For	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Employee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed	4065 of the Employee Retirem	ent 2016					
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974							
_	enefit Guaranty Corporation		accordance with the inst	ructions to the Form 5500-SI					
For calenda	Annual Report IC	dentification Information al plan year beginning 01/01/2	016	and ending 12/31/20	016				
	urn/report is for:	a single-employer plan		6	checking this box must attach a nce with the form instructions.)				
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	m/report (less than 12 months)					
C Check	box if filing under:	× Form 5558	automatic extension		VC program				
Dert II	Decis Dien Inferr	special extension (enter descr	,						
	of plan C 401(K) PROFIT SHAR		Umaton	1c	Three-digit plan number (PN) ▶ 001 Effective date of plan 01/01/2016				
Mailing City or	g address (include room, town, state or province,	er, if for a single-employer plan) , apt., suite no. and street, or P.O country, and ZIP or foreign posta		ructions)	2b Employer Identification Number (EIN) 27-0316016 2c Sponsor's telephone number				
LUCHIK INC					509-378-5929				
20 N. DATE : KENNEWICH				2d	Business code (see instructions) 448210				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	sor.		Administrator's EIN Administrator's telephone number				
name	, EIN, and the plan numb	olan sponsor has changed since to be from the last return/report.	the last return/report filed						
a Spons				4c					
		t the beginning of the plan year							
C Numb	er of participants with ac	t the end of the plan year ccount balances as of the end of t	he plan year (only defined	d contribution plans 5					
	,	cipants at the beginning of the pla			1) 4				
• • •		cipants at the end of the plan yea							
e Numb	per of participants that te	rminated employment during the	plan year with accrued be	enefits that were less 5					
		incomplete filing of this return							
SB or Sche		I signed by an enrolled actuary, a			cluding, if applicable, a Schedule to the best of my knowledge and				
SIGN	Filed with authorized/va	alid electronic signature.	08/31/2017	TAMARA COUSINS					
HERE	Signature of plan ad	ministrator	Date	Enter name of individual sig	ning as plan administrator				
SIGN									
HERE	Signature of employe		Date		ning as employer or plan sponsor				
Preparer's	name (including firm nar	me, if applicable) and address (in	clude room or suite numb	er) Prep	arer's telephone number				
		see the Instructions for Form FEOD			Form 5500 SE (2016)				

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.)							X Yes	No		
	If you answered "No" to either line 6a or line 6b, the plan cann									
C	If the plan is a defined benefit plan, is it covered under the PBGC in					_		nined		
				1021).		100		miou		
	rt III Financial Information		r	<u> </u>						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year			
	Total plan assets	7a		0			566			
-	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		0			566	566		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	(b) Total		
а	Contributions received or receivable from:		28	0						
	(1) Employers	8a(1)	28	-						
	(2) Participants	8a(2)	20	0						
	(3) Others (including rollovers)	8a(3)		_						
b	Other income (loss)	8b		6						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					566			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i					566			
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 $2E$ $2F$ $2G$ $2J$ $2K$ $3B$ $3D$	feature co	odes from the List of Plan Ch	aracteri	stic Co	odes in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plan Cha	acterist	tic Coo	les in t	he instructions:			
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		Х					

	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	X	
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	x	
е	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	X	
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 a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth _		_ Day		Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	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							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring 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.)			to				
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne 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:			gn-based "Prior year" ADP harbor test				
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t 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	
16b		he 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		er the	e date	of the m	nost rece	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 separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		

