Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

For calend			10040		0/04/0040			
	lar plan year 2016 or	fiscal plan year beginning 01/01			2/31/2016			
		X a single-employer plan		plan (not multiemployer)				
A This ref	turn/report is for:	a one-participant plan	list of participating of a foreign plan	employer information in a	ccordance with the fo	rm instructions.)		
B This ret	urn/report is	the first return/report	the final return/repor	rt				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)			
C Check	box if filing under:	П = ====			Пъгио			
• Check	box ii iiiiiig under.	Form 5558	automatic extension	1	DFVC program			
		special extension (enter des	• ,					
Part II		formation—enter all requested i	information		T			
1a Name ADVANCED		URING PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	001		
					1c Effective date	of plan /01/2014		
Mailing	g address (include ro	oloyer, if for a single-employer plangom, apt., suite no. and street, or P	.O. Box)		2b Employer Ider (EIN) 77-	ntification Number		
	r town, state or provi LEAN MANUFACTU	nce, country, and ZIP or foreign po URING LLC	stal code (if foreign, see in	structions)	2c Sponsor's tele	ephone number 02-8300		
					2d Business code	e (see instructions)		
	H PLACE NE, BLDG		28TH PLACE NE, BLDG E	3	333200			
WOODINVIL	LE, WA 98072	WOODII	NVILLE, WA 98072					
20 Dian a	. duniciaturata da la cara				2h Administrator	- FINI		
Ja Plan a	idministrator's name	and address X Same as Plan Sp	onsor.		3b Administrator's	SEIN		
					3c Administrator's	s telephone number		
						·		
4 If the	name and/or FIN of	the plan sponsor has changed sinc	e the last return/report file	d for this plan, enter the	4b EIN			
		number from the last return/report.	e the last return/report filet	a for this plan, enter the	40 EIN			
a Spons	or's name							
					4c PN			
5a Total	number of participan	ts at the beginning of the plan year	·		4c PN 5a	36		
		nts at the beginning of the plan year			1			
b Total	number of participan	nts at the end of the plan year			5a 5b	17		
b Total c Numb	number of participan per of participants wit		of the plan year (only define	ed contribution plans	5a	17		
b Total c Numb	number of participan per of participants wit lete this item)	nts at the end of the plan yearth account balances as of the end of	of the plan year (only define	ed contribution plans	5a 5b	17 5		
b Total c Numb comp d(1) Tot	number of participan per of participants wit lete this item) ral number of active p	thats at the end of the plan yearth account balances as of the end control of the plan year	of the plan year (only define	ed contribution plans	5a 5b 5c 5d(1)	17 5 37		
b Total c Numb comp d(1) Tot d(2) Tot	number of participan per of participants wit lete this item) al number of active p tal number of active p	nts at the end of the plan year th account balances as of the end o	of the plan year (only define plan year	ed contribution plans	5a 5b 5c 5d(1) 5d(2)	17 5 37 17		
b Total c Numb comp d(1) Tot d(2) Tot e Numb than	number of participants wit lete this item)	that at the end of the plan yearth account balances as of the end of the comparticipants at the beginning of the participants at the end of the plan yat terminated employment during the	of the plan year (only define plan year rear he plan year with accrued l	ed contribution plans	5a 5b 5c 5d(1) 5d(2) 5e	17 5 37 17		
b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A	number of participants wit lete this item)	that at the end of the plan year	plan year (only definent plan year	ed contribution plans benefits that were less	5a 5b 5c 5d(1) 5d(2) 5e use is established.	17 5 37 17		
b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A	number of participants wit lete this item)	participants at the end of the plan year participants at the beginning of the participants at the end of the plan y at terminated employment during the participants at the end of the plan y at terminated employment during the or incomplete filing of this return other penalties set forth in the instr	plan year (only define plan year	ed contribution plans benefits that were less ed unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	17 5 37 17 0 olicable, a Schedule		
b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche	number of participants wit lete this item)	participants at the end of the plan year participants at the beginning of the participants at the end of the plan y at terminated employment during the continuous of the plan y at terminated employment during the continuous of the plan y at terminated employment during the continuous of the plan y at terminated employment during the continuous of the plan y at terminated employment during the continuous of the plan y at terminated employment during the continuous of the plan y at terminated employment during the plan y at	plan year (only define plan year	ed contribution plans benefits that were less ed unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	17 5 37 17 0 olicable, a Schedule		
b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pens SB or Sche	number of participants wit lete this item)	participants at the end of the plan year participants at the beginning of the participants at the end of the plan y at terminated employment during the continuous of the plan y at terminated employment during the continuous of the plan y at terminated employment during the continuous of the plan y at terminated employment during the continuous of the plan y at terminated employment during the continuous of the plan y at terminated employment during the continuous of the plan y at terminated employment during the plan y at	plan year (only define plan year	ed contribution plans benefits that were less ed unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	17 5 37 17 0 olicable, a Schedule		
