in the old of the plan year.   5a     5   5   53     c Number of participants at the beginning of the plan year.   5d(1)     6   10 Total number of active participants at the beginning of the plan year.   5d(2)     6   Number of participants at the end of the plan year.   5d(2)     6   Number of participants at the end of the plan year.   5d(2)     6   Number of participants the end of the plan year.   5d(2)     6   Number of participants that terminated employment during the plan year.   5d(2)     6   Number of participants that terminated employment during the plan y	Mailing	g address (include room,	apt., suite no. and street, or P.O.		(E						
Sep TERY PLYD COURSYLLE, KY 40229-4012   423910     3a Plan administrator's name and address   Same as Plan Sponsor.   3b Administrator's EIN     3c Administrator's telephone number   3c Administrator's telephone number     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 of participants at the beginning of the plan year   4c PN     5a   5a   6c     5a   6c   6c     b Total number of participants at the end of the plan year   5a   6c     61(1) Total number of participants at the end of the plan year   5c   6c     61(1) Total number of participants at the end of the plan year   5d(1)   61     62(2) Total number of participants at the end of the plan year   5d(1)   61     63(2) Total number of participants at the end of the plan year   5d(2)   61     64(2) Total number of participants at the end of the plan year   5c   16     65(2) Total number of participants at the end of the plan year with accrued benefits that were less   5c   16     61(1) Total number of participants set toth in the instructors, I cleater that 1 Nave examined this return/report, and to the best of my knowledge and belief, list true correct, and complete filing of this return/report, incleater that 10x00, wested   <	PAPES, INC		country, and Zir of foreign post		<b>2c</b> S	2c Sponsor's telephone number 502-955-8118					
3c   Administrator's telephone number     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.   4b   EIN     3c   Administrator's telephone number   4c   PN     5a   Total number of participants at the beginning of the plan year.   5a   5b   5c     5a   Total number of participants at the end of the plan year.   5c   5c   5c     6(1)   Total number of active participants at the beginning of the plan year.   5d(1)   5c   5c     6(1)   Total number of active participants at the beginning of the plan year.   5d(2)   5d(1)   5c     6(1)   Total number of active participants at the beginning of the plan year.   5d(2)   5d   5d <t< td=""><td></td><td></td><td></td><td></td><td><b>2d</b> B</td><td>· · · · · · · · · · · · · · · · · · ·</td></t<>					<b>2d</b> B	· · · · · · · · · · · · · · · · · · ·					
3c   Administrator's telephone number     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.   4b   EIN     3c   Administrator's telephone number   4c   PN     5a   Total number of participants at the beginning of the plan year.   5a   5b   5c     5 Total number of participants at the end of the plan year.   5b   5c   5c     6(1)   Total number of active participants at the beginning of the plan year.   5d(1)   5c     6(1)   Total number of active participants at the end of the plan year.   5d(1)   5c     6(1)   Total number of active participants at the end of the plan year.   5d(2)   5d(1)   5f     6(2)   Total number of active participants at the end of the plan year.   5d(2)   5d   5d   1     6(2)   Total number of participants that terminated employment during the plan year with accrued benefits that were less   5e   1   1     7   Pantaly for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.   2   2   1     9   Pantaly for the late or incomplete filing of this return/report will be as	<b>3a</b> Plan a	dministrator's name and	address X Same as Plan Spor	nsor.	<b>3b</b> A	dministrator's EIN					
name, EIN, and the plan number from the last return/report.   4c PN     3a Total number of participants at the beginning of the plan year					<b>3c</b> A	dministrator's telephone number					
a Sponsor's name   4c PN     5a Total number of participants at the beginning of the plan year	4 If the	name and/or EIN of the p	blan sponsor has changed since	the last return/report file	d for this plan, enter the <b>4b</b> E	N					
b   Total number of participants at the end of the plan year.   5b   53     c   Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).   5c   52     d(1)   Total number of active participants at the beginning of the plan year.   5d(1)   51     d(2)   Total number of active participants at the end of the plan year.   5d(2)   51     d(2)   Total number of active participants at the end of the plan year.   5d(2)   51     d(2)   Total number of active participants at the end of the plan year.   5d(2)   51     d(2)   Total number of active participants at the end of the plan year.   5d(2)   51     d(2)   Total number of active participants at the end of the plan year.   5d(2)   51     d(2)   Total number of active participants at the end of the plan year.   5d(2)   52     c   Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.   5e   1     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 actively as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB complete.			per from the last return/report.		<b>4c</b> P	N					
b   Total number of participants at the end of the plan year.   5b   53     c   Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).   5c   52     d(1)   Total number of active participants at the beginning of the plan year.   5d(1)   51     d(2)   Total number of active participants at the end of the plan year.   5d(2)   51     e   Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.   5e   1     Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.   5e   1     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 ble of the plan administrator   5/03/2017   RICHARD BAGLEY     Signature of plan administrator   Date   Enter name of individual signing as plan administrator     Signature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan sponsor     Preparer's name (including firm name, if applicable) and address (include room or suite number )   Preparer's telephone number			t the beginning of the plan year			55					
C   Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	_		0 0 1 7			53					
d(1) Total number of active participants at the beginning of the plan year   5d(1)   51     d(2) Total number of active participants at the end of the plan year   5d(2)   51     e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested   5e   1     Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.   5e   1     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.     SIGN HERE   Filed with authorized/valid electronic signature.   05/03/2017   RICHARD BAGLEY     SIGN HERE   Filed with authorized/valid electronic signature.   05/03/2017   RICHARD BAGLEY     Signature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan sponsor     Preparer's name (including firm name, if applicable) and address (include room or suite number )   Preparer's telephone number	C Numb	per of participants with ac	count balances as of the end of	the plan year (only defin	ed contribution plans 5c	52					
d(2) Total number of active participants at the end of the plan year   5d(2)   51     e   Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested   5e   1     Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.   5e   1     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 So complete 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.     SIGN   Filed with authorized/valid electronic signature.   05/03/2017   RICHARD BAGLEY     Signature of plan administrator   Date   Enter name of individual signing as plan administrator     Preparer's name (including firm name, if applicable) and address (include room or suite number )   Preparer's telephone number	'	,			E 1/4	51					
e   Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested   5e   1     Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.   1   1     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.     Sign   Filed with authorized/valid electronic signature.   05/03/2017   RICHARD BAGLEY     Signature of plan administrator   Date   Enter name of individual signing as plan administrator     Preparer's name (including firm name, if applicable) and address (include room or suite number )   Preparer's telephone number	• •			-							
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.     Sign HERE   Filed with authorized/valid electronic signature.   05/03/2017   RICHARD BAGLEY     Sign HERE   Filed with authorized/valid electronic signature.   05/03/2017   RICHARD BAGLEY     Sign HERE   Filed with authorized/valid electronic signature.   05/03/2017   RICHARD BAGLEY     Preparer's name (including firm name, if applicable) and address (include room or suite number)   Preparer's telephone number   Preparer's telephone number	e Numl	ber of participants that te	rminated employment during the	plan year with accrued	benefits that were less 50						
SIGN HERE   Filed with authorized/valid electronic signature.   05/03/2017   RICHARD BAGLEY     SIGN HERE   Filed with authorized/valid electronic signature.   05/03/2017   Enter name of individual signing as plan administrator     SIGN HERE   Filed with authorized/valid electronic signature.   05/03/2017   RICHARD BAGLEY     Preparer's rame (including firm name, if applicable) and address (include rom or suite number)   Preparer's telephone number	Caution: A Under pen SB or Sche	A penalty for the late or alties of perjury and othe edule MB completed and	incomplete filing of this return r penalties set forth in the instruc- signed by an enrolled actuary, a	n/report will be assessent ctions, I declare that I ha	ed unless reasonable cause is es ve examined this return/report, incl	uding, if applicable, a Schedule					
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       Signature of employer/plan sponsor     05/03/2017     RICHARD BAGLEY       Preparer's name (including firm name, if applicable) and address (include nom or suite number)     Preparer's telephone number	SIGN			05/03/2017	RICHARD BAGLEY						
Bignature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan sponsor     Preparer's name (including firm name, if applicable) and address (include room or suite number )   Preparer's telephone number	HERE	Signature of plan adr	ninistrator	Date	Enter name of individual signi	dual signing as plan administrator					
Signature of employer/plan sponsor   Date   Enter name of individual signing as employer of plan sponsor     Preparer's name (including firm name, if applicable) and address (include room or suite number )   Preparer's telephone number		Filed with authorized/va	lid electronic signature.	05/03/2017	RICHARD BAGLEY						
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For Panarwork Poduction Act Natico, son the Instructions for Form F500 SE											
For Happenwork Hequiction Act Notice cost the instructions for Low LLON CL											

