## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

For calendar plan year 2016 or fiscal plan year beginning

**Annual Report Identification Information** 

**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.

and ending

12/31/2016

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

A		X a single-employer plan		plan (not multiemployer)		
A This ref	turn/report is for:	a one-participant plan	a foreign plan	employer information in a	iccordance with the fo	orm instructions.)
<b>B</b> This reti	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program	
	-	special extension (enter des				
Part II		ormation—enter all requested i	nformation		1	
1a Name MACHINE &		ISTRIES LLC 401K PLAN			<b>1b</b> Three-digit plan number (PN) ▶	001
					1c Effective date	e of plan 2/01/2007
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P. se, country, and ZIP or foreign pos	O. Box)	ctructions)	2b Employer Ide (EIN) 20	ntification Number -2994737
	FABRICATION INDU		stal code (il loreign, see ins	structions)	2c Sponsor's tel	lephone number 395-3630
7032 S 196T KENT, WA 9						le (see instructions) 32900
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	onsor.		<b>3b</b> Administrator	's EIN
					<b>36</b> Administrator	's telephone number
4 If the i	name and/or EIN of th	e plan sponsor has changed since	e the last return/report filed	d for this plan, enter the	4b EIN	
name	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed	d for this plan, enter the	<b>4b</b> EIN <b>4c</b> PN	
name <b>a</b> Spons	, EIN, and the plan nu or's name	mber from the last return/report.	·	· 	4c PN	55
a Spons 5a Total	, EIN, and the plan nu or's name number of participants	mber from the last return/report.				
name a Spons 5a Total b Total c Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with	mber from the last return/report.	f the plan year (only define	ed contribution plans	4c PN 5a	55
name a Spons 5a Total b Total c Numb	, EIN, and the plan nutror's name number of participants number of participants er of participants with lete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of	f the plan year (only define	ed contribution plans	4c PN 5a 5b 5c 5d(1)	55 58
name a Spons 5a Total b Total c Numb comp d(1) Tot	, EIN, and the plan nu or's name number of participants number of participants er of participants with lete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of	of the plan year (only define	ed contribution plans	4c PN 5a 5b 5c	55 58 54
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year account balances as of the end of the plan year	of the plan year (only define	ed contribution plans	4c PN 5a 5b 5c 5d(1)	55 58 54 45
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche	, EIN, and the plan number of participants number of participants per of participants with lete this item)	at the beginning of the plan year at the end of the plan year.  account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the penalties set forth in the instruction of signed by an enrolled actuary,	of the plan year (only define plan yeareareplan year with accrued b	ed contribution plans  penefits that were less  ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if app	55 58 54 45 43 6 plicable, a Schedule
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche	, EIN, and the plan number of participants number of participants per of participants with lete this item)	at the beginning of the plan year at the end of the plan year.  account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the penalties set forth in the instruction of signed by an enrolled actuary,	of the plan year (only define plan yeareareplan year with accrued b	ed contribution plans  penefits that were less  ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if app	55 58 54 45 43 6 plicable, a Schedule
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is	, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report.  s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the terminated employment during the terminated by an enrolled actuary, plete.  //valid electronic signature.	of the plan year (only define plan yeareeareeplan year with accrued be rn/report will be assesse uctions, I declare that I have as well as the electronic v	penefits that were less and unless reasonable cander examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if aport, and to the best of	55 58 54 45 43 6 plicable, a Schedule my knowledge and
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants number of participants are of participants with lete this item)	mber from the last return/report.  s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the terminated employment during the terminated by an enrolled actuary, plete.  //valid electronic signature.	of the plan year (only defined plan year	penefits that were less ad unless reasonable ca we examined this return/repo version of this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if aport, and to the best of	55 58 54 45 43 6 plicable, a Schedule my knowledge and
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	p. EIN, and the plan number of participants number of participants are of participants with lete this item)	mber from the last return/report.  at the beginning of the plan year at the end of the plan year	of the plan year (only defined by the plan year with accrued by the plan year with accrued by the plan year will be assessed to the plan year.    O5/10/2017	penefits that were less  and unless reasonable case examined this return/reportersion of this return of this return of the control of the control of this return of the control of this return of this return of the control of this return of the control of this return of this return of the control of this return of this return of the control of this return of the control of this return of this return of the control	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if aport, and to the best of dual signing as plan and dual signing as employed.	55 58 54 45 43 6 plicable, a Schedule my knowledge and administrator
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	p. EIN, and the plan number of participants number of participants are of participants with lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only defined by the plan year with accrued by the plan year with accrued by the plan year will be assessed to the plan year.    O5/10/2017	penefits that were less  and unless reasonable case examined this return/reportersion of this return of this return of the control of the control of this return of the control of this return of this return of the control of this return of the control of this return of this return of the control of this return of this return of the control of this return of the control of this return of this return of the control	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if aport, and to the best of	55 58 54 45 43 6 plicable, a Schedule my knowledge and administrator
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	p. EIN, and the plan number of participants number of participants are of participants with lete this item)	mber from the last return/report.  at the beginning of the plan year at the end of the plan year	of the plan year (only defined by the plan year with accrued by the plan year with accrued by the plan year will be assessed to the plan year.    O5/10/2017	penefits that were less  and unless reasonable case examined this return/reportersion of this return of this return of the control of the control of this return of the control of this return of this return of the control of this return of the control of this return of this return of the control of this return of this return of the control of this return of the control of this return of this return of the control	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if aport, and to the best of dual signing as plan and dual signing as employed.	55 58 54 45 43 6 plicable, a Schedule my knowledge and administrator

