	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury mal Revenue Service	This form is required to be filed	l d 4065 of the Employee Re	tirement	2016	
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		nternal	This Form is Open to
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 55	00-SF.	Public Inspection
Part I		dentification Information al plan year beginning 01/01/2	016	and anding 12	/31/2016	
FOI Calend	ar plan year 2016 or fisc	a single-employer plan		plan (not multiemployer) (F		ing this box must attach a
A This ref	turn/report is for:	a one-participant plan		employer information in acc		-
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 mc	onths)	
C Check	box if filing under:	Form 5558	automatic extension	ו [DFVC p	rogram
Part II	Basia Blan Infor	special extension (enter descr mation —enter all requested inf	. ,			
1a Name		mation —enter all requested inf	ormation		1b Three	o digit
	MCO, INC. 401(K) PLAN	٧				number
				-	1 1	tive date of plan
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	Box)		2b Empl (EIN)	01/01/1993 oyer Identification Number 91-0900121
	town, state or province,	country, and ZIP or foreign posta		structions)		usor's telephone number 360-835-2103
				-	2d Busin	ess code (see instructions)
3925 S GRA WASHOUGA	NT STREET AL, WA 98671					326100
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
4 If the r	name and/or EIN of the p	blan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
	, EIN, and the plan num or's name	ber from the last return/report.			4c PN	
5a Total	number of participants a	t the beginning of the plan year			5a	111
_		t the end of the plan year			5b	144
	· ·	ccount balances as of the end of			5c	82
d(1) Tot	al number of active parti	cipants at the beginning of the pla	an year		5d(1)	100
• •		cipants at the end of the plan yea			5d(2)	140
than	100% vested	erminated employment during the			5e	C
		incomplete filing of this return				
SB or Sche		er penalties set forth in the instruct I signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	alid electronic signature.	07/03/2017	CAROL ALDRICH		
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing a	as plan administrator
SIGN						
HERE	Signature of employe		Date		al signing a	as employer or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite num	iber)	Preparer's	telephone number
		see the Instructions for Form 5500		-		Form 5500-SE (2016)

g Other expenses.....

Transfers to (from) the plan (see instructions)

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

Part IV Plan Characteristics

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

i

j

9a

b

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
D	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	ot use For	rm 5500-SF and must instead use F	orm 5500.				
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA section 4021)?	Yes No Not determined				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	1618324	1328678				
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	1618324	1328678				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	42262					
	(2) Participants	8a(2)	206490					
	(3) Others (including rollovers)	8a(3)	295					
b	Other income (loss)	8b	94941					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		343988				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	631604					
е	Certain deemed and/or corrective distributions (see instructions).	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	2030					

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:

633634

-289646

Part	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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	. 10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	. 10b		х		
C	Was the plan covered by a fidelity bond?	10c	Х			250000
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			1556
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			58676
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					

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	er 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						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	d enter t	he date	of the lett	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 1	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		tract 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
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		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	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
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	ł	"Prior y test	ear" 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		er the	e date	of the m	nost 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 separce?		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	

