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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

For calendar plan year 2016 or the A This return/report is for:	iscal plan year beginning UI/UI		1 1 4	0/04/0040							
A This return/report is for:		/2016		2/31/2016							
A This return/report is for:	a single-employer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan a multiple-employer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan a multiple-employer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan a multiple-employer plan a multiple-employer plan a multiple-employer plan (not multiemployer plan a multiple-employer plan a multipl										
	a one-participant plan	_ ' ' "	mployer information in a	n accordance with the form instructions.)							
	a one participant plan	a foreign plan									
B This return/report is	the first return/report	the final return/report									
	an amended return/report	H	rn/report (less than 12 m	nonths)							
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				_							
C Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram						
	special extension (enter des	cription)									
Part II Basic Plan Info	ormation—enter all requested i	information									
1a Name of plan				1b Three	e-digit						
SMITH TOWING COMPANY PRO	OFIT SHARING PLAN				number	000					
				(PN)	ı	002					
				1C Effec	tive date of 01/01	plan /1987					
	oyer, if for a single-employer plan)			2b Empl	oyer Identif	ication Number					
	om, apt., suite no. and street, or P.		tructions)	(EIN)	91-16	345467					
SMITH TOWING COMPANY	ce, country, and ZIP or foreign po	stal code (il loreign, see ins	tructions)	2c Spor		none number					
					360-427	-9067					
				2d Busin	ness code (s	see instructions)					
P.O. BOX 1760 SHELTON, WA 98584					48899	90					
J. 121 J. 1, 111 J. 100 J.											
3a Plan administrator's name of	and address X Same as Plan Sp	oncor		3h Admi	nistrator's E	<u> </u>					
Ja Flan auministrator s name a	and address A Same as Flam Sp	onsor.		JD Admi	ilistrator s L	LIIN					
				3c Admi	nistrator's te	elephone number					
						·					
4 If the name and/or EIN of the	ne plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN							
	umber from the last return/report.	e the last retain, report mea	for this plant, criter the	TO LIN							
a Sponsor's name											
				4c PN							
5a Total number of participant	s at the beginning of the plan year			4c PN 5a		3					
				5a		3 3					
b Total number of participant	s at the end of the plan year			5a 5b		3					
b Total number of participantc Number of participants with		of the plan year (only define	d contribution plans	5a							
b Total number of participantc Number of participants with complete this item)	s at the end of the plan year a account balances as of the end c	of the plan year (only define	d contribution plans	5a 5b 5c		3					
 b Total number of participant c Number of participants with complete this item) d(1) Total number of active participant 	s at the end of the plan year n account balances as of the end comments at the beginning of the	of the plan year (only defined	d contribution plans	5a 5b 5c 5d(1)		3					
 b Total number of participant c Number of participants with complete this item) d(1) Total number of active participant 	s at the end of the plan year n account balances as of the end of the end of the plan year articipants at the beginning of the plan year icipants at the end of the plan year	of the plan year (only defined plan year	d contribution plans	5a 5b 5c 5d(1) 5d(2)		3 3 3 3					
 b Total number of participant c Number of participants with complete this item) d(1) Total number of active participants that e Number of participants that 	s at the end of the plan year	of the plan year (only define plan yearear	d contribution plans	5a 5b 5c 5d(1)		3 3 3					
 b Total number of participant c Number of participants with complete this item) d(1) Total number of active participants than 100% vested Caution: A penalty for the late 	s at the end of the plan year	plan year (only defined plan year rear ne plan year with accrued be urn/report will be assessed	d contribution plans enefits that were less	5a 5b 5c 5d(1) 5d(2) 5e uuse is estal		3 3 3 3 0					
b Total number of participants c Number of participants with complete this item) d(1) Total number of active pounds d(2) Total number of active pounds e Number of participants that than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a	articipants at the end of the plan year	plan year (only defined plan year	d contribution plans enefits that were less d unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is estate eport, includi	ng, if applic	3 3 3 0 able, a Schedule					
b Total number of participants c Number of participants with complete this item) d(1) Total number of active pounded of the complete this item of active pounded of the complete of active pounded of the complete	articipants at the end of the plan year	plan year (only defined plan year	d contribution plans enefits that were less d unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is estate eport, includi	ng, if applic	3 3 3 0 able, a Schedule					