b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen- SB or Sche belief, it is	number of participants with lete this item)	participants at the beginning of the participants at the end of the plan year	plan year (only define plan year	benefits that were less ed unless reasonable ca we examined this return/repo TODD REAMS	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of response to the second	17 5 37 17 0 olicable, a Schedule my knowledge and		
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	number of participants wit lete this item)	participants at the beginning of the participants at the end of the plan year	plan year (only define plan year with accrued large plan year with accrued large plan year will be assessed ructions, I declare that I have, as well as the electronic value.	benefits that were less ed unless reasonable ca we examined this return/repo TODD REAMS	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	17 5 37 17 0 olicable, a Schedule my knowledge and		
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	number of participants with lete this item)	participants at the beginning of the participants at the end of the plan year contribution 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 mplete.	plan year (only define plan year with accrued law in the plan year with accrued law in the plan year will be assessed in the plan year.	benefits that were less ed unless reasonable ca we examined this return/re version of this return/repo TODD REAMS Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of reduced to the best of	my knowledge and dministrator		
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	number of participants with lete this item)	participants at the beginning of the participants at the end of the plan year control participants at the beginning of the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instrand signed by an enrolled actuary mplete. Bed/valid electronic signature. The administrator	plan year (only define plan year with accrued land plan year with accrued land plan year will be assessed uctions, I declare that I have, as well as the electronic value of the plan year with accrued land plan year with accrued land plan year with accrued land plan year. 1	benefits that were less ed unless reasonable ca we examined this return/re version of this return/repo TODD REAMS Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of reduced to the best of	17 5 37 17 0 Dicable, a Schedule my knowledge and dministrator		
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	number of participants with lete this item)	participants at the beginning of the participants at the end of the plan year contribution 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 mplete.	plan year (only define plan year with accrued land plan year with accrued land plan year will be assessed uctions, I declare that I have, as well as the electronic value of the plan year with accrued land plan year with accrued land plan year with accrued land plan year. 1	benefits that were less ed unless reasonable ca we examined this return/re version of this return/repo TODD REAMS Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of reduced to the best of	17 5 37 17 0 Dicable, a Schedule my knowledge and dministrator yer or plan sponsor		
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	number of participants with lete this item)	participants at the beginning of the participants at the end of the plan year control participants at the beginning of the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instrand signed by an enrolled actuary mplete. Bed/valid electronic signature. The administrator	plan year (only define plan year with accrued land plan year with accrued land plan year will be assessed uctions, I declare that I have, as well as the electronic value of the plan year with accrued land plan year with accrued land plan year with accrued land plan year. 1	benefits that were less ed unless reasonable ca we examined this return/re version of this return/repo TODD REAMS Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of reduced to the best of	17 5 37 17 0 Dicable, a Schedule my knowledge and dministrator		
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	number of participants with lete this item)	participants at the beginning of the participants at the end of the plan year control participants at the beginning of the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instrand signed by an enrolled actuary mplete. Bed/valid electronic signature. The administrator	plan year (only define plan year with accrued land plan year with accrued land plan year will be assessed uctions, I declare that I have, as well as the electronic value of the plan year with accrued land plan year with accrued land plan year with accrued land plan year. 1	benefits that were less ed unless reasonable ca we examined this return/re version of this return/repo TODD REAMS Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of reduced to the best of	17 5 37 17 0 Dicable, a Schedule my knowledge and dministrator yer or plan sponsor		