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility <b>If you answered "No" to either line 6a or line 6b, the plan cann</b>	an indepen and condition and use For	dent qualified public accountant (IQP ons.) m 5500-SF and must instead use F	A) [Ves ] No Form 5500
	If the plan is a defined benefit plan, is it covered under the PBGC ir <b>rt III Financial Information</b>	isurance pr	ogram (see ERISA section 4021)?	Yes No Not determined
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	4151932	4618244
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	4151932	4618244
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	41083	
	(2) Participants	8a(2)	161312	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	414849	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		617244
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	150541	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	391	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		150932
i	Net income (loss) (subtract line 8h from line 8c)	8i		466312
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension	feature coo	les from the List of Plan Characterist	ic Codes in the instructions:

2E 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

10	During the plan year:					Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
C	Was the plan covered by a fidelity bond?	10c	Х			500000		
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	×			9233		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No
11a	Ente	r 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 Code or section								Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.						
b	Enter	the minimum required contribution for this plan year			12b				
с	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)	)
	,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a Name of trust				14b Trust's EIN					
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes	No				
			gn-based [ "Prior year" AI harbor [ test				Ρ		
				"Curre ADP t	ent year est		N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:				entage Average N/A benefit test N/A					
<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No		
	the le		-			-			of
	letter		ter the	e date	of the m	ost rece	ent determ	ination	
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 separ ce?		from	Ye	s [	No		