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	Were all of the plan's assets during the plan year invested in eligib		` ,						X Yes No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes 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 in	nsurance p	orogram (see ERISA se	ection 4	021)?	🗌	Yes	No N	Not determined	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	b) End of Ye	ear	
<u>a</u>	Total plan assets	7a	1	256654				1	329404	
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	1	256654				1:	329404	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		57884						
	(2) Participants	8a(2)		78693	_					
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		101115						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							237692	
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		160939						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		3878						
	Administrative service providers (salaries, fees, commissions)	8f		125						
<u>g</u>	Other expenses	8g		0			164942			
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							72750	
<del>+</del>	Net income (loss) (subtract line 8h from line 8c)	8i							12130	
	Transfers to (from) the plan (see instructions)	8j		0						
	rt IV   Plan Characteristics	f t	ales for a the List of Di	01				On a Constant of the		
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 3B $$ 3D $$ 3H $$ 2T	reature co	odes from the List of Pi	an Cna	racteri	Stic Co	aes in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instruction	ns:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Ar	nount	
а	Was there a failure to transmit to the plan any participant contributions and POL's No. 1000 to 1000 t									
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	-	-	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
				10b	Χ				150000	
d				100		X				
	by fraud or dishonesty?			10d		^				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some				V					
	the plan? (See instructions.)			10e	X				726	
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				19011	
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	he require	d notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						

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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 X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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 l tive 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	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 brougout of the PBGC?		er the			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	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
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:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<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	be 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	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 sepa e?		rom	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?			Ye	s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Report	Identification Information					
For calenda	ar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/2	016	
■ a single-employer plan							
		a one-participant plan	a foreign plan			es sections on.	
B This retu	rm/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	/report (less than 12 m	nonths)		
C Check t	oox if filing under:	Form 5558	automatic extension		DFVC program		
		special extension (enter descr	ription)				
Part II	Basic Plan Info	rmation—enter all requested inf	formation			105 PERMIT NO 10	
1a Name		N THOUGHDIDE			1b Three-digit plan numbe	r.	
MACHINE LLC 4011	& FABRICATION	N INDUSTRIES			(PN)	001	
220 .01.					1c Effective da 12/01/2		
Mailing	address (include root	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				entification Number	
		e, country, and ZIP or foreign post	al code (if foreign, see instru	uctions)		elephone number	
LLC	& FABRICATIO	N INDUSTRIES			(253) 39		
						de (see instructions)	
7032 S	196TH ST				332900		
KENT	96-30		WA	98032	2		
3a Plan ad	dministrator's name ar	nd address 🔣 Same as Plan Spor	nsor.		3b Administrate	r's EIN	
					3c Administrate	r's telephone number	
					JC Authinistrati	i s terephone number	
4 If the n	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN		
name,	EIN, and the plan nur	mber from the last return/report.			-	-	
a Sponso		300			4C PN		
		at the beginning of the plan year			5a 5b	55	
	경기의 기계 전쟁에 가장 하면 내가 보고 있는데 가장이 되다.	at the end of the plan year				58	
		account balances as of the end of	15 15 전 15 2 15 2 15 2 15 2 15 2 15 2 15		5c	54	
and the second		rticipants at the beginning of the pl			5d(1)	45	
2000 100 000 000 0000		rticipants at the end of the plan year			. 5d(2) 4		
e Numb	er of participants that	terminated employment during the	e plan year with accrued ben	nefits that were less	5e	6	
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed u	uniess reasonable ca	use is established	l	
SB or Sche	alties of perjury and ot dule MB completed a true, correct, and com	her penalties set forth in the instructed and signed by an enrolled actuary, a plete	ctions, I declare that I have e as well as the electronic vers	examined this return/re sion of this return/repor	eport, including, if a rt, and to the best o	pplicable, a Schedule f my knowledge and	
SIGN	Tatte	Shorko	5-9-2017	PATTY 1	ESHENKO		
HERE .	Signature of plan a	dministrator	Date	Enter name of individ		administrator	
SIGN				* *************************************	<u> </u>		
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual signing as emo	lover or plan sponsor	
Preparer's	name (including firm r	name, if applicable) and address (in			Preparer's teleph		
0.5	50 IA						
13							

