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		Identification Information									
For calenda	ar plan year 2016 or fis	scal plan year beginning 01/01/2	<u>016</u>	and ending 1	2/31/2016						
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (aployer information in a							
74 11110101	unifroport io ior.	a one-participant plan	a foreign plan	projet incimator in at							
B This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report a short plan year return/report (less than 12 months)									
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC progra	ım					
Dort II	Basis Blan Info	special extension (enter descri									
Part II	I	rmation—enter all requested info	ormation		1b Three-dig	:+					
1a Name VERSATILE	MOBILE SYSTEMS 4	.01K PLAN			plan numl						
					1c Effective						
	` ·	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O) Box)		2b Employer (EIN)	Identification Number 91-1702241					
City or		e, country, and ZIP or foreign posta		ructions)	2c Sponsor's	s telephone number					
						code (see instructions)					
19105 36TH A	AVENUE WEST, SUIT , WA 98036	ΓE 213				334200					
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN						
					3c Administra	ator's telephone number					
A 164					41						
name,	, EIN, and the plan nur	e plan sponsor has changed since to mber from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN						
a Sponso					4c PN	30					
-		at the beginning of the plan year			5a						
		at the end of the plan year			5b	34					
		account balances as of the end of t			5c	33					
d(1) Tota	al number of active par	rticipants at the beginning of the pla	an year		5d(1)	30					
		rticipants at the end of the plan year			5d(2)	25					
than '	100% vested	terminated employment during the			5e	0					
		or incomplete filing of this return her penalties set forth in the instruc									
SB or Sche		nd signed by an enrolled actuary, a									
SIGN	Filed with authorized/	valid electronic signature.	07/17/2017	KAREN DEGENHART							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pl	an administrator					
SIGN											
HERE	Signature of emplo		Date			nployer or plan sponsor					
Preparer's	`	name, if applicable) and address (in	clude room or suite numbe	er)	Preparer's tele	phone number 7-761-7626					
LETORT TR	RUST					7 701 7020					
3130 MORN CAMP HILL	IINGSIDE DRIVE , PA 17011										

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent qualified public a	account	ant (IC	PA)			X Ye		
	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 pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined	
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year		
a	Total plan assets	7a		901678	3				117185	51	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		901678	3				117185	51	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal		
a	Contributions received or receivable from: (1) Employers	8a(1)		60579)						
	(2) Participants	8a(2)		110122							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		116695							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28739	96	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6979)						
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		10244							
g	Other expenses	8g									
h	1 Total expenses (add lines 8d, 8e, 8f, and 8g)					17223					
i_	Net income (loss) (subtract line 8h from line 8c)								27017	' 3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2T 3D 2E	feature coo	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	acterist	tic Cod	des in t	he instru	ctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amoun	t	
а		/oluntary Fi	duciary 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					118000	
d						X					
е		ner persons ne or all of t	s by an insurance the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				X					107460	
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							

Page 3-	1	
	Page 3-	Page 3- 1

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)					Yes	X	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		f	🛘	Yes	X	No	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	ctions or	ad ontor t	ho data	of the let	ttor rul	ina	
	granting the waiver		Day		Yea		iiig	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		T					
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	1	V/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?				Yes	× N	0	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to					
1	13c(1) Name of plan(s):	13c(2	(2) EIN(s) 13c(3) PN					
Part	VIII Trust Information							
			14h ·	T	TINI			
	Name of trust ATILE MOBILE SYSTEMS 401K PLAN			Frust's 532445				
	Name of trustee or custodian RT TRUST			telepho	's or custone number	er	3	
Par	t IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b	× Yes			No			
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	□ safe	gn-based harbor rent year		"Prior test	year".	ADP	,
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	□ ADP		I	verage			
4.01	year? Check all that apply:	X perotest	centage		enefit tes	t _] N/	A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			X No			
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter03/31/2014 and the serial numberJ395394A							f
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter/	r the date	e of the n	nost rec	ent deter	minatio	on	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?	ted 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?			s	X 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		Identification Information									
For calenda	ar plan year 2016 or f	scal plan year beginning X a single-employer plan		nd ending	12/31/201	_					
A This ret	urn/report is for:	nultiemployer) (File nformation in accor									