b Total number of participants with complete this item)	s at the end of the plan year	plan year (only defined on the plan year with accrued be not plan year with accrued be not plan year will be assessed uctions, I declare that I have, as well as the electronic versions of the plan year with accrued be not plan year with accrued be not plan year.	enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report	5a 5b 5c 5d(1) 5d(2) 5e suse is estate eport, includirt, and to the	ng, if applic best of my	3 3 3 0 able, a Schedule knowledge and					
b Total number of participants c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants tha than 100% vested Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and con SIGN HERE Filed with authorized Signature of plan	s at the end of the plan year	plan year (only defined plan year	enefits that were less d unless reasonable ca e examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e suse is estate eport, includirt, and to the	ng, if applic best of my	3 3 3 0 able, a Schedule knowledge and					
b Total number of participants with complete this item)	s at the end of the plan year	plan year (only defined the plan year with accrued be seen uctions, I declare that I have, as well as the electronic verification.	enefits that were less d unless reasonable ca e examined this return/report MATT C SMITH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is estate eport, includirt, and to the	ng, if applic best of my as plan adm	3 3 3 0 able, a Schedule knowledge and					
b Total number of participants c Number of participants with complete this item)	s at the end of the plan year	plan year (only defined to the plan year with accrued be used to the plan year with accrued be used to the plan year will be assessed uctions, I declare that I have as well as the electronic verification. Date	enefits that were less d unless reasonable ca e examined this return/re ersion of this return/report MATT C SMITH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is estate eport, includirt, and to the education of the educat	ng, if applice best of my as plan adm	3 3 3 0 able, a Schedule knowledge and hinistrator					
b Total number of participants c Number of participants with complete this item)	s at the end of the plan year	plan year (only defined to the plan year with accrued be used to the plan year with accrued be used to the plan year will be assessed uctions, I declare that I have as well as the electronic verification. Date	enefits that were less d unless reasonable ca e examined this return/re ersion of this return/report MATT C SMITH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is estate eport, includirt, and to the education of the educat	ng, if applic best of my as plan adm	3 3 3 0 able, a Schedule knowledge and hinistrator					
b Total number of participants c Number of participants with complete this item)	s at the end of the plan year	plan year (only defined to the plan year with accrued be used to the plan year with accrued be used to the plan year will be assessed uctions, I declare that I have as well as the electronic verification. Date	enefits that were less d unless reasonable ca e examined this return/re ersion of this return/report MATT C SMITH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is estate eport, includirt, and to the education of the educat	ng, if applice best of my as plan adm	3 3 3 0 able, a Schedule knowledge and hinistrator					
b Total number of participants c Number of participants with complete this item)	s at the end of the plan year	plan year (only defined to the plan year with accrued be used to the plan year with accrued be used to the plan year will be assessed uctions, I declare that I have as well as the electronic verification. Date	enefits that were less d unless reasonable ca e examined this return/re ersion of this return/report MATT C SMITH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is estate eport, includirt, and to the education of the educat	ng, if applice best of my as plan adm	3 3 3 0 able, a Schedule knowledge and hinistrator					
b Total number of participants c Number of participants with complete this item)	s at the end of the plan year	plan year (only defined to the plan year with accrued be used to the plan year with accrued be used to the plan year will be assessed uctions, I declare that I have as well as the electronic verification. Date	enefits that were less d unless reasonable ca e examined this return/re ersion of this return/report MATT C SMITH Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e suse is estate eport, includirt, and to the education of the educat	ng, if applice best of my as plan adm	3 3 3 0 able, a Schedule knowledge and hinistrator					

