Department of Labor       Department of Labor       2016         Department of Labor       Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).       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).       This form is Open to Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).       This Form is Open to Income Security Actinistration         Perion Benefit Guaranty Corporation       • Complete all entries in accordance with the instructions to the Form 5500-SF.       This return/report Identification Information         For calendar plan year 2016 or fiscal plan year beginning       01/01/2016       and ending       12/31/2016         A This return/report is for:       a single-employer plan       a nultiple-employer plan (is to participating employer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)       a one-participant plan       a foreign plan         B This return/report is       It the first return/report       a short plan year return/report (less than 12 months)       DFVC program         C Check box if filing under:       Form 5558       automatic extension       DFVC program       DFVC program         Special extension (enter description)       Its Aname of plan       1b Three-digit plan number       003       12/12/2007<	Form 5500-SF		Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Percent lectodic lineary extrements         Revenic Code (the Code).         This Form is Open t           Participating environments         Complete all entrifies in accordance with the instructions to the Form 5500-SF.         This form is Open t           Participating environments         and ending         12/1/2016         and ending         12/1/2016           A This return/report is         a single-employer plan         and the participating employer information in accordance with the form instructions.)         a the environment of the form instructions.)           B This return/report is         the first return/report         a short plan year return/report (ses finan 12 months)         C Check box if filing under:         Form 5558           C Check box if filing under:         form 5558         automatic extension         D FVC program           Special extension (inter description)         Form 5558         automatic extension         D FVC program           Special extension (inter description)         Ether environment of the form instructions         D Twree-digit plan number         003           12 E Plan sponsor's name (employer, if for a single-employer plan)         Mailing addits of gain number         206 Sinformation         216 Employer Identification's the plan number of participants at the eding postal code (if foreign, see instructions)         206 Employer Identification's the plan number of participants at the eding participant see of the plan number         203 C Administrator's telephone numb </td <td colspan="2"></td> <td colspan="4"></td> <td colspan="3">2016</td>							2016			
Part   Annual Report Uterrification Information For calendar plan year 2016 of fiscal plan year beginning Utili2019 and ending 12012019 A This return/report is for: a one-participant plan b fist return/report a a multiple-engloyer plan b fist return/report b a one-participant plan b fist return/report							This Form is Open to			
For calendar plan year 2016 or fiscal plan year beginning       0.1012/016       and ending       123/2016         A This return/report is for:       a single-employer plan       antiple-employer plan (nor multimeployer) (Files checking this box must attach a list of participating employer information in accordance with the form instructions.)         B This return/report is       a one-participant plan       a foreign plan       b foreign plan         B This return/report is       and amended return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       prom 5558       automatic extension       DFVC program         geocial extension (entr description)       DFVC program       construction       construction         Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan         SOPER ENTERPRISES 401K PLAN       1b       Three-digit plan       constructions         City of town state or province, country, and 2IP or foreign postal code (if foreign, see instructions)       2C       Sponsor's telephone number (SPN)         SOPER ENTERPRISES LLC       Spanse and plan sponsor.       3b       Administrator's telephone number (SPN)         3a       Plan administrator's name and address [] Same as Plan Sponsor.       3b       Administrator's telephone number (SPN)         5a       contai number of participants at the end of the plan ye	Complete all entries in accordance with the instructions to the Form 5500-SF.									