		a one-participant plan	a foreign plan								
B This retu	urn/report is	X the first return/report	the final return/report								
		(less than 12 mont	hs)								
C Check	oox if filing under:	Form 5558	automatic extension		DFVC program						
		special extension (enter desc	cription)								
Part II	Basic Plan Info	ormation—enter all requested in	nformation								
1a Name	of plan			1	b Three-digit						
Versati	le Mobile Sys	tems 401k Plan			plan number (PN) ▶	001					
				10	C Effective date of 01/01/201	•					
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.	O. Box)		b Employer Ident						
,	town, state or provinction le Mobile Sys		stal code (ifforeign, see instructions)	2	c Sponsor's tele	phone number					
				20	(425) 778- d Business code						
19105 3	6th Avenue We	st, Suite 213			334200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Lynnwoo		oc, saice ais	WA 9803	36							
3a Plan administrator's name and address K Same as Plan Sponsor.					3b Administrator's EIN						
					No realisticator o						
ou i ium u		L came act an ept									
		ma accioca Ej camo accionan opc				telephone number					
Ju Han a											
54 11611 6		составо предоставо на предоставо до поставо предоставо предоставо предоставо на пр									
	name and/or EIN of th			3	C Administrator's						
4 If the r	, EIN, and the plan nu		e the last return/report filed for this pl	3 an, enter the	c Administrator's						
4 If the r name. a Spons	, EIN, and the plan nu or's name	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed for this pl	an, enter the 4	C Administrator's b EIN c PN	telephone number					
4 If the r name. a Spons: 5a Total r	EIN, and the plan nu or's name number of participants	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed for this pl	3 an, enter the 4	C Administrator's b EIN c PN 5a	telephone number					
4 If the r name. a Spons 5a Total r b Total r	EIN, and the plan nu or's name number of participants number of participants	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year	e the last return/report filed for this pl	3 an, enter the 4	C Administrator's b EIN c PN 5a 5b	telephone number					
4 If the r name. a Spons 5a Total r b Total r c Number	EIN, and the plan nu or's name number of participants number of participants er of participants with	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of	e the last return/report filed for this pl	3 dan, enter the 4 dans tion plans	C Administrator's b EIN c PN 5a	telephone number					
4 If the r name. a Sponse 5a Total r b Total r c Numb compl	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of	e the last return/report filed for this pl	3 an, enter the 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	C Administrator's b EIN c PN 5a 5b	telephone number 30 34					
4 If the r name. a Spons. 5a Total r b Total r c Numbo compl d(1) Total d(2) Total	EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan year.	e the last return/report filed for this pl f the plan year (only defined contribu- plan year	3 an, enter the 4 stion plans 5	C Administrator's b EIN C PN 5a 5b 5c	telephone number 30 34 33					
4 If the r name. a Spons. 5a Total r b Total r c Numb compl d(1) Total d(2) Total e Numb	EIN, and the plan number of participants or the participants of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year tricipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the	e the last return/report filed for this pl f the plan year (only defined contribu- plan year	an, enter the 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	C Administrator's b EIN c PN 5a 5b 5c 5d(1)	30 34 33					
4 If the range a Sponso 5a Total range b Total range complete d(1) Total d(2) Total e Number than a Caution: A	EIN, and the plan number of participants or of participants or of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year thicipants at the beginning of the plan year terminated employment during the or incomplete filing of this returning the manufacture of the plan year terminated employment during the or incomplete filing of this returning the manufacture of the plan year terminated employment during the or incomplete filing of this returning the manufacture of the plan year terminated employment during the or incomplete filing of this returning the plan year terminated employment during th	e the last return/report filed for this pl f the plan year (only defined contribu- plan year ear	an, enter the 4	C Administrator's b EIN C PN 5a 5b 5c 5d(1) 5d(2) 5e is established.	30 34 33 30 25					
4 If the range a Sponso 5a Total range complete the complete d(1) Total d(2) Total d(2) Total e Number than Caution: A Under pena	EIN, and the plan number of participants or of participants or of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan year terminated employment during the possible or incomplete filling of this return the penalties set forth in the instru	the last return/report filed for this plan to the plan year (only defined contribution) of the plan year (only defined contribution) of the plan year (only defined contribution) of the plan year with accrued benefits the plan year with accrued benefits the plan year will be assessed unless actions, I declare that I have examine	an, enter the 4 4 4 4 4 5 5 at were less reasonable cause ed this return/report	C Administrator's b EIN C PN 5a 5b 5c 6d(1) 5d(2) 5e is established. t, including, if appl	30 34 33 30 25 0 icable, a Schedule					