Fo	orm 5500-SF	Short Form Annu		t of Small Employe	0MB Nos. 1210-0110 1210-0085
	annent of the Treasury small Revenue Service	This form is minurised to be fil	Benefit Plan	4055 of the Employee Retifer	2016
	Depenment of Labor Benefits Spourity Addressivation	Theome Security Act of 197		57(b) and 6058(a) of the Inter	mal This Form is Open to
Person I	Benéfit Guaranty Corborátion	+ Complete all entries in	accordance with the inst	ructions to the Form 5500-5	Public Inspection
Part I	Annual Repor	t Identification Information	1	***************************************	***************************************
For calen	dar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	1273372018
A This fe	ntum/report is for:	a single-employer plan			s checking this box must attach a ance with the form instructions.)
8 This re	tum/réport is	the first return/report	the final return/report	n/ieport (léss thán 12 months	5)
C Check	box if filing under		automátic extension	[] o	FVC pregram
	· · · · · · · · · · · · · · · · · · ·	special extension (enter desc	· · · · ·		
Part II Ta Name PIICER		ormation—enter all requested in (01 (K) PLAN	formation		Three-digit plan number (PN) ▶ 001 Effective date of plan 01/02/1993
Mailin Ĉity o PILLER	g address (include roo	over, if for a single-employer plan) om, apt., suite no, and street, or P.(ce, country, and ZIP or foreign pos		auchons)	Employer Identification Number (EIN) 31-0900121 Sponsor's telephone number (360) 835-5003 Business code (see instructions) 326100
3823 S	GIGAL DUIRSE				
Weshoug		nd address 🕅 Same as Plan Spo			Administrator's EIN
4 If the	name applies Ethi of th	e plan sponsor has changed since	the last return represent filed (Administrator's telephone number
name		mber from the last return/report.	and restrictionandpoint accom	40 4c	
5a Total	number of participants	; at the beginning of the plan year.	······	5	a iii
		s at the end of the plan year			
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans 5	
		rticipants at the beginning of the pl			
* . 7 .		inticipants at the end of the plan ye			
e Numt	ber of participants that	ferminated employment during the	plan year with accrued be	nefits that were less 56	
Caution: A Under pena SB or Sche	penalty for the late alties of penjury and of	or incomplete filing of this return her penalties set forth in the instruct nd signed by an enrolled actuary, a	Vreport will be assessed	unless reasonable cause is examined this return/raport, in	established. roluding if applicable, a Schedule
SIGN			ad 28/17	1. ava Ro	
HERE	Signature of plan a	idministrator	Date	Enter name of Individual sig	ning as plan administrator
SIGN			LUGIC .	Crest home of manualar sig	ting as plat administration
HERE Preparer's	Signature of emplo name (including firm r	yer/plan sponsor ame, if applicable) and address (in	Date clude room or suite numbe		ning as employer or plan sponsor arer's telephone number
Eor Panasu	vk Baduction Act Natio	e, see the Instructions for Form 5500	-5F		Form 5500-SF (2016)

6a	Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	3	Yes [] No
b	Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)		Yes [] No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

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Part III	Financial Information

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	1,618,224	1,528,678
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	76	1, 518, 324	1,378,618
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	42,262	
	(2) Participants.	.8a(2)	206,490	
	(3) Others (including rollovers)	8a(3)	235	
b	Other income (loss)	86	94,941	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		343,300
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	631,604	
e	Certain deemed and/or corrective distributions (see instructions)	8e		ere e en el vier de la celar de la cel
f	Administrative service providers (salaries, fees, commissions)	8f	2,030	
g	Other expenses	89		
ħ	Total expenses (add lines 3d, 8e, 8f, and 8g)	8h.		633,658
i	Net income (loss) (subtract line 8h from line 8c)	8i		-289,546
Î	Transfers to (from) the plan (see instructions)	81		n mananan kananan kanan ka Anan mananan kanan ka

Part IV Plan Characteristics

9a 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.

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

Part V Compliance Questions

10	During the plan year				N/A	Amount
a	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		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	105		X		
c	Was the plan covered by a fidelity bond?	-10c	×			zec,jao
d	Did the plan have a loss, whether or not reinibursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
8	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		· · · · · · · · · · · · · · · · · · ·	1,356
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 of year-end.)	10g	X			58,676
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	· · · · · · · · · · · · · · · · · · ·	
Î	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	101			· · · · · · · · · · · · · · · · · · ·	