A This return/report is for: <ul> <li>a single-employer plan</li> <li>a multiple-employer plan (not multiemployer) (Filers checking this box must attach a fot of plan gent charting and player) information in accordance with the form instructions.)</li> <li>B This return/report is</li> <li>the first return/report</li> <li>a one-participant plan</li> <li>b for plan year return/report (less than 12 months)</li> </ul> C Check box if filing under: <ul> <li>portal extension</li> <li>portal extension</li> <li>portal extension (enter description)</li> </ul> Part II         Basic Plan Information—enter all requested information <ul> <li>the return/report (less than 12 months)</li> <li>C Check box if filing under:</li> <li>portal extension (enter description)</li> </ul> Part II         Basic Plan Information—enter all requested information <ul> <li>the Three-digit plan number (cn)</li> <li>C Port C program</li> <li>portal extension (enter description)</li> </ul> 2a Plan sponsor's name (employer, if for a single-employer plan) <ul> <li>the Elective data of plan (CR)</li> <li>C Elective data of plan (CR)</li> <li>C Stear provines, country, and ZIP or foreign postal code (if foreign, see instructions)</li> <li>SOPER ENTERPRISES LLC</li> <li>C Administrator's telephone number form the last return/report filed for this plan, enter the last feelphone number foremolisplants at the end of the plan year</li></ul>				16	and onding 1	2/31/2016				
A       This return/report is for:       a one-participant plan       is to rganticipating employer information in accordance with the form instructions.)         B       This return/report is       a one-participant plan       a store jap plan         B       This return/report is       a namendod return/report       a store jap year return/report (less than 12 months)         C       Check box if filing under:       Form 5558       automatic extension       DFVC program         genetal extension (enter description)       Part II       Basic Plan Information—enter all requested information       1         1A       Name of plan       1b       Three-digit plan number (PN)       033         2a       Plan sponsor's name (employer, if for a single-employer plan)       11/12/2007       2c       Sponsor's talephone number 200-631-6789         CV or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c       Sponsor's talephone number 200-631-6789         2d       Burnes code (See instruction 611210       3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 200-631-6789         3a       Plan administrator's name and address       Same as Plan sponsor.       3b       Administrator's telephone number 5a         5a       Total number of participants at the beginning of the plan year.		ai pian year 2010 or lisc					king this box must attach a			
an amended retum/report       a short plan year retum/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       DFVC program         1A Name of plan       1b       Three-digit plan number       003         22a Plan sponsor's name (employer, if for a single-employer plan)       1b       Three-digit plan number       003         Mailing address (include rom, apt, suite no. and street, or P.O. Box)       City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C       Desponsor's table or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C       Business code (see instruction 61122007         30 Ret NEERPRISES, LLC       2D       Employer identification Numbe (EIN)       611424778         PO BOX 185       SeartTLE, WA 88111       3D       Administrator's EIN         31a Plan administrator's name and address       Same as Plan Sponsor.       3D       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the assess def (see instruction 51210       5b         5       Cotal number of participants at the beginning of the plan year       5a       5b       5c       5b       5c	A This ret	turn/report is for:			-					
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Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (PN) > 003         1c Effective date of plan       003         2a Plan sponsor's name (employer, if for a single-employer plan)       01         Maling address (include room, apt., suite no. and street, or P.O. Box)       2b Employer Identification Number (PN) > 023         2b C Sponsor's name (employer, if for a single-employer plan)       2b Employer Identification Number (PN) > 026         00PE ENERTRESS_LLC       2c Sponsor's telephone number 200-631-0783         2c Sponsor's telephone number 200-631-0783       2d Business code (see instruction 611210         3a Plan administrator's name and address [2] Same as Plan Sponsor.       3b Administrator's telephone number 200-631-0783         3c Administrator's name and address [2] Same as Plan Sponsor.       3b Administrator's telephone number 200-631-0784         3c Administrator's telephone number 200-631-0784       3c Administrator's telephone number 200-631-0784         3c Administrator's name and address [2] Same as Plan Sponsor.       3b Administrator's telephone number 200-631-0784         3c Administrator's name and of the plan year.       5a         5b       5b       5c         5c Complete this item)       5a         5b       5c       5c         5c Complete this item)       5a       5a	C Check	box if filing under:		DFVC program						
1a Name of plan       1b Three-digit       003         SOPER ENTERPRISES 401K PLAN       1b Three-digit       003         2a Plan sponsor's name (employer, if for a single-employer plan)       003       1c Effective date of plan         Mailing address (include room, apt. suble no. and street, or PO. Box)       2b Employer identification Number       003         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2c Soposor's telephone number       2c Soposor's telephone number         SOPER ENTERPRISES, LLC       2c Soposor's name and address       Same as Plan Sponsor.       3b Administrator's telephone number         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number         3a Plan administrator's name and address ince the last return/report.       3s a       3b Administrator's telephone num         5a Total number of participants at the beginning of the plan year.       5a       5a       5c         5a Total number of participants at the edging of the plan year.       5b       5c       5d(1)         clurity of participants at the edging of the plan year.       5d       5d(2)       5e         clurity of participants at the edging of the plan year.       5d(2)       5e       5e         clurity of participants at the edging of the plan year.       5d(1)       5d(2)       5e </td <td>Devit II</td> <td>Desis Dise la fem</td> <td></td> <td>,</td> <td></td> <td></td> <td></td>	Devit II	Desis Dise la fem		,						