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	number of participants with lete this item)	participants at the beginning of the participants at the end of the plan year control participants at the beginning of the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instrand signed by an enrolled actuary mplete. Bed/valid electronic signature. The administrator	plan year (only define plan year with accrued land plan year with accrued land plan year will be assessed uctions, I declare that I have, as well as the electronic value of the plan year with accrued land plan year with accrued land plan year with accrued land plan year. 1	benefits that were less ed unless reasonable ca we examined this return/re version of this return/repo TODD REAMS Enter name of individent	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of reduced to the best of	17 5 37 17 0 Dicable, a Schedule my knowledge and dministrator		

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	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 indepe and condit	ndent qualified public a	account	ant (IQ	(PA)			X Ye	
•	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					_	-	_	□ Not do:	termined
	rt III Financial Information	isurance p	orogram (see ERISA se	ection 4	021)?		res	Пио	☐ Not de	terminea
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Voor	
_ <u>'</u>	Total plan assets	7a		123357				(b) Ella	19517	<u>'</u> 2
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		123357					19517	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)		12542						
	(2) Participants	8a(2)		48440						
	(3) Others (including rollovers)	8a(3)		12229						
	Other income (loss)	8b		12220					7321	1
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							7321	1
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions) .	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1396						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							139	
i_	Net income (loss) (subtract line 8h from line 8c)	8i							7181	5
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
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	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					9157
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		X				

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Part	VI F	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)					Ye	es X No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0
12	ERIS	s a defined contribution plan subject to the minimum funding requirements of section 412 of the C 4?es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Ye	es X No
а	If a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		s, and	_			ruling
If	_	ng the waiver			_ Day	<i>y</i>	Year	
		he minimum required contribution for this plan year			12b			
					12c			
		he amount contributed by the employer to the plan for this plan year						
		ive amount)			12d			1
		ne 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	resolution to terminate the plan been adopted in any plan year?				Ye	s X No	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?					Yes X	No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identassets or liabilities were transferred. (See instructions.)	tify the p	lan(s)) to			
	13c(1) l	Name of plan(s):	1	3c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's I	EIN	
14c	Name	of trustee or custodian					's or custodia ne number	n's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		safe r	n-based narbor	Į	"Prior yea	ır" ADP
				"Curre	ent year test	,"	N/A	
16a 		esting 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		e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No	
17a	If the p	olan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS ter	opinion	lette	r or advi	isory let	ter, enter the	date of
17b	If the l	olan is an individually-designed plan that received a favorable determination letter from the IRS, e/	nter the	date	of the m	nost rec	ent determin	ation
18	Were	d 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 sep e?		rom	Ye	s	No	
19	Was a	ny 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).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Infor					
For calendar plan year 2016 or fiscal plan year beginning			and er		
A This return/report is for:				loyer) (Filers checking this box r	
П			ation ir	accordance with the form instru	ections.)
a one-participant	. —	•			
B This return/report is the first return/rep		return/report			
an amended retui	· H	olan year return/repo	rt (les		
C Check box if filing under: Form 5558	_	tic extension		☐ DFVC progra	m
Part II Basic Plan Information - enter all req	(enter description)				
1a Name of plan	dested information		1b	Three-digit	
ADVANCED LEAN MANUFACTURING	PROFIT SHAR	ING PLAN		plan number (PN)	001
			1c	Effective date of plan	
20.0			2b	01/01/2014	
2a Plan sponsor's name (employer, if for a single-employ Mailing address (include room, apt., suite no. and str	eet, or P.O. Box)		20	Employer Identification Num 77-0651269	iber (EIN)
City or town, state or province, country, and ZIP or for ADVANCED LEAN MANUFACTURING	oreign postal code (if fo	reign, see instr.)	2c	Sponsor's telephone number	
17611 128TH PLACE NE, BLDG B				5-402-8300	, 1
17011 120111 1ERCE NE, EEE E			2d	Business code (see instruct	ions)
WOODINVILLE WA 98	072			333200	,
	as Plan Sponsor.		3b	Administrator's EIN	
			3c	Administrator's telephone n	umber
4 If the name and/or EIN of the plan sponsor has change	jed since the last return	/report filed for this	4b	EIN	
plan, enter the name, EIN, and the plan number from	the last return/report.				
