Form 5500-SF

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Department of the Treasury

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

Short Form Annual Return/Report of Small Employee

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**

	eport identification informatio			- 1- 1 1 1 -			
For calendar plan year 20	16 or fiscal plan year beginning 01/01			2/31/2016			
A	a single-employer plan		plan (not multiemployer) (
A This return/report is fo	r: a one-participant plan	a foreign plan	employer information in ac	ccordance with the	form instructions.)		
B This return/report is	the first return/report	the final return/repor	t				
	an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)			
C Check box if filing und	er:			Пъгио			
• Check box it tilling and		automatic extension	1	☐ DFVC program			
	special extension (enter des	' '					
	n Information—enter all requested i	nformation		1			
1a Name of plan MERRILL ORTHODONTIC	S, PLLC 401(K) PROFIT SHARING P			1b Three-digit plan numbe	r 001		
				(PN) 1c Effective da			
					1/01/2013		
Mailing address (inclu	(employer, if for a single-employer plan) ide room, apt., suite no. and street, or P	.O. Box)	atawa (Caran)		entification Number 1-2134404		
MERRILL ORTHODONTICS	province, country, and ZIP or foreign po S, PLLC	stal code (if foreign, see in	structions)		elephone number -886-4746		
				2d Business co	de (see instructions)		
801 EASTMONT AVE., SUI EAST WENATCHEE, WA 9				6	21210		
3a Plan administrator's n	ame and address 🏻 Same as Plan Sp	onsor.		3b Administrator's EIN			
				2			
				3C Administrato	or's telephone number		
4	N. Cit.		16 41 1 4	41			
	N of the plan sponsor has changed sinc plan number from the last return/report.	e the last return/report filed	d for this plan, enter the	4b EIN			
a Sponsor's name				4c PN			
5a Total number of parti	cipants at the beginning of the plan year			5a	12		
_	cipants at the end of the plan year			5b	12		
C Number of participan	ts with account balances as of the end of	of the plan year (only define	ed contribution plans	5c	12		
d(1) Total number of ac	ctive participants at the beginning of the	olan year		5d(1)			
` '	ctive participants at the end of the plan y	ear		F4/2\			
A Number of participar				5d(2)			
	nts that terminated employment during the		benefits that were less	5e 5u(2)	11		
than 100% vested Caution: A penalty for the	ne late or incomplete filing of this retu	rn/report will be assesse	benefits that were less ed unless reasonable ca	5e use is established	11 0		
than 100% vested Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp	ne late or incomplete filing of this return and other penalties set forth in the instructed and signed by an enrolled actuary.	rn/report will be assesse	benefits that were less ed unless reasonable ca ve examined this return/re	5e use is established port, including, if a	11 0 1. pplicable, a Schedule		
than 100% vested Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, are SIGN Filed with auth	ne late or incomplete filing of this return and other penalties set forth in the instructed and signed by an enrolled actuary.	rn/report will be assesse	benefits that were less ed unless reasonable ca ve examined this return/re	5e use is established port, including, if a rt, and to the best o	11 0 1. pplicable, a Schedule		
than 100% vested Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, are SIGN Filed with authors.	ne late or incomplete filing of this return and other penalties set forth in the instructed and signed by an enrolled actuary, and complete.	rn/report will be assesse uctions, I declare that I hav as well as the electronic v	benefits that were less ad unless reasonable cal we examined this return/re version of this return/repor	5e use is established port, including, if a t, and to the best o	11 0 1. pplicable, a Schedule of my knowledge and		
than 100% vested Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, and SIGN HERE Signature of SIGN	ne late or incomplete filing of this return and other penalties set forth in the instructed and signed by an enrolled actuary and complete. norized/valid electronic signature.	rn/report will be assesse uctions, I declare that I have as well as the electronic v	ed unless reasonable ca ve examined this return/re version of this return/repor	5e use is established port, including, if a t, and to the best o	11 0 1. pplicable, a Schedule of my knowledge and		
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than 100% vested Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, and Filed with authorized HERE Signature of S	ne late or incomplete filing of this returned and other penalties set forth in the instructed and signed by an enrolled actuary and complete. The provided of this return and the instruction of the instr	rn/report will be assesse uctions, I declare that I have as well as the electronic v 09/05/2017 Date Date	ed unless reasonable can ve examined this return/reportersion of this return of this return of the r	5e use is established port, including, if a t, and to the best of	pplicable, a Schedule of my knowledge and administrator bloyer or plan sponsor		
than 100% vested Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, and Filed with authorized HERE Signature of S	ne late or incomplete filing of this returned and other penalties set forth in the instructed and signed by an enrolled actuary and complete. The provided of this return in the instruction of the instru	rn/report will be assesse uctions, I declare that I have as well as the electronic v 09/05/2017 Date Date	ed unless reasonable can ve examined this return/reportersion of this return of this return of the r	5e use is established port, including, if a t, and to the best of	11. pplicable, a Schedule of my knowledge and administrator		
than 100% vested Caution: A penalty for the Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, and Filed with authorized HERE Signature of S	ne late or incomplete filing of this returned and other penalties set forth in the instructed and signed by an enrolled actuary and complete. The provided of this return in the instruction of the instru	rn/report will be assesse uctions, I declare that I have as well as the electronic v 09/05/2017 Date Date	ed unless reasonable can ve examined this return/reportersion of this return of this return of the r	5e use is established port, including, if a t, and to the best of	11. pplicable, a Schedule of my knowledge and administrator		
than 100% vested Caution: A penalty for the Under penalties of perjury SB or Schedule MB computed belief, it is true, correct, and Filed with authorized Signature of Sign Here Signature of Signa	ne late or incomplete filing of this returned and other penalties set forth in the instructed and signed by an enrolled actuary and complete. The provided of this return in the instruction of the instru	rn/report will be assesse uctions, I declare that I have as well as the electronic v 09/05/2017 Date Date	ed unless reasonable can ve examined this return/reportersion of this return of individual Enter name of individual Ent	5e use is established port, including, if a t, and to the best of	11. pplicable, a Schedule of my knowledge and administrator		