Mailing address (include room, apt., suite no. and street, or P.O. Box)       (Ein)       61:4424779         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       20:53:10788         SOPER ENTERPRISES, LLC       20:53:10788         PO BOX 185       20:63:10788         SEATTLE, WA 98111       21:0         3a Plan administrator's name and address       Same as Plan Sponsor.         3b Administrator's telephone number 20:65:10788         Seattle, WA 98111       3c Administrator's telephone number 20:65:10788         3c Administrator's name and address       Same as Plan Sponsor.         3c Administrator's telephone number 5:11210       3c Administrator's telephone number 5:11210         3c Administrator's telephone number 6:10:10:10:10:10:10:10:10:10:10:10:10:10:	1a Name	of plan		rmation		plan (PN)	number 003			
SOPER ENTERPRISES, LLC       If the process of telephone number 206-631-0788         2d Business code (see instruction 511210         3a Plan administrator's name and address       Same as Plan Sponsor.         3b Administrator's telephone number name, EIN, and the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's telephone number name, EIN, and the plan plan number from the last return/report.         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year.       5a         b Total number of participants at the end of the plan year.       5b         c Number of participants at the end of the plan year.       5d(1)         d(1) Total number of active participants at the beginning of the plan year.       5d(2)         e Number of participants at the end of the plan year.       5d(2)         d(2) Total number of active participants at the end of the plan year.       5d(2)         c Sumplete this item).       5d(2)         c Sumplete dust gradue dust prevent will be assessed unless reasonable cause is established.         Under penalties of perfury and other penalties set forth in the instructions, I declare that 1 have examined this return/report, including, if applicable, a Schedit Ser Schedue MB completed and signed actury, as wel	Mailing	g address (include room	, apt., suite no. and street, or P.O.		ructions)	2b Employer Identification Number (EIN) 61-1424779				
PO BOX 185 SEATTLE, WA 98111       511210         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone numl       3c Administrator's telephone numl         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year.       5a         c Number of participants at the end of the plan year.       5a         d(1) Total number of participants at the end of the plan year.       5d(1)         d(2) Total number of active participants at the end of the plan year.       5d(1)         d(2) Total number of active participants at the end of the plan year.       5d(1)         d(2) Total number of active participants at the end of the plan year.       5d         d(2) Total number of active participants at the end of the plan year.       5d(2)         e Number of active participants at the end of the plan year.       5d         d(2) Total number of active participants at the end of the plan year.       5d         d(2) Total number of active participants at the end of the plan year.       5d         d(2) Total number of active participants at the end of the plan year.       5d         d(2) Total number of active participants at the end of			country, and zir of foreign posta							
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a       Sponsor's name       4c       PN         5a       5a       5a         b       Total number of participants at the beginning of the plan year       5a         c       Number of participants at the end of the plan year       5b         c       Number of participants at the end of the plan year       5c         d(1)       Total number of active participants at the beginning of the plan year       5d         d(2)       Total number of active participants at the beginning of the plan year       5d         d(2)       Total number of active participants at the end of the plan year       5d         d(2)       Total number of active participants at the end of the plan year       5d         d(2)       Total number of participants that terminated employment during the plan year with accrued benefits that were less       5e         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge an belief, it is true, correct, and complete.         Sign       Filed with authorized/valid electronic signature.						2d Busir	,			
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a       Sponsor's name       4c       PN         5a       5a       5a         b       Total number of participants at the beginning of the plan year       5a         c       Number of participants at the end of the plan year       5b         c       Number of participants at the end of the plan year       5c         d(1)       Total number of active participants at the beginning of the plan year       5d         d(2)       Total number of active participants at the beginning of the plan year       5d         d(2)       Total number of active participants at the end of the plan year       5d         d(2)       Total number of active participants at the end of the plan year       5d         d(2)       Total number of participants that terminated employment during the plan year with accrued benefits that were less       5e         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge an belief, it is true, correct, and complete.         Sign       Filed with authorized/valid electronic signature.	3a Plan a	dministrator's name and	address X Same, as Plan Spons	sor		<b>3b</b> Admi	nistrator's FIN			
a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year	4 If the r	name and/or EIN of the	plan sponsor has changed since th	ne last return/report filed	for this plan, enter the		nistrator's telephone number			
b       Total number of participants at the end of the plan year.       5b         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c         d(1)       Total number of active participants at the beginning of the plan year.       5d(1)         d(2)       Total number of active participants at the end of the plan year.       5d(2)         e       Number of participants that terminated employment during the plan year with accrued benefits that were less       5e         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       5e         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedu SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge an belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       07/26/2017       MARK SOPER         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor         SIGN       Filed with authorized/valid electronic signature.       07/26/2017       MARK SOPER         HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor </td <td></td> <td></td> <td>ber from the last return/report.</td> <td></td> <td></td> <td colspan="5"><b>4c</b> PN</td>			ber from the last return/report.			<b>4c</b> PN				
b       Total number of participants at the end of the plan year	5a Totalı	number of participants a	t the beginning of the plan year			5a	0			