	F Short Form Annu	al Return/Report Benefit Plan	of Small Employee	OMB Nos. 1210-01 1210-00		
Department of the Treasury Internal Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee				
Department of Labor Employee Benefits Security Adminis	stration	(ERISA), and sections 605 Revenue Code (the Code	57(b) and 6058(a) of the Internal a).	This Form is Open to Public Inspection		
Pension Benefit Guaranty Corpor	Complete all entries in		uctions to the Form 5500-SF.	Public Inspection		
	port Identification Information					
For calendar plan year 2016	6 or fiscal plan year beginning 01/01/20		and ending 12/31/2016			
A This return/report is for:	X a single-employer plan		an (not multiemployer) (Filers ch nployer information in accordanc			
B This return/report is	X the first return/report	the final return/report	n/conort (loss than 12 months)			
C Check box if filing under		automatic extension	n/report (less than 12 months)	C program		
	special extension (enter desc			o program		
Part II Basic Plan	Information—enter all requested in	1 /				
	momation—enter all requested in	formation	46 -			
1a Name of plan uchik, Inc 401(k) Profit Shar	ring Plan		pl	nree-digit an number 001		
				ffective date of plan		
	0	1/01/2016				
Mailing address (include	employer, if for a single-employer plan) le room, apt., suite no. and street, or P.C rovince, country, and ZIP or foreign post		(F	nployer Identification Number IN) 27-0316016		
chik Inc.	ormoo, country, and 2m of foreign post		2c S	ponsor's telephone number		
			0.1 -	(509) 378-5929		
N. Date St.				usiness code (see instructions 8210		
ennewick, WA 99336						
f the name and/or EIN	of the plan approaches shared sizes			lministrator's telephone numbe		
	of the plan sponsor has changed since an number from the last return/report.	the last return/report filed fo		N		
a Sponsor's name			4c Pt			
a Sponsor's name 5a Total number of particip	pants at the beginning of the plan year			4		
 a Sponsor's name a Total number of particip b Total number of particip c Number of participants 	pants at the end of the plan year with account balances as of the end of t	the plan year (only defined	5a 5b contribution plans	4		
 a Sponsor's name a Total number of particip b Total number of particip c Number of participants complete this item) 	pants at the end of the plan year with account balances as of the end of	the plan year (only defined	contribution plans 5c	4 4 3		
 a Sponsor's name a Total number of particip b Total number of participants complete this item) d(1) Total number of activity 	pants at the end of the plan year with account balances as of the end of we participants at the beginning of the pla	the plan year (only defined	contribution plans 5c 5d(1)	4 4 3 4		
 a Sponsor's name a Total number of particip b Total number of participants complete this item) d(1) Total number of active d(2) Total number of active 	pants at the end of the plan year with account balances as of the end of the ve participants at the beginning of the plan ve participants at the end of the plan year	the plan year (only defined an year	5a 5b contribution plans 5c 5d(1) 5d(2)	4 4 3 4		
 a Sponsor's name a Total number of particip b Total number of participants complete this item) d(1) Total number of active d(2) Total number of participants 	pants at the end of the plan year with account balances as of the end of we participants at the beginning of the plan we participants at the end of the plan yea s that terminated employment during the	the plan year (only defined an year ar plan year with accrued ber	5a 5b contribution plans 5c 5d(1) 5d(2)	4 4 3 4		
 a Sponsor's name a Total number of particip b Total number of participants complete this item) d(1) Total number of active d(2) Total number of active e Number of participants than 100% vested caution: A penalty for the 	pants at the end of the plan year with account balances as of the end of we participants at the beginning of the plan ve participants at the end of the plan yea s that terminated employment during the late or incomplete filing of this return	the plan year (only defined an year ar plan year with accrued ber n/report will be assessed o	5a 5b contribution plans 5c 5d(1) 5d(2) hefits that were less 5e unless reasonable cause is es	4 4 3 4 4 0 tablished.		
 a Sponsor's name a Total number of particip b Total number of participants complete this item) d(1) Total number of active d(2) Total number of active e Number of participants than 100% vested caution: A penalty for the Inder penalties of perjury ar B or Schedule MB completed 	pants at the end of the plan year with account balances as of the end of the ve participants at the beginning of the plan ve participants at the end of the plan yea s that terminated employment during the late or incomplete filing of this return nd other penalties set forth in the instruc- ted and signed by an enrolled actuary, a	the plan year (only defined an year ar plan year with accrued ber freport will be assessed of tions. I declare that I have	5a 5b contribution plans 5c 5d(1) 5d(2) nefits that were less 5e unless reasonable cause is es examined this return/report inclu	4 4 3 4 4 0 tablished.		