Form 5500-SF 2016 Page **2**

under 29 CFR 2520.104-467 (See instructions on walver eligibility and conditions)		Were all of the plan's assets during the plan year invested in eligib		,						X Yes	No
C if the plans is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	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.)								X Yes	No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) Total plan isabilities 7a 661160 805308 50 50 50 50 50 50 50							_				
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐ No ∐ N	Not determin	ned
a Total plan assets	Pa	rt III Financial Information	·								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Y	ear	
E Net plan salatimesses (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a			-					
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Expenses, and Transfers for this Plan Year (8) Expenses, and Transfers for this Plan Year (9) Employers. (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (3) Others (including rollovers). (4) Expenses (and full lines 8a(1), 8a(2), 8a(3), and 8b). (5) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b). (6) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). (7) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). (9) Other expenses (add lines 8a(1), 8a(2), 8a(3), 8a(3)	b	Total plan liabilities	7b								
a Contributions received or receivable from: (1) Employers	<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		661160			805308			
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total		
(2) Participants	а		0=(4)		52072						
(a) Others (including rollovers)	-				50532	-					
b Other income (loss) (salaries, fees, commissions)						_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)										169902	
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)			80							100002	
f Administrative service providers (salaries, fees, commissions)	u		8d		19359						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		6395						
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Transferse to (from the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		257					25754	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2K 3D 2F 2G b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	i	Net income (loss) (subtract line 8h from line 8c)	8i							144148	
9a	j	Transfers to (from) the plan (see instructions)	8i		0						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Pai	t IV Plan Characteristics	<u> </u>								
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D 2F 2G	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in	the instruction	ons:	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in t	he instruction	ns:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the											
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	10	During the plan year:				Yes	No	N/A	Aı	mount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а					X				1	11087
reported on line 10a.)		<u> </u>			10a					'	11001
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X				100	00000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d	•	•	•	10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persor ne or all of	s by an insurance the benefits under	10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
	h	·	•		10h		X				
	i				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 s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			11a			
12	│	res X No						
	(lf "\	A?						
	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	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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Form 5500-SF 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.