4 If the r name. a Sponso 5a Total r b Total r c Numb compl d(1) Total r d(2) Total r e Numb than than than the caution: A	EIN, and the plan number of participants or of participants or of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the plan year account balances as of the plan year terminated employment during the terminated employment during the penalties set forth in the instruction of signed by an enrolled actuary,	e the last return/report filed for this pl f the plan year (only defined contribu- plan year ear	an, enter the 4 4 4 4 4 5 5 at were less reasonable cause ed this return/report	C Administrator's b EIN C PN 5a 5b 5c 6d(1) 5d(2) 5e is established. t, including, if appl	30 34 33 30 25 0 icable, a Schedule					
4 If the r name. a Sponso 5a Total r b Total r c Numb compl d(1) Total r d(2) Total r e Numb than than than the caution: A	EIN, and the plan number of participants or of participants or of participants or of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the plan year account balances as of the plan year terminated employment during the terminated employment during the penalties set forth in the instruction of signed by an enrolled actuary,	e the last return/report filed for this plan to the plan year (only defined contributed as a sear with accrued benefits the plan year with accrued benefits the plan year will be assessed unless functions, I declare that I have examine as well as the electronic version of the plan year with accrued benefits the plan year will be assessed unless functions.	an, enter the 4 4 4 4 4 5 5 at were less reasonable cause ed this return/report	C Administrator's b EIN C PN 5a 5b 5c 6d(1) 5d(2) 5e is established. t, including, if appl	30 34 33 30 25 0 icable, a Schedule					
4 If the range a Sponso 5a Total range b Total range complete d(1) Total range d(2) Total range belief, it is to the same complete for the same complete range complete ran	EIN, and the plan number of participants or of participants or of participants or of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year tricipants at the beginning of the participants at the end of the plan year terminated employment during the penalties set forth in the instruction of signed by an enrolled actuary, plete.	the last return/report filed for this plant filed for the plant filed fi	an, enter the 4 ution plans 5 at were less reasonable cause ed this return/report, and	b EIN c PN 5a 5b 5c 6d(1) 6d(2) 5e is established. t, including, if applind to the best of m	30 34 33 30 25 0 icable, a Schedule by knowledge and					
4 If the rename. a Spons. 5a Total r b Total r c Numb compl d(1) Total r d(2) Total r e Numb than Caution: Under penaments B or Schebelief, it is total r SIGN HERE	EIN, and the plan number of participants or participants or of participants or of participants or of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year tricipants at the beginning of the participants at the end of the plan year terminated employment during the penalties set forth in the instruction of signed by an enrolled actuary, plete.	the last return/report filed for this plan to the plan year (only defined contribution) of the plan year with accrued benefits the plan year will be assessed unless fuctions, I declare that I have examine as well as the electronic version of the plan year. Enter	an, enter the 4 ution plans 5 at were less reasonable cause ed this return/report, and ew Lynch	b EIN c PN 5a 5b 5c 6d(1) 6d(2) 5e is established. t, including, if applind to the best of m	30 34 33 30 25 0 icable, a Schedule by knowledge and					
4 If the r name. a Spons. 5a Total r b Total r c Numb compl d(1) Total r e Numb than than than the second s	EIN, and the plan number of participants number of participants er of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the plan year terminated employment during the penalties set forth in the instruction of the plan year account to the plan year account balance as of the plan year account balances as of the end of the plan year account balances as of the plan year account balances as of the end of the plan year account balances as of the	f the plan year (only defined contribu- colan year eear ee plan year with accrued benefits the contributions, I declare that I have examine as well as the electronic version of t Andr Date 7-/7-207 Enter Andr	an, enter the 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	b EIN C PN 5a 5b 5c 6d(1) 5d(2) 5e is established. It, including, if applind to the best of many signing as plan additional signing as employ	30 34 33 30 25 0 icable, a Schedule by knowledge and					
4 If the r name. a Spons. 5a Total r b Total r C Numbor completed (1) Total r d(2) Total r e Numbor than r Caution: A Under pens SB or Schebelief, it is t SIGN HERE SIGN HERE	EIN, and the plan number of participants and the participants are of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year terminated employment during the plan year terminated employment during the penalties set forth in the instruction of the plan year terminated by an enrolled actuary, plete.	f the plan year (only defined contribu- colan year eear ee plan year with accrued benefits the contributions, I declare that I have examine as well as the electronic version of t Andr Date 7-/7-207 Enter Andr	an, enter the 4 4 4 4 4 4 4 4 4 4 4 4 4	b EIN C PN 5a 5b 5c 5d(1) 5d(2) 5e is established. t, including, if appl nd to the best of m signing as plan ad signing as employ reparer's telephon	30 34 33 30 25 0 icable, a Schedule by knowledge and serior plan sponsor e number					