 a Sponsor's name a Total number of particip b Total number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested caution: A penalty for the Inder penalties of perjury and B or Schedule MB complet elief, it is true, correct, and 	pants at the end of the plan year with account balances as of the end of the ve participants at the beginning of the plan ve participants at the end of the plan years is that terminated employment during the late or incomplete filing of this return ind other penalties set forth in the instruc- ted and signed by an enrolled actuary, a complete.	the plan year (only defined an year plan year with accrued ber n/report will be assessed of tions, I declare that I have e is well as the electronic vers	5a 5b contribution plans 5c 5d(1) 5d(2) nefits that were less 5e unless reasonable cause is es examined this return/report inclu	4 4 3 4 4 0 tablished.		
a Sponsor's name a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested aution: A penalty for the Inder penalties of perjury ar B or Schedule MB complet elief, it is true, correct, and IGN ERE	pants at the end of the plan year with account balances as of the end of the ve participants at the beginning of the plan ve participants at the end of the plan years that terminated employment during the late or incomplete filing of this return nd other penalties set forth in the instruc- ted and signed by an enrolled actuary, a complete.	the plan year (only defined an year ar plan year with accrued ber h/report will be assessed tions, I declare that I have a swell as the electronic vers 8'-31'-2017	5a 5b contribution plans 5c 5d(1) 5d(2) series 5e unless reasonable cause is es examined this return/report, inclusion of this return/report, and to the series Tamara Cousins	4 4 3 4 4 4 0 tablished. 2 ding, if applicable, a Schedule the best of my knowledge and		
a Sponsor's name a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested aution: A penalty for the Inder penalties of perjury and B or Schedule MB complete elief, it is true, correct, and IGN IGN	pants at the end of the plan year with account balances as of the end of the ve participants at the beginning of the plan ve participants at the end of the plan years is that terminated employment during the late or incomplete filing of this return ind other penalties set forth in the instruc- ted and signed by an enrolled actuary, a complete.	the plan year (only defined an year plan year with accrued ber n/report will be assessed of tions, I declare that I have e is well as the electronic vers	5a 5b contribution plans 5c 5d(1) 5d(2) nefits that were less 5e unless reasonable cause is es examined this return/report, and to this return/report, and to the set of the se	4 4 3 4 4 4 0 tablished. 2 ding, if applicable, a Schedule the best of my knowledge and		
a Sponsor's name a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested caution: A penalty for the Inder penalties of perjury ar B or Schedule MB complet elief, it is true, correct, and Signature of pl Signature of entities Signature of entities	pants at the end of the plan year with account balances as of the end of the ve participants at the beginning of the plan ve participants at the end of the plan years is that terminated employment during the late or incomplete filing of this return nd other penalties set forth in the instruc- ted and signed by an enrolled actuary, a complete.	the plan year (only defined an year plan year with accrued ber //report will be assessed o tions, I declare that I have a s well as the electronic vers $\frac{S - 3(-2017)}{Date}$	5a 5b contribution plans 5c 5d(1) 5d(2) befits that were less 5e unless reasonable cause is es examined this return/report, inclusion of this return/report, and to be this return/report, and tobe this return/report, and tobe this return/re	4 4 4 4 4 3 4 4 0 4 0 tablished. uding, if applicable, a Schedule the best of my knowledge and g as plan administrator g as employer or plan sponsor		
a Sponsor's name a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested caution: A penalty for the Inder penalties of perjury ar B or Schedule MB complet telief, it is true, correct, and Sign IERE Signature of prise Signature of entity Signature of entity Sig	pants at the end of the plan year with account balances as of the end of the ve participants at the beginning of the plan ve participants at the end of the plan years is that terminated employment during the late or incomplete filing of this return nd other penalties set forth in the instruc- ted and signed by an enrolled actuary, a complete.	the plan year (only defined an year plan year with accrued ber //report will be assessed o tions, I declare that I have a s well as the electronic vers $\frac{S - 3(-2017)}{Date}$	5a 5b contribution plans 5c 5d(1) 5d(2) befits that were less 5e unless reasonable cause is es examined this return/report, inclusion of this return/report, and to be this return/report, and tobe this return/report, and tobe this return/re	4 4 4 4 4 3 4 4 0 4 0 tablished. uding, if applicable, a Schedule the best of my knowledge and		