C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						5b	C			
d(1) Total number of active participants at the beginning of the plan year	C Numb	er of participants with ac	ccount balances as of the end of th	ne plan year (only defined	d contribution plans	5c	1			
e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested       5e         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge an belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       07/26/2017       MARK SOPER         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	<b>d(1)</b> Tota	al number of active parti	cipants at the beginning of the pla	n year		5d(1)	(			
Je         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedus SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge an belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       07/26/2017       MARK SOPER         SIGN HERE       Filed with authorized/valid electronic signature.       07/26/2017       MARK SOPER         SIGN HERE       Filed with authorized/valid electronic signature.       07/26/2017       MARK SOPER         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	d(2) Total number of active participants at the end of the plan year					5d(2)	1			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.          SIGN       Filed with authorized/valid electronic signature.       07/26/2017       MARK SOPER         SIGN       Filed with authorized/valid electronic signature.       07/26/2017       MARK SOPER         SIGN       Filed with authorized/valid electronic signature.       07/26/2017       MARK SOPER         SIGN       Filed with authorized/valid electronic signature.       07/26/2017       MARK SOPER         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	e Number of participants that terminated employment during the plan year with accrued benefits that were less					5e				
SIGN HERE         Filed with authorized/valid electronic signature.         07/26/2017         MARK SOPER           Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Filed with authorized/valid electronic signature.         07/26/2017         MARK SOPER           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	Under pena SB or Sche	alties of perjury and othe edule MB completed and	er penalties set forth in the instruct I signed by an enrolled actuary, as	ions, I declare that I have	e examined this return/re	port, includi	ng, if applicable, a Schedule			
Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Filed with authorized/valid electronic signature.         07/26/2017         MARK SOPER           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	SIGN			07/26/2017	MARK SOPER					
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ad	ministrator	Date	Enter name of individ	vidual signing as plan administrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spons										
	For Paperw	ork Reduction Act Notice,	, see the Instructions for Form 5500-	SF.			Form 5500-SF (2016) v.160927			

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
с	If the plan is a defined benefit plan, is it covered under the PBGC in						_		Not determined			
	rt III Financial Information				,,.							
<u>га</u> 7	Plan Assets and Liabilities			( )/								
<u> </u>			(a) Beginning o	211004		(b) End of Year 283201						
	Total plan assets	7a	4	0					0			
	Total plan liabilities	7b	-	211004					283201			
	Net plan assets (subtract line 7b from line 7a)	7c										
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) <sup>·</sup>	Fotal			
а	Contributions received or receivable from: (1) Employers	8a(1)		0								
	(2) Participants	8a(2)		18000								
	(3) Others (including rollovers)	8a(3)		0								
b	Other income (loss)	8b		54197								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							72197			
е	Certain deemed and/or corrective distributions (see instructions).	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		0								
g	Other expenses	8g		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0			
i	Net income (loss) (subtract line 8h from line 8c)	8i							72197			
j	Transfers to (from) the plan (see instructions)	8j		0								
Pa	Part IV Plan Characteristics											
9a	<b>9a</b> 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 3B 3D											
b	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Par	Part 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 contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	-iduciary Correction	10a		x						

	Program)	10a	^	
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	
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	
e	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	
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	
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	10i		

Part	VI	Pension Funding Compliance							
11		Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)					<u> </u>	Yes 🗙 No	
11a	<b>11a</b> Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						res 🗙 No	
	ERISA?								
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	ructions	, and	l enter t	he date		er ruling	
	-	nting the waiver			_ Day		Year _		
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			12b				
D	Ente	r the minimum required contribution for this plan year							
		r the amount contributed by the employer to the plan for this plan year			12c				
	neg	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leative amount)			12d		<u> </u>	<u> </u>	
		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 XN	lo	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug trol of the PBGC?					Yes	No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif ch assets or liabilities were transferred. (See instructions.)	y the pl	an(s)	to				
1	13c(1	) Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>8)</b> PN(s)	
Part	VIII	Trust Information							
		e of trust FERPRISES 401K PLAN				Frust's E 424779			
14c	Nam	e of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	e plan a 401(k) plan? If "No," skip b		Yes	No				
<b>15b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:				gn-based "Prior year" ADP harbor test					
				Curre	ent year est	13	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:					entage Average N/A benefit test N/A				
<b>16b</b> 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?						No			
17a		e plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of etter/ and the serial number	opinion	letter	or advi	sory lett	er, enter th	ne date of	
17b	If the lette	e plan is an individually-designed plan that received a favorable determination letter from the IRS, en r//	iter the	date	of the m	nost rece	ent determi	ination	
18	Were	ned Benefit Plan or Money Purchase Pension Plan Only: e any distributions made during the plan year to an employee who attained age 62 and had not sepa ice?		om	Ye	8	No		
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?						s	No		