## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		Identification Information				
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	)16 	and ending 12	2/31/2016	
A This ret	urn/report is for:	a single-employer plan  a one-participant plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) ( aployer information in ac		
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report a short plan year return	n/ranort (lass than 12 m	onthe)	
_			_ a short plan year retuin	meport (less than 12 m		
C Check b	oox if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC program	
Part II	Basic Plan Info	prmation—enter all requested info	,			_
1a Name					<b>1b</b> Three-digit plan number (PN) ▶	001
					1c Effective date of 01/0	of plan 11/2013
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign posta		untions)	<b>2b</b> Employer Ident (EIN) 27-4	ification Number 257985
JACOB DABI		e, country, and ZIF or foreign posta	r code (ii loreign, see insti	uctions)	2c Sponsor's telep 509-92	
720 N. EVER SPOKANE V	GREEN RD, SUITE ALLEY, WA 99216	01			2d Business code 621	,
3a Plan ad	dministrator's name a	nd address X Same as Plan Spons	sor.		<b>3b</b> Administrator's	EIN
		e plan sponsor has changed since the mber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN	
<b>a</b> Sponso	•	'			4c PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	12
<b>b</b> Total r	number of participants	at the end of the plan year			5b	12
	er of participants with ete this item)	account balances as of the end of the	ne plan year (only defined	contribution plans	5c	11
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pla	n year		5d(1)	11
		articipants at the end of the plan year			5d(2)	10
than '	100% vested	terminated employment during the			5e	1
Under pena SB or Sche	alties of perjury and of	or incomplete filing of this return/ ther penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	ions, I declare that I have	examined this return/re	port, including, if appl	
SIGN HERE		/valid electronic signature.	09/07/2017	JACOB DABELL		
TIEILE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan ad	lministrator
SIGN HERE	0			F		
Preparer's	Signature of emploname (including firm in	oyer/plan sponsor name, if applicable) and address (inc	Date Date room or suite number		ual signing as employ Preparer's telephon	

Form 5500-SF 2016 Page **2** 

<ul> <li>Were all of the plan's assets during the plan year invested in eliginary</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan can</li> </ul>	f an indepe	ndent qualified public a	account	ant (IC	(PA)			Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC						_	No	Not determined
Part III Financial Information					_			-
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of	Year
a Total plan assets	7a		75444					96892
<b>b</b> Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		75444					96892
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al
a Contributions received or receivable from:	0 (1)		4778					
(1) Employers	8a(1)		5022					
(2) Participants	8a(2)		5797					
(3) Others (including rollovers)	8a(3)		5851					
<b>b</b> Other income (loss)	8b 8c							21448
d Benefits paid (including direct rollovers and insurance premiums	80							21110
to provide benefits)	8d							
<b>e</b> Certain deemed and/or corrective distributions (see instructions).	8e							
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f		C	)				
<b>g</b> Other expenses	8g		C	1				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i Net income (loss) (subtract line 8h from line 8c)	8i							21448
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pensio 2E 2F 2G 2J 2K 2T 3D	n feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in	the instru	ctions:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature coo	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruc	tions:
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c		X			
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	•	·	10d		X			
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		X			
<b>f</b> Has the plan failed to provide any benefit when due under the pl	an?		10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g		X			
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 exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i					

Form	5500	-SF	201	6

Page 3-	1
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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			
		he 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	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
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

## 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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporatio	Complete all entries in	accordance with the instru	uctions to the Form 5500	)-SF.	
Part I Annual Repo or calendar plan year 2016 or fi	rt Identification Informatio	01/01/2016	and ending	12/31/201	6
or calendar plan year 2016 or t				100000000000000000000000000000000000000	
This return/report is for: This return/report is:	a single-employer plan  a one-participant plan the first return/report an amended return/report	a list of participating of a foreign plan the final return/report	plan (not multiemployer) (F employer information in ac employer information in ac em/report (less than 12 mo	cordance with the fo	
				Папи	
Check box if filing under:	x Form 5558	automatic extension		☐ DFVC pr	ogram
	special extension (enter desc	ription)			
	formation enter all requeste	d information		41	
a Name of plan Jacob DaBell, PLI	LC 401(k) Plan			1b Three-digit plan numbe (PN) ▶	001
				1c Effective da 01/01/2	
Mailing Address (include re	loyer, if for a single-employer plan) com, apt., suite no, and street, or P.C nce, country, and ZIP or foreign post		ctions)		dentification Number -4257985
Jacob DaBell, PLI		ar cooc (ii ioroigii, see instru	ouding)		elephone number 21-1700
720 N. Evergreen	Rd, Suite 101			2d Business of 621210	ode (see instructions)
US Spokane Valley WA 9		12	4 C 20 10 10 10 10 10 10 10 10 10 10 10 10 10	10 mg 18 18 18 18 18 18 18 18 18 18 18 18 18	The second
Ba Plan administrator's name	and address X Same as Plan S	ponsor		3b Administrat	or's EIN
f the name and/or EIN of t	the plan sponsor has changed since	the last return/report filed for	this plan enter the	3c Administrat	or's telephone number
name, EIN, and the plan n	umber from the last return/report.	are last returning out mod for	uns plan, orner une		7.5
a Sponsor's name				4c PN	12
	ts at the beginning of the plan year ts at the end of the plan year			5a 5b	12
	h account balances as of the end of t				The state of the s
				5c	11
d(1) Total number of active p	articipants at the beginning of the pla	n year		5d(1)	11
d(2) Total number of active p	articipants at the end of the plan year			5d(2)	10
e Number of participants that less than 100% vested	t terminated employment during the			5e	1
Caution: A penalty for the la	te or incomplete filing of this retu	rn/report will be assessed	unless reasonable caus	e is established.	
	other penalties set forth in the instruit and signed by an enrolled actuary, a mplete.				
SIGN Inlan	aser	9/7/17	Jacob DaBell		
HERE Signature of plan as	-	Date	Enter name of individua	al signing as plan ad	dministrator
1 1-1	0	9/11/17	Jacob DaBell	OF REAL PROPERTY.	147
HERE Signature of emplo	ver/plan sponsor	Date	Enter name of individua	al signing as employ	ver or plan sponsor
	n name, if applicable) and address (ii			Preparer's teleph Skip this qu	one number
Ear Panaguark Deduction A	of Notice, see the instructions for	Form 6600 SE			Form 5500-SF (2

