Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

-	ai pian year 2010 or i	iiscai pian year beginning 01/01/	2010	and ending 17	2/31/2010						
A This re	turn/report is for:	a single-employer plan	list of participating	r plan (not multiemployer) (employer information in ac	`						
		a one-participant plan	a foreign plan								
B This ret	urn/report is	the first return/report	the final return/repo	ort							
	•	an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)						
C Check	box if filing under:	ing under:									
Don't II	Decis Discussed	special extension (enter desc	· /								
Part II 1a Name		ormation—enter all requested in	nformation		1b Three-digit	T					
	CAULKING AND COA	TINGS 401(K) PLAN			plan number (PN)	001					
					1c Effective date of	f plan 1/1997					
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer Identification (EIN) 59-12	fication Number 284060					
	r town, state or proving CAULKING AND COA	ce, country, and ZIP or foreign pos TINGS CO, INC.	tal code (if foreign, see i	nstructions)	2c Sponsor's telep						
					2d Business code ((see instructions)					
101 NW 176 MIAMI, FL 3	TH STREET 3169				2389	000					
,											
3a Plan a	administrator's name a	and address X Same as Plan Spo	onsor.		3b Administrator's I	EIN					
					3c Administrator's t	telenhone number					
					JC Administrators t	telephone number					
		ne plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN						
name		ne plan sponsor has changed since umber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN 4c PN						
name a Spons	e, EIN, and the plan nu sor's name		·	·	_	97					
a Spons 5a Total	e, EIN, and the plan nu cor's name number of participants	umber from the last return/report.			4c PN	97 96					
a Spons 5a Total b Total c Numb	e, EIN, and the plan nusor's name number of participants number of participants our of participants	umber from the last return/report. s at the beginning of the plan year	the plan year (only defir	ned contribution plans	4c PN 5a						
a Spons 5a Total b Total c Numb	e, EIN, and the plan nusor's name number of participants number of participants per of participants with lete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (only defir	ned contribution plans	4c PN 5a 5b	96					
name a Spons 5a Total b Total c Numb comp d(1) Tot	e, EIN, and the plan nuterics name number of participants number of participants per of participants with lete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (only defin	ned contribution plans	4c PN 5a 5b 5c	96 58					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb	e, EIN, and the plan number of participants number of participants out of participants with plete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of articipants at the beginning of the participants at the end of the plan year articipants at the end of the plan year terminated employment during the	the plan year (only defir	ned contribution plans	4c PN 5a 5b 5c 5d(1)	96 58 88 85					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A	e, EIN, and the plan number of participants or of participants or of participants with elete this item)	s at the beginning of the plan year s at the end of the plan year	the plan year (only defining the plan yeareare plan year with accrued	ned contribution plans I benefits that were less sed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	96 58 88 85 0					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: A Under pen SB or Sche	e, EIN, and the plan number of participants number of participants with elete this item)	s at the beginning of the plan year s at the end of the plan year	the plan year (only definance) lan yeare plan year with accrued confreport will be assess actions, I declare that I ha	ned contribution plans I benefits that were less sed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applic	96 58 88 85 0 cable, a Schedule					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche	e, EIN, and the plan number of participants or of participants or of participants with elete this item)	s at the beginning of the plan year s at the end of the plan year	the plan year (only definance) lan yeare plan year with accrued confreport will be assess actions, I declare that I ha	ned contribution plans I benefits that were less sed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applic	96 58 88 85 0 cable, a Schedule					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants or of participants with elete this item)	s at the beginning of the plan year is at the end of the plan year	the plan year (only definance) eare plan year with accrued en/report will be assess actions, I declare that I ha as well as the electronic	I benefits that were less sed unless reasonable ca ave examined this return/report version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my	96 58 88 85 0 cable, a Schedule v knowledge and					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants or of participants or of participants with elete this item)	s at the beginning of the plan year is at the end of the plan year	the plan year (only definance) eare plan year with accrued infreport will be assess actions, I declare that I has well as the electronic	I benefits that were less sed unless reasonable ca ave examined this return/report version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applic	96 58 88 85 0 cable, a Schedule y knowledge and					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants with elete this item)	s at the beginning of the plan year is at the end of the plan year	the plan year (only definance) eare plan year with accrued infreport will be assess actions, I declare that I has well as the electronic	I benefits that were less Sed unless reasonable ca ave examined this return/repor MICHAEL ENGELKE Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my	96 58 88 85 0 cable, a Schedule / knowledge and					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants or of participants with elete this item)	s at the beginning of the plan year is at the end of the plan year	the plan year (only definance) ear	I benefits that were less Sed unless reasonable ca ave examined this return/repor MICHAEL ENGELKE Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my	96 58 88 85 0 cable, a Schedule y knowledge and ministrator					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants or of participants with elete this item)	s at the beginning of the plan year is at the end of the plan year	the plan year (only definance) ear	I benefits that were less Sed unless reasonable ca ave examined this return/repor MICHAEL ENGELKE Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my dual signing as plan addressed.	