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	port Identification Information								
For calendar plan year 201	6 or fiscal plan year beginning	01/01/2016	and ending	12/31/2	2016				
	🛛 a single-employer plan		olan (not multiemployer)						
A This return/report is for:	a one-participant plan	_ ' ' "	mployer information in	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	return/report						
D This retain, report is	an amended return/report	a short plan year return/report (less than 12 months)							
•				_					
C Check box if filing under	r: 🔀 Form 5558	automatic extension		DFVC program					
	special extension (enter des	scription)							
	Information—enter all requested i	information		1					
1a Name of plan				1b Three-digit	_				
Merrill Orthodont	cics, PLLC 401(k) Profit	t Sharing P		plan numbe (PN) ▶	001				
				1c Effective da					
				01/01/2	•				
	employer, if for a single-employer plan				entification Number				
	de room, apt., suite no. and street, or P. rovince, country, and ZIP or foreign por		structions)		2134404				
Merrill Orthodont		star code (il foreign, see ins	structions)		elephone number				
	,				86-4746				
				621210	de (see instructions)				
801 Eastmont Ave.	, Suite #B			021210					
East Wenatchee			* 00000						
		W	A 98802						
3a Plan administrator's na	ame and address 🏿 Same as Plan Sp		A 988UZ	3b Administrate	or's EIN				
3a Plan administrator's na	ıme and address 🗵 Same as Plan Sp.		A 98802						
3a Plan administrator's na	nme and address ⊠ Same as Plan Sp		A 98802		or's EIN				
3a Plan administrator's na	nme and address 🛭 Same as Plan Sp		A 98802						
3a Plan administrator's na	ıme and address ☒ Same as Plan Sp		A 98802						
	_	onsor.		3c Administrato					
4 If the name and/or EIN	I of the plan sponsor has changed sinc	onsor.							
4 If the name and/or EIN	_	onsor.		3c Administrato					
4 If the name and/or EIN name, EIN, and the place a Sponsor's name	I of the plan sponsor has changed sinc	ee the last return/report filed	for this plan, enter the	3c Administrato 4b EIN 4c PN	or's telephone number				
4 If the name and/or EIN name, EIN, and the place a Sponsor's name 5a Total number of particity	I of the plan sponsor has changed sinc an number from the last return/report.	e the last return/report filed	for this plan, enter the	3c Administrato 4b EIN 4c PN	or's telephone number				
 4 If the name and/or EIN name, EIN, and the plant a Sponsor's name 5a Total number of particination b Total number of particination 	I of the plan sponsor has changed since an number from the last return/report. ipants at the beginning of the plan year	ce the last return/report filed	for this plan, enter the	3c Administrate 4b EIN 4c PN 5a 5b	or's telephone number				
 4 If the name and/or EIN name, EIN, and the planame, EIN, and the planame 5a Sponsor's name 5a Total number of particinates of particinates complete this item) 	I of the plan sponsor has changed since an number from the last return/report. ipants at the beginning of the plan year ipants at the end of the plan years with account balances as of the end of	rof the plan year (only define	for this plan, enter the	3c Administrato 4b EIN 4c PN 5a 5b 5c	or's telephone number				
 4 If the name and/or EIN name, EIN, and the planame, EIN, and the planame 5a Sponsor's name 5a Total number of particinates of particinates complete this item) 	I of the plan sponsor has changed since an number from the last return/report. ipants at the beginning of the plan year ipants at the end of the plan years with account balances as of the end of	rof the plan year (only define	for this plan, enter the	3c Administrate 4b EIN 4c PN 5a 5b 5c 5d(1)	or's telephone number				
4 If the name and/or EIN name, EIN, and the place a Sponsor's name 5a Total number of particic b Total number of particic c Number of participants complete this item)	I of the plan sponsor has changed since an number from the last return/report. ipants at the beginning of the plan year ipants at the end of the plan year ipants at the end of the plan year ipants at the end of the plan year ive participants at the beginning of the live participants at the end of the plan year ive participants at the end of the plan year income.	rof the plan year (only define	for this plan, enter the	3c Administrato 4b EIN 4c PN 5a 5b 5c 5d(1)	12 12 12				
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4 If the name and/or EIN name, EIN, and the place a Sponsor's name 5a Total number of particic b Total number of particic c Number of participants complete this item) d(1) Total number of action d(2) Total number of participants than 100% vested	I of the plan sponsor has changed since an number from the last return/report. ipants at the beginning of the plan year ipants at the end of the plan year ipants at the end of the plan year ipants at the end of the plan year ive participants at the beginning of the live participants at the end of the plan yes that terminated employment during the	rof the plan year (only define plan year	for this plan, enter the	3c Administrato 4b EIN 4c PN 5a 5c 5c 5d(1) 5e	12 12 12 12 12				
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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								X Yes ☐ NoX Yes ☐ No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		_	Not determined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			((b) End	of Year
а	Total plan assets	7a		661,	160				805,308
b	Total plan liabilities	7b			0				(
C	Net plan assets (subtract line 7b from line 7a)	7c		661,	160				805,308
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) ⁻	Total
а		0-(4)		52,	072				
	(1) Employers	8a(1)		50,					
	(2) Participants	8a(2)		50,	0				
	(3) Others (including rollovers)	8a(3)		<i>C</i> 7	200				
<u>b</u>	\	8b		67 ,	290				1.00 000
c		8c							169,902
u	to provide benefits)	8d		19,	359				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		6,	395				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								25 , 754
ī	Net income (loss) (subtract line 8h from line 8c)	8i						144,148	
j	Transfers to (from) the plan (see instructions)	8i			0				
Pa	rt IV Plan Characteristics	<u> </u>	l						
9a	If the plan provides pension benefits, enter the applicable pension	feature c	odes from the List of Pl	an Cha	racteri	stic Co	des in	the ins	tructions:
b	2A 2E 2J 2K 3D 2F 2G If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:
Day	et V. Compliance Questions								
10	rt V Compliance Questions				Yes	No	N/A		A 1
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions with	in the time period		162	NO	IVA		Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	/oluntary	iduciary Correction	10a	Х				11,087
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х				1,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х			
h	1 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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i					