4 If the r name. a Spons. 5a Total r b Total r C Numbe complet d(1) Total r d(2) Total r e Numbe than r Caution: A Under pens SB or Schebelief, it is t SIGN HERE Preparer's Karen De	EIN, and the plan number of participants or participants or of participants or of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the plan year terminated employment during the penalties set forth in the instruction of the plan year account to the plan year account balance as of the plan year account balances as of the end of the plan year account balances as of the plan year account balances as of the end of the plan year account balances as of the	f the plan year (only defined contribu- colan year eear ee plan year with accrued benefits the contributions, I declare that I have examine as well as the electronic version of t Andr Date 7-/7-207 Enter Andr	an, enter the 4 4 4 4 4 4 4 4 4 4 4 4 4	b EIN C PN 5a 5b 5c 6d(1) 5d(2) 5e is established. It, including, if applind to the best of many signing as plan additional signing as employ	30 34 33 30 25 0 icable, a Schedule by knowledge and serior plan sponsor e number					
4 If the r name. a Sponso 5a Total r b Total r c Numb compl d(1) Total r d(2) Total r e Numb than Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN HERE Preparer's Karen De LeTort	EIN, and the plan number of participants or participants or of participants or of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the plan year account balances as of the plan year account balances as of the plan year ticipants at the end of the plan year terminated employment during the penalties set forth in the instruction of the plan year terminated employment during the penalties set forth in the instruction of the plan year terminated employment during the penalties set forth in the instruction of the plan year terminated employment during the penalties set forth in the instruction of the plan year account balance as the plan year account balance as of the plan year account balances as of the end of the plan year account balances as of the	f the plan year (only defined contribu- colan year eear ee plan year with accrued benefits the contributions, I declare that I have examine as well as the electronic version of t Andr Date 7-/7-207 Enter Andr	an, enter the 4 4 4 4 4 4 4 4 4 4 4 4 4	b EIN C PN 5a 5b 5c 5d(1) 5d(2) 5e is established. t, including, if appl nd to the best of m signing as plan ad signing as employ reparer's telephon	30 34 33 30 25 0 icable, a Schedule by knowledge and serior plan sponsor e number					
4 If the r name. a Sponso 5a Total r b Total r c Numb compl d(1) Total r d(2) Total r e Numb than Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN HERE Preparer's Karen De LeTort	EIN, and the plan number of participants or participants or of participants or of participants with ete this item)	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the plan year account balances as of the plan year account balances as of the plan year ticipants at the end of the plan year terminated employment during the penalties set forth in the instruction of the plan year terminated employment during the penalties set forth in the instruction of the plan year terminated employment during the penalties set forth in the instruction of the plan year terminated employment during the penalties set forth in the instruction of the plan year account balance as the plan year account balance as of the plan year account balances as of the end of the plan year account balances as of the	f the plan year (only defined contribu- colan year eear ee plan year with accrued benefits the contributions, I declare that I have examine as well as the electronic version of t Andr Date 7-/7-207 Enter Andr	an, enter the 4 4 4 4 4 4 4 4 4 4 4 4 4	b EIN C PN 5a 5b 5c 5d(1) 5d(2) 5e is established. t, including, if appl nd to the best of m signing as plan ad signing as employ reparer's telephon	30 34 33 30 25 0 icable, a Schedule by knowledge and serior plan sponsor e number					

_	_	_	_	-
۲	а	α	е	- 4

b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. 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 indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.	0.011.000		Yes Yes Yes	No No
	t III Financial Information	isurarice p	rogram (see ENIOA se	CLIOIT 4	021)1	.!	163			or deteri	mileu
	Plan Assets and Liabilities		(a) Beginning	of Year				(b) Enc	l of Ye	ar	
_	Total plan assets	7a		901,	$\overline{}$			(,		1,171	,851
	Total plan liabilities	7b									
	Net plan assets (subtract line 7 b from line 7a)	7c		901,	678					1,171	,851
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b)	Total		
а	Contributions received or receivable from:	0.41			E 7 0						
_	(1) Employers	8a(1)		60,	_			_			
	(2) Participants	8a(2)		110,	122						
	(3) Others (including rollovers)	8a(3)		116,	605						
	Other income (loss)	8b 8c		110,	0921					297	7,396
	Benefits paid (including direct rollovers and insurance premiums	OC.			\rightarrow					201	, 550
	to provide benefits)	8d		6,	979						
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		10,	244						
g	Other expenses	8g			\rightarrow						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			\rightarrow					17	7,223
	Net income (loss) (subtract line 8h from line 8c)	8i			_					270),173
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2T 3D 2E	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	the ins	tructio	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acteris	tic Cod	des in t	he inst	ruction	s:	
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		۸۳	ount	
a		ıtions withi	n the time period		103	140	1071		All	iount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х					
	Was the plan covered by a fidelity bond?			10c	Х	17				118	3,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
e		ner person ne or all of	s by an insurance the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g	Х					107	7,460
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	,		10h		Х					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							