96 58 88 85 0 cable, a Schedule y knowledge and ministrator					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants or of participants with elete this item)	s at the beginning of the plan year is at the end of the plan year	the plan year (only definance) ear	I benefits that were less Sed unless reasonable ca ave examined this return/repor MICHAEL ENGELKE Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my dual signing as plan addressed.	96 58 88 85 0 cable, a Schedule y knowledge and ministrator					
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants or of participants with elete this item)	s at the beginning of the plan year is at the end of the plan year	the plan year (only definance) ear	I benefits that were less Sed unless reasonable ca ave examined this return/repor MICHAEL ENGELKE Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applicate, and to the best of my dual signing as plan addressed.	96 58 88 85 0 cable, a Schedule y knowledge and ministrator					

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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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes [□ No
	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								× Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not determ	nined
Pa	rt III Financial Information						1	<u> </u>		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		590584			,	· · ·	5431625	
b	Total plan liabilities	7b		0)					
С	Net plan assets (subtract line 7b from line 7a)	7c	5	590584	ļ				5431625	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:			28143						
-	(1) Employers	8a(1)		294252						
	(2) Participants	8a(2)		294232						
	(3) Others (including rollovers)	8a(3)		398914						
	Other income (loss)	8b			-				721309	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							721000	
	to provide benefits)	8d		847013	3					
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		33255	5					
g	Other expenses	8g		0)					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							880268	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				-158959				
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 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary 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					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X					33255
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	as of year-	end.)	10g	X					41160
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	he require	d notice or one of the	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)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No	
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
<u>b</u>	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			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 Transfers of Assets			1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Ye	es," 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 brougout 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	lan(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	ΞIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP	
			ΙП '	"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	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be 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 rec	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Repo	rt Identification Information				
For calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/201	6
A This return/report is for:	a single-employer plan		pian (not multiemployer employer information in		
B This return/report is:	the first return/report	the final return/repor			
·	an amended return/report	H '	ırn/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic extension		☐ DFVC p	ogram
_	special extension (enter descri	ption)		ъ.	•
Part II Basic Plan In	formation enter all requested in	nformation			Velification
1a Name of plan	onor en rodadoco n	monnation		1b Three-digit	
General Caulking	and Coatings 401(k) Plan			plan numbe (PN) ►	001
	The state of the s			1c Effective da 01/01/1	
Mailing Address (include r	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C ince, country, and ZIP or foreign posta). Box) al code (if foreign, see in:	tructions)		dentification Number -1284060
	and Coatings Co, Inc.	,	,	2c Sponsor's (305) 6	elephone number 52–1020
101 NW 176th Stree	et			2d Business c 238900	ode (see instructions)
US Miami FL 33169					
3a Plan administrator's name	and address X Same as Plan Spor	nsor		3b Administrat	or's EIN
	he plan sponsor has changed since the plan sponsor has changed since the plant from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name	9 ²⁴ 144 addfest			4c PN	
	ts at the beginning of the plan year				97
	ts at the end of the plan year			5b	96
complete this item)	n account balances as of the end of the	************		5c	58
d(1) Total number of active pa	articipants at the beginning of the plar	ı year	************************************	5d(1)	88
d(2) Total number of active pa	articipants at the end of the plan year	**********	************************	5d(2)	85
e Number of participants that less than 100% vested .	t terminated employment during the p	lan year with accrued be	nefits that were	5e	0
Caution: A penalty for the lat	e or incomplete filing of this return	/report will be assesse	l unless reasonable c	ause is establishe	d.
