Internal Researce Service   Data of 1934 (ERS), and rections 0.6 and 4055 (the Employme Retrievent Tuber Revenue Code (the Code).   Data of 1934 (ERS), and rections 6057(b) and 6058(b) of the Internal Revenue Code (the Code).   This permises of provide the transmitter of the State of 1934 (State o	Form 5500-SF		Short Form Annual	Short Form Annual Return/Report of Small Employee OMB Nos. 1210-01 Benefit Plan						
Encode Senits Senity Administrators   Revenue Code (the Code).   This Form is Or Public Inspect     Part I   Annual Report Identification Information   1 Complete all entrise in accordance with the instructions to the Form 5500-SF.   This return/report is and ending 12917016     A This return/report is This return/report is This return/report is a one-participant plan a manended return/report is special extension (enter description)   and ending 12917016   Files checking this box must att ist of participant gene player information in accordance with the form instruction a one-participant plan a dronging plan special extension (enter description)   DFVC program special extension (enter description)     Part II   Basic Plan Information—enter all requested information special extension (enter description)   DFVC program special extension (enter description)     Part II   Basic Plan Information—enter all requested information The EDWARD A. SHERMAN PUBLISHING COMPANY 401(K) TH   1b Three-digit plan number (RN) & description (RN) & description)     2a Plan sponsor's name (emplayer, if for a single-emplayer plan) Maling address (include room, apt, suite on and street, or P.O. Box) City of texp, state or province, country, and 2D or forsign postal code (if forsign, see instructions)   2b Employer (reductification) (RN) & description (RN) & descriptio	Department of the Treasury Internal Revenue Service		This form is required to be filed u	etirement						
Part I Annual Report Identification Information   For calendar plan year 2016 or fiscal plan year beginning 0.101/2016 and and_m	Employee Be	enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Int							
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and undig 12/21/2016   A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must att list of participating employer information in accordance with the form instruction in a society plan in the final return/report (less than 12 months)   C Check box if filing under: prom 5558 automatic extension DFVC program   Image: A single-employer, if for a single-employer plan (normation in accordance with the form instruction) 1b Three-digit plan number (months)   22a Plan sponsor's name (employer, if for a single-employer plan) 1b 1b Three-digit plan number (months)   32a Plan administrator's name and address (Same as Plan Sponsor. 2b Employer Identification Nt. (EIN)   33a Plan administrator's name and address (Same as Plan Sponsor. 3b Administrator's telephone aum sonsor's telephone aum				ordance with the instr	uctions to the Form 5	500-SF.				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attilist of participating employer information in accordance with the form instruction is a one-participant plan   B This return/report is is one-participant plan a short plan year return/report   B This return/report is is the first return/report a short plan year return/report   C Check box if filing under: provide plan the first return/report a short plan year return/report   Part II Basic Plan Information - enter all requested information   THE EDWARD A. SHERMAN PUBLISHING COMPANY 401(K) TH 1b Three-digit plan number (PN)   Via Electron and the electron of the plan sponsor's name (employer, if for a single-employer plan) 2b Employer identification Number (PN)   Maling address (network electron of a single-employer plan) Maling address (network electron of a single-employer plan)   Maling address (network electron of a single-employer plan) 2b Employer identification Number (PN)   Maling address (network electron of a single-employer plan) 2c Sponsor's name (employer, if for a single-employer plan)   Maling address (network electron of a single-employer plan) 2b Employer identification Number (electron date)   So that number of anticipants at the beginning of the plan sponsor. 3b Administrator's telephone   4 If the name and/or EIN of the p				6	and ending 1	2/31/2016				
