For	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee Retiremer	at 2016
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the Internal e).	This Form is Open to Public Inspection
_	enefit Guaranty Corporation		accordance with the inst	tructions to the Form 5500-SF.	
For calenda	Annual Report IC	dentification Information al plan year beginning 01/01/2	016	and ending 12/31/201	6
	urn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (Filers ch mployer information in accordanc	-
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 months)	
C Check	box if filing under:	Form 5558	automatic extension		C program
Part II	Basia Blan Inform	special extension (enter descr nation—enter all requested inf			
1a Name SOUNDVIEV	of plan W INSURANCE 401(K) F	PLAN	Umaion	р (Г 1с Е	hree-digit an number PN) ▶ 001 ffective date of plan 01/01/1997
Mailing City or	g address (include room, town, state or province,	er, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		(E	mployer Identification Number IN) 91-1160628 ponsor's telephone number
SOUNDVIEV	V INSURANCE AGENC	Y, INC.		20 0	425-672-4242
18927 - 33RI LYNNWOOD	D AVE. W., SUITE C 9, WA 98036			2d B	usiness code (see instructions) 524210
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	isor.		dministrator's EIN dministrator's telephone number
		plan sponsor has changed since to be from the last return/report.	the last return/report filed	for this plan, enter the 4b E	IN
a Spons	or's name			4c P	N
5a Total ı	number of participants at	t the beginning of the plan year			11
		the end of the plan year			5
		count balances as of the end of t		50	5
• • •	•	cipants at the beginning of the pla			
e Numb	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued be	enefits that were less 5e) (
		incomplete filing of this return		d unless reasonable cause is e	stablished.
SB or Sche		signed by an enrolled actuary, a		e examined this return/report, inc ersion of this return/report, and to	
SIGN	Filed with authorized/va		05/08/2017	ANTHONY CONTI	
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual signi	ng as plan administrator
SIGN					
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individual signi	ng as employer or plan sponsor
Preparer's		ne, if applicable) and address (in	clude room or suite numb		er's telephone number
		coo the Instructions for Form 5500			Form 5500 SE (2016)

60		la ananta?		X Yes No
ba 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	an indepen and conditio	dent qualified public accountant (IQPA ons.))
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir			
		isulatice pr	ogram (see ERISA section 4021)?	
<u>Ра</u>	rt III Financial Information	i i		
1	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
	Total plan assets	7a	608354	244910
	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	608354	244910
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)	2250	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	68234	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		70484
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	433928	
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		433928
i	Net income (loss) (subtract line 8h from line 8c)	8i		-363444
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics	-,		
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2K 2T 3D	feature coo	des from the List of Plan Characteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Characteristic (Codes in the instructions:

Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			20000
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		X		
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			0
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 c m 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		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΠY	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	ns, and	l enter t	he date	of the letter	ruling
	<u> </u>	ting the waiver			_ Day	′	Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
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 least of the matter amount)			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						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes	s 🗌 No)
	lf "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 broug rol of the PBGC?					Yes X	No
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to			
1	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi	an's
						leiepho	ne number	
Par	4 IV	IRS Compliance Questions						
Fai							□	
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:		Desig safe h	n-basec arbor	1	Prior ye test	ar" ADP
				"Curre ADP t	ent year' est		N/A	
16a		t 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
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter		nter the	e date	of the m	ost rec	ent determir	nation
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 ce?		from	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