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b c	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 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 in	an independ and condition ot use For	dent qualified public accounts.)	ntant (IC ead use	QPA) • Form	5500.	X Yes No
Pa	art III Financial Information	r		313			
	Plan Assets and Liabilities		(a) Beginning of Ye				(b) End of Year
_ <u>a</u>	1000	7a	1,256	, 654			1,329,404
	Total plan liabilities	7b	1,256	654			1,329,404
8	Net plan assets (subtract line 7b from line 7a)	7c	14950 20 10	, 654			(b) Total
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	8a(1)	(a) Amount 57	,884		S.	(0) 10121
	(2) Participants	8a(2)	78	, 693			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	101	,115			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					237,692
di	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	160	, 939	20.10. 101.20.1		
е	Certain deemed and/or corrective distributions (see instructions)	8e	3	,878			
f	Administrative service providers (salaries, fees, commissions)	8f		125			
g	Other expenses	8g	200 IC	0			•
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	O-8			5,015,000	164,942
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81					72,750
j	Transfers to (from) the plan (see instructions)	8]	772	0			
	rt IV Plan Characteristics						36730, 181
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3B 3D 3H 2T	feature cod	es from the List of Plan Ci	naracter	istic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Ch	aracteris	stic Co	des in 1	he instructions:
Pa	rt V Compliance Questions		930	19-81			
10	During the plan year:	55%		Yes	No	N/A	Amount
í	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V						

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)		x			
Ь	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	100		150,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	х			726
f	Has the plan failed to provide any benefit when due under the plan?	10f	30.000.000	Х		21
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	х			19,011
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	5	х		00.001 (20
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				

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Part	VI Pe	ension Funding Compliance					-	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the C					🛛	Yes 🛭 No
		." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	1 M M 2 M	15 000 - 5000 00	y and a great and a	4		
	granting	rer of the minimum funding standard for a prior year is being amortized in this plan year, see ins the waiver.	fonth_	ns, and	i enter i Day		e of the lett Year	er ruling
If	you com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		(1)			
<u>b</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			12¢			
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)			12d		33 50	
e	Will the	minimum funding amount reported on line 12d be met by the funding deadline?			3/2	Yes	No	☐ N/A
Part	VII P	an Terminations and Transfers of Assets						
13a	Has a re	solution to terminate the plan been adopted in any plan year?		,,,,,,,	i i i i i i i i i i i i i i i i i i i	Ye	s 🛛 I	No
	If "Yes,"	enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were at	I the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	ght und	ler the			Yes	X No
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ssets or liabilities were transferred. (See instructions.)	ify the	plan(s)	) to	1.9		
	13c(1) Na	me of plan(s):	8	13c(2)	EIN(s)	DWA IA	13c(3) PN(s)	
Part	VIII T	rust Information						
14a	Name of	trust			14b -	Trust's	EIN	
14c	Name of	trustee or custodian					's or custo one numbe	
Par	tIX	RS Compliance Questions				5107	102	olada kalifakilda
(A	90	an a 401(k) plan? If "No," skip b		Yes			☐ No	
15b	How did	the plan satisfy the nondiscrimination requirements for employee deferrals under section			sign-based "Prior year" A			
	401(K)(3)	for the plan year? Check all that apply:		"Curre	ent year test	н	N/A	
16a	What les	sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply:		Ratio perce test	entage		Average penefit test	∏ N/A
	for the p	plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) lan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No	
	If the pla	in is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS r and the serial number	opinio					
	tetter	n is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	e date	of the n	nost red	cent detern	nination
18	Were an	Benefit Plan or Money Purchase Pension Plan Only: by distributions made during the plan year to an employee who attained age 62 and had not sep		from	Ye	s	∏ No	
19	Was any	plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	☐ No	