A This return/report is for: a one-participant plan list of participating employer information in accordance with the form instruction in accordance with the form instruction in accordance with the form instruction in a condition plan   B This return/report is in the first return/report in the first return/report in a mended return/report   B This return/report is in the first return/report in a mended return/report in a mended return/report   B Ame of plan in the first return/report is special extension (enter description) DEVC program   2a Plan sponsor's name (employer, if for a single-employer plan) Maing address (include room, apt., suite no. and street, or P.O. Box) Crity or fow, state or porvince, country, and 2P or foreign postal code (if foreign, see instructions) 2b Employer identification NL (EN)   11 MALEONE ROAD NEWPORT, RI 02840 2b Employer is 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. 3b Administrator's telephone   3a Plan administrator's name and address is a the beginning of the plan year. 5a 5b   5c complete this item) 5c 5c   6(1) Total number of participants at the beginning of the plan year. 5d 5c   6(2) Total number of participants at the beginning of the plan year. 5d 5c   6(1) Total number of participants at the begi				1	<u> </u>		king this box	must attach a		
an amended return/report a short plan year return/report (less than 12 months)   C Check box if filing under: Form 5558 automatic extension DFVC program   Part II Basic Plan Information—enter all requested information Ib Three-digit plan number   THE EDWARD A. SHERMAN PUBLISHING COMPANY 401(K) TH Ib Three-digit plan number 00   1c Effective date of plan The EDWARD A. SHERMAN PUBLISHING COMPANY 401(K) TH Ib Three-digit plan number   220 Plan sponsor's name (employer, if for a single-employer plan) Maiing address (include room, apt, suite no. and street, or P.O. Box) 2b Employer (dentification Number (PN)   City or tow, state or province, country, and 2IP or foreign postal code (if foreign, see instructions) 2c Sponsor's name (employer, RI 02840   101 MALBONE ROAD 2d Business code (see instru 51110   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 5b 5c   5a Total number of participants at the beginning of the plan year. 5a 5a 5b 5c   5a Inter number of participants at the e	A This ret	urn/report is for:		list of participating em			-			
Implementation Implementation Implementation   Implementation Implementation	<b>B</b> This retu	ırn/report is		- · ·	n/report (less than 12 m	ionths)				
Part II Basic Plan Information—enter all requested information   1a Name of plan The EDWARD A. SHERMAN PUBLISHING COMPANY 401(K) TH Ib Three-digit plan number (PN) ▶ 00   2a Plan sponsor's name (employer, if for a single-employer plan) Maiing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Nu (EIN) 05-000 (S-0217060)   2d Plan sponsor's name (employer, if for a single-employer plan) Maiing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Nu (EIN) 05-0217060   101 MALBONE ROAD A. SHERMAN PUBLISHING CO 2c Sponsor's telephone num 401-849-3300   101 MALBONE ROAD Same as Plan Sponsor. 3b Administrator's EIN   3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone   3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone   3a Plan administrator's telephone 5a 5b 5c   5a Total number of participants at the edgin of the plan year. 5a 5b 5c   5b C Sc Sc 5c 5c 5c   62(1) Total number of participants at	C Check b	box if filing under:		2		DFVC p	orogram			
1a Name of plan 1b Three-digit plan number (PN) > 00   12 Plan sponsor's name (employer, if for a single-employer plan) 1b Three-digit plan number (PN) > 00   12 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification NL (EIN) 0 -000/11/986 00   24 Plan sponsor's name (employer, if or a single-employer plan) 2b Employer Identification NL (EIN) 0 -000/21/060 2c Sponsor's name (employer, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone num 401-849-3300   25 The EDWARD A. SHERMAN PUBLISHING CO 2c Sponsor's telephone num 401-849-3300 2c Sponsor's telephone num 401-849-3300   26 Business code (see instru 511110 3c Administrator's EIN 3c Administrator's EIN   38 Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone   36 Total number of participants at the beginning of the plan year 5a   36 Number of participants at the end of the plan year. 5b   37 Otal number of active participants at the beginning of the plan year. 5d   37 Otal number of active participants at the end of the plan year. 5d   36 Number of participants at the end of the plan year. 5d   37 Otal number of active participants at the end of the plan year. 5d   36 Number of participants at the end of the plan year.	Dert II	Decis Dian Inform		,						
THE EDWARD A. SHERMAN PUBLISHING COMPANY 401(k) TH plan number 00   1C Effective date of plan 01/01/1986 00   2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer identification Nu (EN) 60/02/17080   2c Sponsor's telephone num A01-849-3300 2c Sponsor's telephone num A01-849-3300   2d Business code (see instruc- NEWPORT, RI 02840 3b Administrator's telephone S11110   3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone S11110   3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone S11110   3c Administrator's telephone to participants at the end of the plan year. 5a Same Sa   5b 5b   c PN 5a   5d(1) 5d(2)   6 Number of participants at the end of the plan year. 5d(1)   6 Number of participants at the end of the plan year. 5d(2)   7c 5d(2) 5e   7c 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)   7c Sthe to runner of participants at the end of t			<b>nation</b> —enter all requested inform	nation		1h Thro	o digit			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification NU. (EIN) 05-0217060   101 MALBONE ROAD NEWPORT, RI 02840 2d Business code (see instru- 511110   3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone   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. 