Form 5500-SF	Short Form Annu			oyee	OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plar ed under sections 104 an	d 4065 of the Employee R	etirement	2016
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections (Revenue Code (the Co	6057(b) and 6058(a) of the	Internal	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in	•		500 85	Public Inspection
Part I Annual Report	t Identification Information			500-SF.	
For calendar plan year 2016 or t	fiscal plan year beginning 01/01/20		and ending 12/3		
A This return/report is for:	X a single-employer plan	a multiple-employer list of participating a foreign plan	plan (not multiemployer) (employer information in ac	Filers checki cordance wit	ng this box must attach a h the form instructions.)
B This return/report is	the first return/report	the final return/repo	t		
	an amended return/report	🗌 a short plan year ret	urn/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension	1	DFVC pro	ogram
	special extension (enter descr				
Part II Basic Plan Info	ormation-enter all requested inf	ormation	······································		,
1a Name of plan		· · · · · · · · · · · · · · · · · · ·		1b Three-	digit
OUNDVIEW INSURANCE 401(k	() PLAN			plan n	umber
			-	(PN) 1c Effectiv	ve date of plan
-				01/01/	
Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O æ, country, and ZIP or foreign posta	. Box) al code (if foreign, see ing	structions)		ver Identification Number 1-1160628
OUNDVIEW INSURANCE AGEN	NCY, INC.				or's telephone number (425) 672-4242
3927 - 33RD AVE. W., SUITE C					ss code (see instructions)
5927 - 55RD AVE. W., SUITE C				524210	
YNNWOOD, WA 98036					
3a Plan administrator's name ar	nd address 🕅 Same as Pian Spon	sor.		3b Adminis	strator's EIN
3a Plan administrator's name ar	nd address K Same as Plan Spons	sor.	Ĺ		
If the name and/or EIN of the	e plan sponsor has changed since th				
If the name and/or EIN of the name, EIN, and the plan num			for this plan, enter the	3c Adminis 4b EIN	strator's EIN
If the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name	e plan sponsor has changed since the nber from the last return/report.	ne last return/report filed	for this plan, enter the	3c Adminis 4b EIN 4c PN	strator's telephone number
If the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name a Total number of participants	e plan sponsor has changed since the nber from the last return/report.	ne last return/report filed	for this plan, enter the	3C Adminis 4b EIN 4c PN 5a	strator's telephone number
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants b Total number of participants with a 	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the	ne last return/report filed	for this plan, enter the	3c Adminis 4b EIN 4c PN 5a 5b	etrator's telephone number
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name Total number of participants a b Total number of participants with a complete this item) 	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the	ne last return/report filed ne plan year (only defined	for this plan, enter the	3c Adminis 4b EIN 4c PN 5a 5b 5c	trator's telephone number
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants b Total number of participants with a complete this item) d(1) Total number of active participants 	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan	ne last return/report filed ne plan year (only defined	for this plan, enter the	3c Adminis 4b EIN 4c PN 5a 5b 5c 5d(1)	etrator's telephone number 11 5
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active participants of active participants is e Number of participants that t 	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year ticipants at the end of the plan year	ne last return/report filed ne plan year (only defined n year	for this plan, enter the	3c Adminis 4b EIN 4c PN 5a 5b 5c	trator's telephone number 11 5 5
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants that t than 100% vested aution: A penalty for the late o nder penalties of perjury and oth B or Schedule MB completed and 	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the p or incomplete filing of this return/n er penalties set forth in the instruction of signed by an enrolled actuary, as	ne last return/report filed ne plan year (only defined n year plan year with accrued be report will be assessed ons L declare that L baye	for this plan, enter the d contribution plans enefits that were less unless reasonable caus	3C Adminis 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is establis	11 11 5 5 11 0 0 hed.
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants is b Total number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants that than 100% vested aution: A penalty for the late o nder penalties of perjury and oth B or Schedule MB completed and elief, it is true, correct, and completed and elief. it is true. 	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the plan terminated employment during terminated employment d	ne last return/report filed ne plan year (only defined n year	for this plan, enter the d contribution plans enefits that were less unless reasonable caus examined this return/report, a	3C Adminis 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is establis	11 11 5 5 11 0 0 hed.
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name Total number of participants is b Total number of participants with a complete this item)	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the plan ter penalties set forth in the instruction d signed by an enrolled actuary, as lete.	ne last return/report filed ne plan year (only defined n year	for this plan, enter the d contribution plans enefits that were less unless reasonable caus examined this return/reportsion of this return/report, and the retur	3C Adminis 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e Is establis and to the be	11 11 5 5 11 0 0 hed. If applicable, a Schedule st of my knowledge and STT
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name Total number of participants at complete this item) d(1) Total number of active part d(2) Total number of active part d(2) Total number of active part than 100% vested aution: A penalty for the late of the source of the source	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the plan ter penalties set forth in the instruction d signed by an enrolled actuary, as lete.	ne last return/report filed ne plan year (only defined n year	for this plan, enter the d contribution plans enefits that were less unless reasonable caus examined this return/report, a	3C Adminis 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e Is establis and to the be	11 11 5 5 11 0 0 hed. If applicable, a Schedule st of my knowledge and STT
If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants a b Total number of participants with a complete this item)	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the p or incomplete filing of this return/ret penalties set forth in the instruction of signed by an enrolled actuary, as lete.	the last return/report filed the plan year (only defined the plan year (only defined the plan year with accrued be report will be assessed ons, I declare that I have well as the electronic ve $\sqrt{5} - 2 - 17$ Date	for this plan, enter the discontribution plans enefits that were less unless reasonable caus examined this return/report, a x ANHON Enter name of individua	3c Adminis 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is establis ort, including, and to the be	11 5 5 11 0 hed. If applicable, a Schedule st of my knowledge and STT Jan administrator
If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants a b Total number of participants a complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants that than 100% vested aution: A penalty for the late of nder penalties of perjury and oth B or Schedule MB completed and elief, it is true correct, and completed Signature of plan ad IGN ERE	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the p or incomplete filing of this return/ret penalties set forth in the instruction of signed by an enrolled actuary, as lete.	the last return/report filed the plan year (only defined the plan year (only defined the plan year with accrued be report will be assessed ons, I declare that I have well as the electronic ve $\sqrt{5-2-17}$ Date Date	for this plan, enter the d contribution plans enefits that were less unless reasonable caus examined this return/report, a x A A MON Enter name of individual Enter name of individual	3C Adminis 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is establis ort, including, and to the be Control of the beside of	11 11 5 5 11 0 0 hed. If applicable, a Schedule st of my knowledge and STT
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name Total number of participants at complete this item) d(1) Total number of active participants that than 100% vested aution: A penalty for the late of the late of the source of the sourc	e plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the tricipants at the beginning of the plan year ticipants at the end of the plan year terminated employment during the plan terminated employment during the plan ter penalties set forth in the instruction of signed by an enrolled actuary, as lete.	the last return/report filed the plan year (only defined the plan year (only defined the plan year with accrued be report will be assessed ons, I declare that I have well as the electronic ve $\sqrt{5-2-17}$ Date Date	for this plan, enter the d contribution plans enefits that were less unless reasonable caus examined this return/report, a x A A MON Enter name of individual Enter name of individual	3C Adminis 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e is establis ort, including, and to the be Control of the beside of	11 5 5 11 0 0 hed. if applicable, a Schedule st of my knowledge and STI blan administrator employer or plan sponsor