_			747							
6a	Were all of the plan's assets during the plan year invested in eligible as:	sets? (See in	nstructions.)						X Yes	□No
	Are you claiming a waiver of the annual examination and report of an inc									
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility and								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot u	use Form 55	500-SF and must inste	ead us	e For	m 550	0.			
С	If the plan is a defined benefit plan, is it covered under the PBGC insura	ance prograr	n (see ERISA section 4	021)?	120	[	Yes	□ N	o Not	determine
P	art III Financial Information			1				1		
7	Plan Assets and Liabilities		(a) Beginning o	of Year				(b) End	of Year	
a	Total plan assets	7a		75,4	44	the second	W.		96	,892
b	Total plan liabilities	7b			1		30	100		. Addin
С	Net plan assets (subtract line 7b from line 7a)	7c		75,4	44	1			96	,892
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			The state of	(b)	Total	1
a	Contributions received or receivable from:	0-(4)		4.7	70	-	X.F.(1)		3000	TO STATE OF
	(1) Employers			5,0			100			
	(2) Participants	8a(2)	3.82. 0	_			1000			
h	(3) Others (including rollovers)	8a(3) 8b		5,7	_		No. of Contract of			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		The second second	5,8	51		0500			
d	Benefits paid (including direct rollovers and insurance premiums	8c					A. Company	A Comment	21	,448
-	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e			- 7	253	1333	6.00		ilinols.
f	Administrative service providers (salaries, fees, commissions)	8f		10-10	0	1		NE (		200
g	Other expenses	8g			0		18 84	5.50 515	12223	10000
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1,000		No.	M. Charles	N. W. S. Miller	0
	Net income (loss) (subtract line 8h from line 8c)						1111111	-		
		8i							21	.448
j	Transfers to (from) the plan (see instructions)	8i 8j					6120		21	,448
P	Transfers to (from) the plan (see instructions)	8j	m the List of Plan Char	actorio	tio Co.	toe in	the inet	o estimate		,448
Pa 9a	Transfers to (from) the plan (see instructions)	8j ure codes fro					1	44 1		,448
Pa 9a	Transfers to (from) the plan (see instructions)  art IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 2T 3D	8j ure codes fro					1	44 1		,448
Pa b	Transfers to (from) the plan (see instructions)  art IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature  2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature	8j ure codes fro			c Code		1	44 1		,448
Pa b	Transfers to (from) the plan (see instructions)  art IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature  2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature  art V Compliance Questions  During the plan year:	8j are codes from	the List of Plan Charac		c Code	es in th	ne instru	44 1		,448
Pa b	Transfers to (from) the plan (see instructions)  art IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature  2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature  art V Compliance Questions  During the plan year:	8j sire codes from e codes from s within the t	the List of Plan Characterist		c Code	es in th	ne instru	44 1		,448
Pa b Pa 0	Transfers to (from) the plan (see instructions)  Int IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature  2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature  Int V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Volun Program)	8j are codes from e codes from s within the totary Fiducia	in the List of Plan Characteristics of Plan Characteri	cteristi	c Code	es in th	ne instru	44 1		,448
Pa b Pa b	Transfers to (from) the plan (see instructions)  Int IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature  2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature  Int V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Volum Program)  Were there any nonexempt transactions with any party-in-interest? (Direported on line 10a.)	8j  are codes from e codes from s within the tentary Fiducia	ime period ry Correction	cteristi	c Code	No No	ne instru	44 1		,448
Pa b Pa b	Transfers to (from) the plan (see instructions)  Int IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature  2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature  Int V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Volum Program)  Were there any nonexempt transactions with any party-in-interest? (D	8j  are codes from e codes from s within the tentary Fiducia	ime period ry Correction	10a	c Code	No X	ne instru	44 1		,448
Pa b Pa b	Transfers to (from) the plan (see instructions)  Int IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature  2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature  Int V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Volun Program)  Were there any nonexempt transactions with any party-in-interest? (Department of the plan covered by a fidelity bond?	8j  are codes from e codes from s within the t htary Fiducia	ime period ry Correction	10a	c Code	No X	ne instru	44 1		,448
Pa b Pa b	Transfers to (from) the plan (see instructions)  Int IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature 2F 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature 2F 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature 2F 2F 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature 2F 2F 2F 2G 2J 2K 2T 3D  Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Volun 2F	8j are codes from e codes from s within the totary Fiducia lity bond, that	ime period ry Correction e transactions It was caused	10a 10b 10c	c Code	No X X X	ne instru	44 1		,448
P: Da b	Transfers to (from) the plan (see instructions)  Int IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature  2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature  Int V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Volun Program)  Were there any nonexempt transactions with any party-in-interest? (Departed on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other granfier, insurance service, or other organization that provides some or	8j are codes from e codes from s within the totary Fiducia Do not include persons by a r all of the be	ime period ry Correction e transactions It was caused	10a 10b 10c	c Code	No X X X X	ne instru	44 1		,448
P: Da b P: C c	Transfers to (from) the plan (see instructions)  Int IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature  2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature  Int V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Volun Program)  Were there any nonexempt transactions with any party-in-interest? (D reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidel by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other p carrier, insurance service, or other organization that provides some or the plan? (See instructions.)	8j are codes from s within the totary Fiducia Do not include the persons by a rall of the be	ime period ry Correction transactions t was caused n insurance nefits under	10a 10b 10c 10d	c Code	No X X X X X	ne instru	44 1		,448
b Pa 0 a b	Transfers to (from) the plan (see instructions)  Int IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature 3E 2F 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature 3E 2F 2F 2F 2F 2F 3D  Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Volun 2F	8j are codes from e codes from s within the totary Fiducia Do not include persons by a r all of the be year end.) e instructions	ime period ry Correction t was caused in insurance nefits under	10a 10b 10c 10d 10e	c Code	No X X X X X X	ne instru	44 1		,448