Under penalties of perjury and SB or Schedule MB completed belief, it is true, porrect, and co	other penalties set forth in the instruc and signed by an enrolled actuary, a mplete.	tions, I declare that I hav s well as the electronic v	e examined this return/reportsion of this return/reports	report, including, if a ort, and to the best o	pplicable, a Schedule of my knowledge and
SIGN WHATHUM	MC	7-17-17	Michael Engelke	2	
HERE Signature of plan ad	ministrator	Date	Enter name of individu	ıal signing as plan a	dministrator
SIGN // DW DVIII	ONIC	7-17-17	Michael Engelke	3	A CONTRACTOR OF THE CONTRACTOR
HERE Signature of employ		Date	Enter name of individu		yer or plan sponsor
POLICIES AND	name, if applicable) and address (inc			Preparer's teleph Skip this que	one number

	Form 5500-SF 2016		Page 2			_				
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		******	******		******	XYes	No
b	Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public acco	untar	ıt (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							********	X Yes	□No
_	If you answered "No" to either line 6a or line 6b, the plan cann							- -	— N	
12000000	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section	on 40	21)?	******	Ye	s	Not d	letermined
Pa	rt III Financial Information		1			1				
7	Plan Assets and Liabilities		(a) Beginning o			+		(b) End		
<u>a</u>	Total plan assets		5,5	90,5		-			5,431	, 625
	Total plan flabilities				0					
	Net plan assets (subtract line 7b from line 7a)	. 7c		90,5	84	+		/b) T	5,431	, 625
	Contributions received or receivable from:		(a) Amount					(b) T	Otal	
	(1) Employers	. 8a(1)	***************************************	28,1	43					
	(2) Participants	. 8a(2)	2:	94,2	52					
	(3) Others (including rollovers)	. 8a(3)	***************************************							
	Other income (loss)	+	3:	98,9	14	2000				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							721	,309
	to provide benefits)	. 8d	84	47,0	13					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		33,2	55					
g	Other expenses	. 8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							880,	268
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							(158,9	959)
j	Transfers to (from) the plan (see instructions)	. 8j								
Pa	rt IV Plan Characteristics		·····							
9a	If the plan provides pension benefits, enter the applicable pension f	feature cod	es from the List of Plan C	harad	cteristi	ic Cod	des in t	he instruct	tions:	
	2E 2F 2G 2J 2K 2T 3D						************			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Ch	aract	eristic	Code	es in th	e instructio	ons:	
Pa	rt 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	ıtions withir	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fic	duciary Correction							
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10b		x				
C	Was the plan covered by a fidelity bond?			10c					5	00,000
d		fidelity bor	nd, that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)	her persons ne or all of t	s by an insurance the benefits under	10a	x	**				33,255
f	Has the plan failed to provide any benefit when due under the plan	····		10f		x		****		.
g	Did the plan have any participant loans? (if "Yes," enter amount a	s of year e	nd.)	10g	х					41,160
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)		ctions and 29 CFR	10h		х				<u> </u>
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	he required	notice or one of the	10i						

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Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)	d complete S	chedule	SB		Yes 🛚	₹ 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 (ERISA?	Code or sect	ion 302	of		Yes 🛽	Ω No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	notrictions a	nd anta	n tha data	of the	lottor w	allin as
granting the waiver		Da		Yea		uting
if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
b Enter the minimum required contribution for this plan year	*****************	12b				
c Enter the amount contributed by the employer to the plan for the plan year	PHP91PHPHPHPH	12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d	·			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	*************		Yes _	No	□ N	I/A
Part VII Plan Terminanations and Transfers 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 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 broucontrol of the PBGC?		******		res [X No)
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to				
13c(1) Name of plan(s):	13c(2) El	N(s)		130	(3) PN	(s)
Part VIII Trust Information - Skip These Questions		***************************************				
Part VIII Trust Information - Skip These Questions 14a Name of trust		14b	rust's Eli	NT.		
174 Name of East		140	itusts eli	V		
14c Name of trustee or custodian			Trustee oi elephone			
Part IX IRS Compliance Questions - Skip These Questions	J					
15a is the plan a 401(k) plan? If "No," skip b.	Ye	s		<u> </u>	No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		esign-ba fe harb			'Prior ye est	ear" ADP
		urrent y OP test	ear"		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:	Ra	itio rcentag st		Averag benefit		□ N/A
16b 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?) Ye	s		N	No	
17a if the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter/, and serial number	S opinion lett	er or ac	visory let	ter, ent	er the c	late of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter/	enter the dat	e of the	most rec	ent det	erminat	lion
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 sep service?	parated from		Yes		No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		Vo	