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of								X Ye	s No
J	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	and condit	ions.)						X Ye	s No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	_	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		886863				(,	210000	12
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1	886863					210000	12
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:		` ,					``		
	(1) Employers	8a(1)			-					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		000000						
<u>b</u>	Other income (loss)	8b		226639						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							22663	9
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f		13380						
q	Other expenses	8g		120						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1350	00
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	8i							21313	9
÷	Transfers to (from) the plan (see instructions)	8i								
	rt IV Plan Characteristics	l ol								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
	If the plan provides welfare benefits, enter the applicable welfare for	ooturo ooo	los from the List of Dia	n Char	otoriot	io Cor	loo in t	ha inatri	untions:	
	in the plan provides wellare benefits, effer the applicable wellare in	eature coc	les nom the List of Fia	II Cilai	acterist		163 III t	ne msuc	ictions.	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С				10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X				
е		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		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					21294
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						

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian					s or custod ne number	ian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP	
				"Curre	ent year test	<u>"</u>	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
	for the	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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

F	Part I Annual Repor	t Identification Information									
	calendar plan year 2016 or f			01/2016	and ending		1/2016				
A	This return/report is for:	eturn/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a one-participant plan									
n	T1 1 1 1 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1	the first return/report		return/report							
В	This return/report is:	an amended return/report		nort plan year return/report (less than 12 months)							
С	Check box if filing under:	Form 5558 special extension (enter descrip		ic extension			OFVC progra	m			
Tests			27								
_		ormation enter all requested in	nformation			1h Thr	ree-digit				
1a	Name of plan					plai	n number				
	Smith Towing Compa	any Profit Sharing Plan					N) ▶	002			
-						01	ective date of /01/1987				
28	Mailing Address (include re	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta). Box) al code (if for	reign, see inst	ructions)		nployer Identi N) 91-164	fication Number 45467			
	Smith Towing Compa		EU (.%)		<i>3</i>		onsor's telepl 60) 427-9	hone number 9067			
	P.O. BOX 1760					and the second second	siness code (8990	(see instructions)			
	US Shelton WA 98584					2h Ad	iniatratorio	EINI			
38	Plan administrator's name	and address X Same as Plan Spo	nsor			3D Adi	3b Administrator's EIN				
	8										
						3C Adi	ministrator's	telephone number			
						1					
4	If the name and/or EIN of the name	the plan sponsor has changed since tumber from the last return/report.	the last retur	n/report filed f	or this plan, enter the	4b EIN	1				
		uniber from the last returnineport.				4c PN					
	Sponsor's name	ts at the beginning of the plan year .						3			
k		ts at the end of the plan year						3			
Ċ	Number of participants wit	h account balances as of the end of t	the plan year	(only defined	contribution plans	5c		3			
c		articipants at the beginning of the pla						3			
	(2) Total number of active p	articipants at the end of the plan year	r			F-1/0\		3			
e	less than 100% vested	t terminated employment during the p	***************************************					0			
(Caution: A penalty for the la	te or incomplete filing of this return	n/report will	be assessed	unless reasonable	cause is es	tablished.				
-	Index popultion of porium and	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions I decl	lare that I have	e examined this return	/report, inclu	uding, if appli	icable, a Schedule ny knowledge and			
1	m tt				Matt C Smith						
	SIGN 111au	Sm S	Data	7-14-17	Enter name of individ	lual eigning	as plan adm	inistrator			
	HERE Signature of plan a	dministrator	Date	121011		idai sigiiiiig	as plan dum	motrator			
	SIGN Matt	2m		7 14 17	Matt C Smith	lual classis	an ampleus	or plan enoncor			
	HERE Signature of employ		Date		Enter name of individ		r's telephone				
F	Preparer's name (including fire Skip this question	n name, if applicable) and address (in	nclude room	or suite numo	er)		this quest				
	ŧ										