Form 5500-SF 2018

Page 3-

Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If Yes," see instructions and complete Schedule SS Image: Structure Structure Structures and complete Schedule SS 11a Enter the ungated minimum required contributions for all years from Structure SR (Contre 520) for 4.0 11a 12 Is the a defined contribution plan subject to the manume funding requirements of section 412 of the Code or section 202 of TMSA2 Image: Structure Structure A12 of the Code or section 202 of TMSA2 13a If Yes, Complete lines 12a or thes 12b, 12b, 12b, 12d, 12d 12b effew, as applicable. Image: Structure A12 of the Code or section 202 of the fetter rulere granting the values: Day 14 year complete lines 12a, or thes 12b, 12b, 12b, 12d, 12b effew, as applicable. Image: Structure Structure A12 of the Code or section 202 of the fetter rulere granting the values: Day Year 14 year complete lines 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13b. Day Year 12b 12 c- Center the amount in Loc form the amount in 12b Enter the solar year 12c 12d 12d 12 d- Center the amount in Loc form the amount in 12b Enter the result (enter a mulus sign to the left of a 12d 12d 12d 12d 13a Ha sa aresolution to temmate the plan been acopted in any plan year? Image: S	Dat M. Dannian Funding Camplianan				
(-cm: 550) and line 11a below) 11a 11a Enter the unpaid minimum terpired contributions for all years from Schedule SB (Form 5500) lind 40 11a 11a Enter the unpaid minimum terpired contributions for all years from Schedule SB (Form 5500) lind 40 11a 11b Firstaz [] Yes : complete line 12a or lines 12b, 12c, 12d, and 12b below, as applicable 1 11a If a wave of the minimum funding dandard for a prior year is being anotized in this plan year. Month 11a Up us completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Denter the minimum required contribution for this plan year 12c C Enter the amount contributed by the employer to leng any examplete line 13. 12e C Enter the amount contributed by the employer to leng any examplete line 13. 12e C Enter the amount in line 12b form the sing year 12e C Subtract the amount in line 12b form the sing deadline? Yes Part VIII Plan Terminations and Transfers of Assets 13a Ha a readulo in termination of any plan year? 13a 14b Indicipants or bacticipants or bencilcantes, frainterne to another plan, or brought under the control the result or blan year any assets or liabilities were transferred from the plan to another plan, or brought under the control the result. Yes	Fart vi j Fension Funding Compliance				
12 Is this a defined controlution plan subject to the meanmont funding requirements of section 412 of the Code or section 702 of CRISA? (If "Yes," complete line 12a or thes 12b. 12c. 12d, and 12e below, as appleable.) Image: Complete line 12a or these 12b. 12c. 12d, and 12e below, as appleable.) a If a water of the meanmont funding standard for a plot year is being anodized in mis plan year, see instructions, and enver the date of the fetter ruling granting the waive. Main Day If you completed line 12a, complete lines 3, 5, and 10 of Schedule MB (Form S500), and skip to line 13. Define the amount contribution for this plan year. 12b C Enter the amount contributed by the employer to the plan for this plan year. 12d 12d G Subtrad the amount in the 12b fort the result (enter a minus sign to the left of a negative amount). 12d 12d Part VII Plan Terminations and Transfers of Assets 12d Yes No No 13a Has a resolution to terminate the plan been adopted in any plan year? 13a 13a No No 14 Were all the plan passets distributed to platicipanitic or beneficialies, transferred from this plan, or brought under the control of the PBOC? Yes No No 14 Mark are solution to terminate the plan been adopted in any plan year? 13a 14b No 15b How did the plan year, any assets or liabitilies were transfered from this plan; to another plan, of brough					Yes 💹 No
CPRSA?			11a		
If ""res" complete ine 12a or lines 12b. 12c. 12d. and 12e below, as applicable.) a If a water of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter fulling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Day Year D Enter the minimum requised 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 minus sign to the left of a regative amount). Yes e Will the minimum funding amount reported on line 12d be net by the funding deadline? Yes No Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to any plan assets first reverted to the employer this year. 13a. b Were all the plan assets distributed to participants or beneficiances, transferred to another plan (c), identify the plan(s) to which assets or liabilities were transferred from the plan (c), identify the plan(s) to which assets or liabilities were transferred (See instructions.) 14c If Yes No 14d Name of trust 14d Trustee V or costodian 14d Name of trust 14d Trustee V or costodian s telephone number 14d Name of trust Yes No				l n	Yes 🕅 No