3b Administrator's telephone   5a 5b 5c 5c   61(1) Total number of participants at the beginning of the plan year. 5a 5d   61(1) Total number of active participants at the beginning of the plan year. 5d(1) 5d(2)   61(1) Total number of active participants at the beginning of the plan year. 5d(2) 5e   7d(2) Total number of active participants at the end of the plan year. 5d(2) 5e 5d(2)   7d(2) Total number of active participants at the end of the plan year. 5d(2) 5e 5d(2)   7d(2) Total number of active participants at the end of the plan year.<			SHING COMPANY 401(K) TH			plan	number	002		
Mailing address (include room, apt, suite no. and street, or P.O. Box) Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)   THE EDWARD A. SHERMAN PUBLISHING CO Image: City of the second street, or P.O. Box) Image: City of the second street, or P.O. Box)   101 MALBONE ROAD Image: City of the second street, or P.O. Box) Image: City of the second street, or P.O. Box)   3a Plan administrator's name and address Image: City of the second street, or P.O. Box) Image: City of the second street, or P.O. Box)   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. Image: City of the second street, or P.O. Box)   5a Total number of participants at the beginning of the plan year. Image: Second street, or P.O. Box)   6(1) Total number of active participants at the end of the plan year. Image: Second street, or P.O. Box) Image: Second street, or P.O. Box)   6(2) Total number of active participants at the end of the plan year. Image: Second street, or P.O. Box) Image: Second street, or P.O. Box)   6(1) Total number of active participants at the end of the plan year. Image: Second street, or P.O. Box (Image: Second street, and complete filting of this return/report will be assessed unless reasonable cause is established.   Under penalites of perjury and other penalities set forth in the instructions,						1c Effect				
THE EDWARD A. SHERMAN PUBLISHING CO 2C Sponsor's telephone num   101 MALBONE ROAD 2d Business code (see instru   NEWPORT, RI 02840 511110   3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administrator's telephone   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. 3b Administrator's telephone   4 Sponsor's name 4c PN   5a Total number of participants at the beginning of the plan year. 5a   b Total number of participants with account balances as of the end of the plan year. 5b   c Number of participants with account balances as of the end of the plan year. 5d(1)   d(1) Total number of active participants at the end of the plan year. 5d(1)   d(2) Total number of active participants at the end of the plan year. 5e   c Number of participants with account balances as of the end of the plan year. 5d(1)   d(2) Total number of active participants at the end of the plan year. 5e   c Aution: 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, and to the best of my knowledge belief, it is true, correct, and complete.<	Mailing	address (include room,	apt., suite no. and street, or P.O. B		ructions)					
101 MALBONE ROAD NEWPORT, RI 02840 511110   3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN   3c Administrator's telephone 3c Administrator's telephone   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   a Sponsor's name 4c PN   5a Total number of participants at the beginning of the plan year. 5a   b Total number of participants at the end of the plan year. 5b   c Number of participants with account balances as of the end of the plan year. 5d(1)   d(1) Total number of active participants at the end of the plan year. 5d(2)   e Number of participants at the end of the plan year. 5d(2)   c Auroner of active participants at the end of the plan year with accrued benefits that were less than 100% vested. 5e   Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of participants that terminated employment during the plan year with accrued benefits that were less 5e   SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a SG SB or Schedule MB completed. 56/13/2017   WILLIAM LUCEY Filed with				ode (il loreign, see liisti		2c Spor	<b>2c</b> Sponsor's telephone number 401-849-3300			