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62	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)						X Yes	No
	Are you claiming a waiver of the annual examination and report of a	n independ	ent qualified public accou	ıntant	(IQP	A)				
5.7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility as	nd conditio	ns.)						X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must inst	tead	use F	orm 5	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section	n 402	1)?		Yes	∐ No ∣	Not deter	minea
Pa	art III Financial Information								04.004	
7	Plan Assets and Liabilities		(a) Beginning of	Year		ļ	((b) End of		
а	Total plan assets	7a	1,88	6,8	33				2,100,00	2
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1,88	6,8	53				2,100,00	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To	tal	
a	Contributions received or receivable from:	8a(1)								
	(1) Employers	8a(2)							THE STATE OF	
-	(2) Participants	8a(3)				Right.				
	(3) Others (including rollovers)	8b	22	6,6	39					
<u>b</u>	Other income (loss)	8c							226,63	9
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00			2016					
u	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e	The second secon							
f	Administrative service providers (salaries, fees, commissions)	8f	1	3,3	30					
g	Other expenses	8g		1:	20					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							13,50	
i	Net income (loss) (subtract line 8h from line 8c)	8i							213,13	9
i	Transfers to (from) the plan (see instructions)	8j								
P	art IV Plan Characteristics						8	*/		
	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Cl	harac	teristi	c Cod	es in the	e instructi	ons:	
	2E 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	aracte	eristic	Code	s in the	instruction	ns:	
~	in the plant provides from the control of the contr									
P	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A	-	Amount	
-	Was there a failure to transmit to the plan any participant contribu	tions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fid	uciary Correction			20200				
	Program)			10a		Х				
-	Were there any nonexempt transactions with any party-in-interest	? (Do not in	nclude transactions	10h		х				
-	reported on line 10a.)			10b	_	(08/15)			-	
(Was the plan covered by a fidelity bond?			10c		Х				-
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х				
	a transfer to the second results									
	Were any fees or commissions paid to any prokers, agents, or our carrier, insurance service, or other organization that provides som	ne or all of t	he benefits under							
	the plan? (See instructions.)			10e		х				
1	Has the plan failed to provide any benefit when due under the pla	n?		10f		х				
_	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	x				21	,294
-	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 the	he required	notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						

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ACCOMANG SARCES				
Part VI Pension Funding Complia				
	imum funding requirements? (If "Yes," see instruction			
11a Enter the unpaid minimum required contrib	utions for all years from Schedule SB (Form 5500)	ine 40	11a	
	to the minimum funding requirements of section 412			\ \
a If a waiver of the minimum funding standar	d for a prior year is being amortized in this plan yea			
	O and 40 of Cabadula MD (Farm FF00) and oldin		Da	ayYear
	9, and 10 of Schedule MB (Form 5500), and skip		12b	
b Enter the minimum required contribution fo	r this plan year	••••••	120	
C Enter the amount contributed by the emplo	yer to the plan for the plan year		12c	
	nount in line 12b. Enter the result (enter a minus si		12d	
e Will the minimum funding amount reported	on line 12d be met by the funding deadline?			Yes No N/A
Part VII Plan Terminations and Tra	ansfers of Assets			
13a Has a resolution to terminate the plan been	adopted in any plan year?			Yes X No
If "Yes," enter the amount of any plan asse	ts that reverted to the employer this year		13a	
	cipants or beneficiaries, transferred to another plan,		the	Yes X No
C If, during this plan year, any assets or liabil which assets or liabilities were transferred.	ities were transferred from this plan to another plan((See instructions.)	s), identify the plar	n(s) to	
13c(1) Name of plan(s):		13c(2) E	EIN(s)	13c(3) PN(s)
			No other	
Part VIII Trust Information - Skip T	hese Questions			
14a Name of trust			14b	Trust's EIN
			15 13355	
14c Name of trustee or custodian			14d	Trustee or custodian's
				telephone number
Part IX IRS Compliance Question	s - Skip These Questions			
			/es	□ No
	on requirements for employee deferrals under secti		Design-base afe harb	
The contract of the contract o			Current y	year" N/A

13a	a Has a resolution to terminate the plan been adopted in any plan year?				Yes	X] No	
	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 participants or beneficiaries, transferred to another plan, or be control of the PBGC?					Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the	plan(s	s) to				
1	3c(1) Name of plan(s):	130	(2) EII	V (s)		13	c(3) PN(s)
				-				
Par	t VIII Trust Information - Skip These Questions							
14a	A Name of trust			14b Ti	ust's E	IN		
140	Name of trustee or custodian			14d Tr te	ustee d lephon		29/2012/05/1921	
Par	t IX IRS Compliance Questions - Skip These Questions							
15a	a Is the plan a 401(k) plan? If "No," skip b.] Ye	S			No	
15k	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:] sat	sign-bas e harbor urrent ye P test			"Prior ye test N/A	ar" ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply:		Ra	tio centage		Avera	ige fit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?] Ye	s			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter/ and serial number	IRS opinio	on lette	er or adv	isory le	etter, e	nter the d	ate of
17b	o If the plan is an individually-designed plan that received a favorable determination letter from the IRS letter//	S, enter th	ne date	of the r	nost re	cent de	eterminat	ion
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 service?				Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?				Yes		No	
				•				