Form 6500 SE 2016	Page 3 -	
orm 5500-SF 2016	Page 3 -	

Part	VI	Pension Funding Compliance		Carrier,			
		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500 and line 11a below)				☐ Yes	X No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a	PITT		
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or section	302 of		☐ Yes	X No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e bolow, as applicable.)	one and	onter the	date of the	e letter ruling	
	grantin	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	nth	D	ay	Year	
If yo	ou con	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	1000		19		
b	Enter t	he minimum required contribution for this plan year.		12b			
С	Enter t	he amount contributed by the employer to the plan for the plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the amount)	of a	12d			
е	Will th	e 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		A STORY			
13a	Has a	resolution to terminate the plan been adopted in any plan year?		5 23	Yes	X No	
100	_	," enter the amount of any plan assets that reverted to the employer this year		13a	1000		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur	nder the	1 1 1 1 1		Yes X	No
	contro	of the PBGC?				103 1	140
C		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	e plan(s)	to			
13		ame of plan(s):	13c(2)	EIN(s)	23.3	13c(3)	PN(s)
	135		300				
					1 11		
Part	t VIII	Trust Information - Skip These Questions					
14a	1 Name	of trust		14	<b>b</b> Trust's E	.IIN	
140	Name	of trustee or custodian	7 7 7 7	14		or custodian'	s
					telephon	e number	
Part	t IX	IRS Compliance Questions - Skip These Questions			Yes		
15a	a Is the	plan a 401(k) plan? If "No," skip b.		Yes		□ No	
15b		did the plan satisfy the nond scrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Design- safe ha		"Pric	or year" A
				"Curren		□ N//	1
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percent test	tage	Average benefit tes	. 🗆
16b		te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) at plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		□ No	
17a	a If the the let	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opin tter / / and serial number	ion letter	or advis	ory letter, e	enter the date	of
17t	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the first plant is an individually-designed plan that received a favorable determination letter from the IRS, enter the first plant is an individually-designed plan that received a favorable determination letter from the IRS, enter the first plant is an individually-designed plan that received a favorable determination letter from the IRS, enter the first plant is an individually-designed plan that received a favorable determination letter from the IRS, enter the first plant is an individually-designed plant that received a favorable determination letter from the IRS, enter the first plant is a favorable determination letter from the IRS, enter the first plant is a favorable determination letter from the IRS, enter the first plant is a favorable determination letter from the IRS, enter the first plant is a favorable determination of the favorable determination of the first plant is a favorable determination of the favorable determination of the first plant is a favorable determination of the first plant is a favorable determination of the first plant is a favorable determination of the favorable determination of the first plant is a favorable determination of the first plant is a favorable determination of the fav	the date	of the mo	st recent d	etermination	
	D . F	ed Benefit Plan or Money Purchase Pension Plan Only:	ed from		Yes	☐ No	
18	Were	any distributions made during the plan year to an employee who attained age 62 and had not separate					
	Were	any distributions made during the plan year to an employee who attained age 62 and had not separate to an employee who attained age 62 and had not separate any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			☐ Yes	□ No	