granting the waver. Month Day Year If you completed line 12a, complete fines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b D Enter the minimum required combution for this plan year 12c C Enter the amount contributed by the employer to the plan for this plan year 12c d Subfract the amount contributed by the employer to the plan for this plan year 12c d Subfract the amount in line 12c from the amount in line 12b. Enter the result (erver a minus sign to the left of a 12d 12d e Will the minimum funding amount reported on time 12d be met by the filmding deadline? Yes No Part VIII Plan Terminations and Transfers of Assets 13a 13a Has a resolution to terminate the plan been adopted in any plan year? 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? No c If, during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the which assets or liabilities were transferred (See instructions.) 13c(2) EIN(5) 13c(3) PN(5) 13a (1) Name of plan(s) 13c(2) EIN(5) 13c(3) PN(5) 13c(3) PN(5) 14c Name of trust 14b Trust s EIN 14d Trust s EIN 14c Name of trust 14d Tr					· · · ·
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 minus sign to the left of a negative amount). 12d e Will the minimum finding amount reported on line 12b Enter the result (enter a minus sign to the left of a negative amount). 12d Part VII Plan Terminations and Transfers of Assets Yes No 13a Has a resolution to terminate the plan been adopted in any plan year? 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? No c If, during this plan year, any basets or liabilities were transferred from this plan to another plan(s) identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s) identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information 14b Trust s EIN 14b Trust s EIN 14c Name of trust 14b Trust s EIN 14c Trustele s or costodian s tetephone number 15a Is the plan a dolt(k) plan? If TNo* skip b. I Yes No 14b Trust s EIN 14c Trustele s or costodian s tetephone number 14d Trustele s or costodian s tetephone					
C Enter the amount contributed by the employer to the plan for this plan year 12c G Subtract the amount contributed by the employer to the plan for this plan year 12d regative amount) Yes Na e Will the minimum funding amount reported on time 12d be met by the funding deadline? Yes Na Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? Yes Na If Yes, "enter the amount of any plan assets that reverted to the employer this year 13a b Were all the plan assets distributed to pathciparits or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No c H, during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the sastes or liabilities were transferred. (See instructions.) 13c(2) EIN(§) 13c(3) PN(§) 13a Has are of plan (§): 13c(2) EIN(§) 13c(3) PN(§) 13c(3) PN(§) 14d Name of trust 14b Trust is EIN 14b Trust is EIN 14c Name of trust Yes No 14d Trustee's or custodian a telephone number 15a Is the plan astery the nondiscrimination requirements for employee deterrats under section as telephone number Part IX IRS Compliance Questions Yes No	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			
Check the advolute of induced by the engloyer to the part of the part o	b Enter the minimum required contribution for this plan year		12b		
negative amount) 128 Will the minimum funding amount reported on line 12d be niet by the funding deadline? Yes No NA Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to tentinate the plan been adopted in any plan year? 13a b Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 13a 13a c If. during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the vertice or unstantions, or transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(2) EIN(s) 13c(3) PN(s) 13a(1) Name of plan(s) 13c(2) EIN(s) 13c(3) PN(s) 13c(3) PN(s) Part VIII Trust Information 14b Trust s EIN 14b Trust s EIN 14c Name of trust 14b Trust s EIN 14c Name or trust s EIN 14c Name of trustee or custodian 14d Trustee's or custodian s tetephone number 14d Trust s EIN 14c Name of trustee or custodian 14d Trust s EIN 14b Trust s EIN 14b Trust s EIN 15a Is the plan satisfy the nond	C Enter the amount contributed by the employer to the plan for this plan year		12c		
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? 13a H 'Yes.' enter the amount of any plan assets that reverted to the employer this year. 13a b Viere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 13a c H. during this plan year, any assets or liabilities were transferred from this plan to another plan (s): identify the plant(s) to which assets or liabilities were transferred (See instructions.) 13c(2) EIN(s) 13c(3) PN(s) 13a(1) Name of plan(s) 13c(3) PN(s) 13c(3) PN(s) 13c(3) PN(s) Part VIII Trust Information 14b Trust s EIN 14c Name of trust 14b Trust s EIN 14c Trust s EIN 14c Name of trust 14d Truster's or custodian a tetephone number 15a Is the ptan a 401(k) plan? If "No" skip b I Yes No 15b How did the plan satisfy the nondiscrimination requirements for employee deterrals under section I Yes or custodian a test or custodian in test apply: I Yes 15b How did the plan satisfy the nondiscrimination requirements for employee deterrals under section I Design-based it test I Prior year' ADP sate hat for the set or custodian it test			12d		