a Sponsor's name			4c	PN	
5a Total number of participants at the beginning of the	plan vear		5a		36
b Total number of participants at the end of the plan		i	5b		17
C Number of participants with account balances as of	f the end of the plan ye	ar (only defined			
			5c		5_
d (1) Total number of active participants at the begin	ning of the plan year		5d(1)		37
d (2) Total number of active participants at the end of	f the plan year		5d(2)		17
e Number of participants that terminated employmen	t during the plan year v	vith accrued			
benefits that were less than 100% vested			5e		0
Caution: A penalty for the late or incomplete filing of Under penalties of perjury and other penalties set forth in					
Schedule SB or Schedule MB completed and signed by my knowledge and belief, it is true, correct, and complete	an enrolled actuary, as	well as the electroni	c vers	ion of this return/report, and	to the best of
SIGN SIGN					
HERE CHOCK LEAN	05/18/2017				
Signature of plan administrator	Date	Enter name of indiv	idual s	signing as plan administrator	
SIGN HERE					
Signature of employer/plan sponsor	Date	Enter name of indiv	idual s	signing as employer or plan s	ponsor
Preparer's name (including firm name, if applicable) and	address (include room	or suite number)		Preparer's telephone numb	per

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instru	uctions.)				X	Yes	No
	Are you claiming a waiver of the annual examination and report of an independent						_	_	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and						X	Yes 📗	No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Forn	5500-S	F and must	inste	a <u>d</u> us	e Forn	<u>n</u> 5500.		
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see					'es		Not determ	ined
Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Begii				(b) En	d of Year	
<u>a</u>	Total plan assets	7a		12	<u>3,3</u>	57		195,	<u> 172</u>
	Total plan liabilities	7b		4.0				105	170
	Net plan assets (subtract line 7b from line 7a)	7c			<u>3,3</u>	57	40.	195,	1/2
	Income, Expenses, and Transfers for this Plan Year	+	(a)	Amou	ınt		(0)) Total	. 4 -
а	Contributions received or receivable from:	1		1	2 E	40			
	(1) Employers	8a(1)			$\frac{2,5}{4}$				
	(2) Participants	8a(2)		4	8,4	40		2011 mar.	
	(3) Others (including rollovers)	8a(3)		1	2 2	20	CONTRA	eranton 1	
	Other income (loss)	8b			2,2	29	STATE	73,	
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u> </u>	rocie,	- 4 4-		127.27	/3,	<u> </u>
a	Benefits paid (including direct rollovers and insurance premiums to provide	1							
	benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e			1,3	06	STATE	MENT 2	
	Administrative service providers (salaries, fees, commissions)	8f			<u>1,3</u>	90	STATE	TENT Z	
	Other expenses	8g			23.55			1	396
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				- : :			815
!	Net income (loss) (subtract line 8h from line 8c)	8i		L-11818.7.2.	4	:	harin ji li lina	<u>/⊥,</u>	013
Ba	Transfers to (from) the plan (see instructions)	<u> 8j </u>					ini wir .	A - Lo Branch De l'	
9a			- 46- 1 1-4-0	f Dlan	Char	otoriot	io Codos in t	ha inatruat	ions:
Ja	If the plan provides pension benefits, enter the applicable pension feature of 2E 2G 2J	odes iioi	II III E LIST O	rian	Ullair	ici o nsi	ic codes iii i	ile ilistruct	10113.
b		dee from	the List of I	Dlan C	harac				
D	In the plan provides wehate benefits, enter the applicable wehate leature co	ues iloin	tile List Of I	iaii C		tarietic	Codes in th	e instructio	ns.
Pa	rt V Compliance Questions					teristic	Codes in th	e instructio	ns:
10						teristic	: Codes in th	e instructio	ns:
	During the plan year:			Yes	No	teristic		e instructio	ns:
а	During the plan year: Was there a failure to transmit to the plan any participant contributions withi	n the time	e			1 1			ns:
а)			1 1			ons:
а	Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunt	ary	10a			1 1			ns:
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