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5a Total number of participants at the beginning of the plan year 5a   b Total number of participants at the end of the plan year 5b   c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c   d(1) Total number of active participants at the beginning of the plan year 5d(1)   d(2) Total number of active participants at the end of the plan year 5d(2)   e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e   Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a So 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 belief, it is true, correct, and complete.   SIGN Filed with authorized/valid electronic signature. 06/13/2017 WILLIAM LUCEY			1 0	last return/report filed for	or this plan, enter the	4b EIN				
b Total number of participants at the end of the plan year	<b>a</b> Sponso	or's name								
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total r	number of participants at	t the beginning of the plan year					105		
Sign   Sign   Sign   Filed with authorized/valid electronic signature.						5b		92		
d(2) Total number of active participants at the end of the plan year 5d(2)   e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e   Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 5e   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 So 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 belief, it is true, correct, and complete.   SIGN Filed with authorized/valid electronic signature. 06/13/2017 WILLIAM LUCEY					•			50		
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 5e   Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Se 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 belief, it is true, correct, and complete.   SIGN Filed with authorized/valid electronic signature. 06/13/2017 WILLIAM LUCEY	• • •	•						88		
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 So 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 belief, it is true, correct, and complete.   SIGN Filed with authorized/valid electronic signature. 06/13/2017 WILLIAM LUCEY	e Numb	er of participants that te	rminated employment during the pla	an year with accrued be	nefits that were less			69		
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 So 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 belief, it is true, correct, and complete.     SIGN   Filed with authorized/valid electronic signature.   06/13/2017   WILLIAM LUCEY							blished.			
HERE	Under pena SB or Sche	alties of perjury and othe dule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/re	port, includi	ing, if applica			
HERE				06/13/2017	WILLIAM LUCEY					
Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	vidual signing as plan administrator				
SIGN HERE		- ·								
Signature of employer/plan sponsor   Date   Enter name of individual signing as employer or plan s     Preparer's name (including firm name, if applicable) and address (include room or suite number )   Preparer's telephone number										

g Other expenses.....

Part IV Plan Characteristics

j

9a

b

i Net income (loss) (subtract line 8h from line 8c)......

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions) .....

6a										
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	3855229	3964672						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	3855229	3964672						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
8 a	Contributions received or receivable from:			(b) Total						
		8a(1)	0	(b) Total						
	Contributions received or receivable from:	8a(1) 8a(2)		(b) Total						
	Contributions received or receivable from: (1) Employers		0	(b) Total						
	Contributions received or receivable from: (1) Employers	8a(2)	0 130101	(b) Total						
a 	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	0 130101 0	(b) Total						
a 	Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). Other income (loss).	8a(2) 8a(3) 8b	0 130101 0							
a b c	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	0 130101 0 272509							

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

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

293167

109443

Par	t V	Compliance Questions					
10	Duri	ng the plan year:		Yes	No	N/A	Amount
а	des	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		Х		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		Х		
С	Was	s the plan covered by a fidelity bond?	10c	Х			1000000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		Х		
e	carri	e any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under plan? (See instructions.)	10e		X		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			118270
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions 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 a defined contribution plan subject to the minimum funding requirements of section 412 of the Con						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 ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc 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:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent year est		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
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		-			-			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		