13a Has a resolution to terminate the plan been adopted in any plan year? If Yes Yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year. 13a 13a b Were all the plan assets distributed to participants or beneficiariles, transferred to another plan, or brought under the control of the PBGC?. Yes No c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(2) EIN(s) 13c(3) PN(s) 13a (1) Name of plan(s) 13c(3) EN(s) 13c(3) EN(s) 13c(3) PN(s) Part VIII Trust Information 14b Trust's EIN 14c Name of trust 14d Trust's EIN 14c Name of trustee or custodian 14d Trust's EIN 15a Is the plan a 401(k) plan? If "No " skip b If Yes No 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section of trust est and the plan year? Check all that apply: If Yes No	e Will the minimum funding emount reported on line 12d be met by the funding deadline?	and a second at the second sec		Yes 📙 No	<u> </u> N/A
If "Yes." enter the amount of any plan assets that reverted to the employer this year	Part VII Plan Terminations and Transfers of Assets				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	13a Has a resolution to terminate the plan been adopted in any plan year?		., [Yes 🔀	No
Control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s); identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information 14a Name of trust 14b Trust's EIN 14c Name of trust 14d Trustee's or custodian a tetephone number Part IX IRS Compliance Questions 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan satisfy the nondiscrimination requirements for employee deferrals under section	If "Yes." enter the amount of any plan assets that reverted to the employer this year		13a		
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Part VIII Trust Information 14a Name of trust 14b Trust's EIN 14c Name of trust 14b Trust's EIN 14c Name of trustee or custodian 14d Trustee's or custodian a telephone number 14c Name of trustee or custodian 14d Trustee's or custodian a telephone number 14c Name of trustee or custodian 14d Trustee's or custodian a telephone number 14c Name of trustee or custodian 14d Trustee's or custodian a telephone number 14c Name of trustee or custodian 14d Trustee's or custodian a telephone number 14d Trustee's or custodian a telephone number 14d Trustee's or custodian a telephone number 15a Is the ptan a 401(k) plan? If 'No.' skip b Image: Custodian a telephone number 15b How did the plan satisfy the nondiscrimination requirements for employee deterrals under section 401(k)(3) for the plan year? Check all that apply: Design-based all 'Prior year' ADP test Image: Custod all that apply: Image: Custod all that apply: Image: Custod all that apply:		lfy the plan(s) to		
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14c. Name of trustee or custodian. 14d Trustee's or custodian a tetephone number Part IX IRS Compliance Questions 15a is the ptan a 401(k) plan? If "No." skip b. Image: Second Seco	Part VIII Trust Information				-
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15a is (ne ptain a 401(k) plan? If "No." skip b. Image: No 15b. How did the plan satisfy the nondiscrimination requirements for employee deterrals under section 401(k)(3) for the plan year? Check all that apply: Image: Design-based sate harbor test Image: Current year Image: No	14c. Name of trustee or custodian				
15a is (ne ptain a 401(k) plan? If "No." skip b. Image: No 15b. How did the plan satisfy the nondiscrimination requirements for employee deterrals under section 401(k)(3) for the plan year? Check all that apply: Image: Design-based sate harbor test Image: Current year Image: No	Part IX IRS Compliance Questions	<u> </u>	L		
401(k)(3) for the plan satisfy the hondiscrimination requirements for employee determats under section 401(k)(3) for the plan year? Check all that apply:		Yes			*****
Current year Children and Chi					year" ADP
	To ANYO, OF you have you a series of his opping, and any any any and any			N/A	:
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio Ratio Description Percentage test Average benefit test N/A		C perc			
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yes for the plan year by combining this plan with any other plan under the permissive aggregation rules? Yes		Yes		No	
17a if the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter and the senal number	the letter and the serial number	·		-	
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter	lettér	ter the date	of the ma	st recent determ	unation
18 Defined Benefit Plan or Monay Purchase Pension Plan Only: Ware any distributions made during the plan year to an employee who attained age 62 and had not separated from Service? Yes.	Were any distributions made during the plan year to an employee who attained age 62 and had not separ		Yes	No	
			1		