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Form 5500-SF 2016

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C	 Were all of the plan's assets during the plan year invested in eligi 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 can 	f an indepen / and conditi not use For	dent qualified publi ons.) m 5500-SF and m	c accou ust inst	ntant (IQPA) se Foi) rm 550	0.	X Ye	
	If the plan is a defined benefit plan, is it covered under the PBGC i		ogram (see ERISA	section	4021)	?	U Ye	s []No	Not det	ermined
7	Plan Assets and Liabilities		(a) Beginnin	n of Ye	ar			(b) End	of Veer	
а	Total plan assets	. 7a	(=) =0	608			·	(b) End (2449	10
b		7b			_					10
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		608	354				2449	10
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		-		(b) Tc		
a	Contributions received or receivable from: (1) Employers	8a(1)						(0) 10		
	(2) Participants	8a(2)		22	250				5	
	(3) Others (including rollovers)			-			21. 17			
b	Other income (loss)	8b		682	34		1.		重成した。	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					_		7048	4
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4339	28					26.8
е	Certain deemed and/or corrective distributions (see instructions)	8e			1	Cursie		N 46 (C) 7		
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g				11		Like Sie	35 S . S	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							43392	8
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	物理论。自己的		See.				-36344	4
	Transfers to (from) the plan (see instructions)	8j								S. 19
	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	an Chara	acterist	tic Co	des in	the instruct	tions:	
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 contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fidu	ciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	Oo not inc	lude transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	x					20000
	Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?	idelity bond.	that was caused	10c	~	x				20000
6		er persons by or all of the	y an insurance	10e		x				
f	Has the plan failed to provide any benefit when due under the plan			10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	x					0
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruction	ons and 29 CFR	10g		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 no	tice or one of the	10i				No.48		

Page **3-**1

Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see (Form 5500) and line 11a below)	instructions and con	nplete Scl	hedule \$	3B		Yes 🗌
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form	n 5500) line 40		11a			
12 Is this a defined contribution plan subject to the minimum funding requirements of sec ERISA?	tion 412 of the Code	e or sectio	n 302 c	f	Π	Yes X
(in res, complete me 12a of 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 p granting the waiver.	Mor	nth	d enter Da		of the letter	er ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a	and skip to line 13.					
b 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			_
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a megative amount)	inus sign to the left	ofa	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?)			Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?				X Yes		io
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 anoth control of the PBGC?					Yes 🛛	No
C If, during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	er plan(s), identify ti	he plan(s)	to			
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
				I		
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