6a 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.).								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
с	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Vot determined							
Pa	Part III Financial Information							
7	Plan Assets and Liabilities	10.00	(a) Beginning of Year	(b) End	of Year			
а	Total plan assets	7a	0		566			

tal plan assets	7a	0	566
t plan assets (subtract line 7b from line 7a)	70 7c	0	566
ome, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
ntributions received or receivable from: Employers	8a(1)	280	
Participants	8a(2)	280	
Others (including rollovers)	8a(3)		
	8b	6	
al income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		566
nefits paid (including direct rollovers and insurance premiums provide benefits)	8d		
rtain deemed and/or corrective distributions (see instructions)	8e		
ministrative service providers (salaries, fees, commissions)	8f		
ner expenses	8g		
al expenses (add lines 8d, 8e, 8f, and 8g)	8h		
t income (loss) (subtract line 8h from line 8c)	8i		566
nsfers to (from) the plan (see instructions)	8i		
	ome, Expenses, and Transfers for this Plan Year ntributions received or receivable from: Employers Participants Others (including rollovers) al income (loss) al income (add lines 8a(1), 8a(2), 8a(3), and 8b) her income (loss) al income (add lines 8a(1), 8a(2), 8a(3), and 8b) her income (loss) tain deemed and/or corrective distributions (see instructions) ministrative service providers (salaries, fees, commissions) her expenses al expenses (add lines 8d, 8e, 8f, and 8g) income (loss) (subtract line 8h from line 8c)	al plan liabilities 7b al plan assets (subtract line 7b from line 7a) 7c ome, Expenses, and Transfers for this Plan Year 7c ntributions received or receivable from: 8a(1) Participants. 8a(2) Others (including rollovers) 8a(3) ner income (loss) 8b al income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c nefits paid (including direct rollovers and insurance premiums provide benefits) 8d tain deemed and/or corrective distributions (see instructions) 8e ministrative service providers (salaries, fees, commissions) 8f al expenses (add lines 8d, 8e, 8f, and 8g) 8h income (loss) (subtract line 8h from line 8c) 8i	al plan liabilities 7b al plan liabilities 7b t plan assets (subtract line 7b from line 7a) 7c ome, Expenses, and Transfers for this Plan Year (a) Amount ntributions received or receivable from: 8a(1) Employers 8a(2) Participants 8a(2) Others (including rollovers) 8a(3) ner income (loss) 8b al income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c nefits paid (including direct rollovers and insurance premiums provide benefits) 8d tain deemed and/or corrective distributions (see instructions) 8e ninistrative service providers (salaries, fees, commissions) 8f al expenses (add lines 8d, 8e, 8f, and 8g) 8h income (loss) (subtract line 8h from line 8c) 8i

2E 2F 2G 2J 2K 3B 3D

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:	Yes	No	N/A	Amount
а	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)	a	x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	×		
с	Was the plan covered by a fidelity bond? 10	c	X		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	d	x		
е	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.)	e	x		
f	Has the plan failed to provide any benefit when due under the plan?	f	X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	g	X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	x		
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	i l			

Form 5500-SF 2016

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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 complete (Form 5500) and line 11a below)	Schedule S	в		Yes	X	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se		f		Yes		No
	ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			🗆	100		10
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver					ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Day	/	Year			-
	Enter the minimum required contribution for this plan year	12b					
							_
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a						
	negative amount)						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	1	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	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 brought under control of the PBGC?	the		Yes	X No)	
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)						
	3c(1) Name of plan(s): 13	c(2) EIN(s)		13c(3) PN	(s)	
Part	VIII Trust Information						
14a	Name of trust	14b	Frust's E	IN			
14c	Name of trustee or custodian	14d 7	Tructoo'	s or custo	dian'a		
				ne numbe			
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	es	[No			
15b	now did the plan satisfy the hondiscrimination requirements for employee deternals under section	esign-based ife harbor	Г	"Prior y test	ear" /	DP	
29		urrent year'	 Г	N/A			
46-	AI	DP test	L	N/A			
16a	voor? Chook all that apply	atio ercentage		verage nefit test	П	N/A	4
16h		est		nent test			_
	ion the plan year by combining this plan with any other plan under the permissive aggregation rules?	es	[No			
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion le the letter and the serial number	etter or advis	sory lette	er, enter ti	ne dat	e of	
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the d letter	ate of the m	ost rece	nt determ	inatio	n	
	Defined Benefit Plan or Money Purchase Pension Plan Only: Nere any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	m 🗌 Yes] No			
	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	🗌 Yes		No			_