Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan						OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee R	etirement	2016					
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 (E		the Internal This Form is Oper Public Inspectio							
-	nefit Guaranty Corporation	Complete all entries in action	cordance with the instr	uctions to the Form 5	500-SF.	•					
For calenda	ar plan year 2016 or fisc	Ientification Information al plan year beginning 01/01/207	16	and ending 1	2/31/2016						
	urn/report is for:	a single-employer plan		an (not multiemployer) (ing this box must attach a ith the form instructions.)					
		a one-participant plan	a foreign plan								
B This retu	ırn/report is	the first return/report an amended return/report	the final return/report a short plan year returr	n/report (less than 12 m	onths)						
C Check b	box if filing under:	Form 5558		DFVC p	rogram						
Dant II	Decis Dien Inform	special extension (enter descrip	,								
Part II		mation—enter all requested infor	mation		1 h						
1a Name MCCORMAC		DPERTY LAW BUSINESS LAW, P	.S. 401(K) PLAN		1b Three plan (PN)	number					
					1c Effec	tive date of plan 01/01/2012					
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.		uctions)	2b Employer Identification Number (EIN) 68-0599960						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MCCORMACK INTELLECTUAL PROPERTY LAW BUSINESS LAW PS						2c Sponsor's telephone number 206-381-8888					
300 QUEEN ANNE AVE. N, STE. 400 SEATTLE, WA 98109-4512						2d Business code (see instructions) 541110					
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Spons	or.		3b Admi	nistrator's EIN					
					3c Admi	nistrator's telephone number					
		plan sponsor has changed since th per from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN						
a Sponse	or's name				4c PN						
5a Total r	number of participants at	t the beginning of the plan year			5a	6					
		the end of the plan year			5b	6					
compl	ete this item)	count balances as of the end of th			5c	6					
	•	cipants at the beginning of the plar			5d(1)						
e Numb	er of participants that te	cipants at the end of the plan year rminated employment during the p	lan year with accrued be	nefits that were less	5d(2) 5e						
		incomplete filing of this return/r			use is estat	olished.					
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule					
SIGN	Filed with authorized/va		09/20/2017	TIMOTHY MCCORMA	CK						
HERE	Signature of plan adı	ministrator	Date	Enter name of individ	ual signing ;	as plan administrator					
SIGN HERE					La organing (
	Signature of employe		Date			as employer or plan sponsor					
Preparer's	name (including firm nar	ne, if applicable) and address (incl	ude room or suite numbe	г)	Preparer's	telephone number					

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	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 cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pi	rogram (see ERISA section	4021)?		Yes	No Not determined			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year			
а	Total plan assets	7a	26512				283569			
b	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	26512	9			283569			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:	0-(1)		0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	347	-						
b	(3) Others (including rollovers)	8a(3)	2030	_						
	Other income (loss)	8b 8c		-			23781			
 d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8C					20101			
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	534	1						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5341			
i	Net income (loss) (subtract line 8h from line 8c)	8i					18440			
j	Transfers to (from) the plan (see instructions)	8j		0						
Ра	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 2R 3D 2T 2A	feature co	des from the List of Plan Ch	aracteri	stic Co	odes in	the instructions:			
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	t V Compliance Questions									
10	During the plan year:			Yes	No	N/A	Amount			
а										
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•			Х					

b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		60000
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	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part	VI	Pension Funding Compliance							
11		is 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	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Con						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	l enter t	he date	of the lette	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 13	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		ract 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	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		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	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3	B) PN(s))
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc 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:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent year est		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
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		-			-			of
	letter		ter the	e date	of the m	ost 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 separ ce?		from	Ye	s [No		

	Form 5500-SF Short Form Annual Return/Report of Small Emp Department of the Treasury Benefit Plan								
ln 	ternal Revenue Service	This form is required to be fli	ed under sections 104 and 4	4065 of the Employee R	elirement	2016			
	Department of Labor Benefits Security Administratio Benefit Guaranty Corporation		Revenue Code (the Code	e).		This Form is Open to Public Inspection			
Part I	Annual Report	Complete all entries in	accordance with the Instr	ructions to the Form 5	500-SF.				
	ndar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/3	31/2016			
A This r	elurn/report is for:	X a single-employer plan a one-participant plan				king this box must attach a with the form instructions.)			
B This re	sturn/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 m	ionihs)				
C Check	k box if filing under:	X Form 5558	automatic extension		DFVC p	program			
Part II	Basic Plan Inf	ormation-enter all requested in	· · ·		······				
1a Nami McCorma	e of plan	ual Property Law Busi		01(k) Plan	(PN) 1c Effect	number 001			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) McCormack Intellectual Property Law Business Law PS					01/01/2012 2b Employer Identification Number (EIN) 68 - 0599960 2c Sponsor's telephone number				
300 Qu	een Anne Ave.					206-381-8888 2d Business code (see instructions 541110			
		N, SCE. 400			5411	10			
Seattl 3a Plana	e	WA 98109-451 and address X Same as Plan Spo			3b Adm	inistrator's EIN inistrator's telephone num			
	e	WA 98109-451			3b Adm	ninistrator's EIN			
3a Plan a 4 If the name	e administrator's name a name and/or EIN of th a, EIN, and the plan na	WA 98109-451	INSOT.	for this plan, enter the	3b Adm 3c Adm 4b EIN	iinistrator's EIN iinistrator's telephone num			
 3a Plan i 4 If the name a Spons 	e administrator's name a name and/or EIN of th a, EIN, and the plan no sor's name	WA 98109-451 and address X Same as Plan Spo he plan sponsor has changed since umber from the last return/report.	nsor. : the last return/report filed f		3b Adm 3c Adm	iinistrator's EIN iinistrator's telephone num			
 3a Plan : 4 If the name a Spons 5a Total 	e administrator's name a name and/or EIN of th e, EIN, and the plan n sor's name number of participant	WA 98109-451 and address X Same as Plan Spo he plan sponsor has changed since umber from the last return/report.	nsor. • the last return/report filed f		3b Adm 3c Adm 4b EIN 4c PN	iinistrator's EIN iinistrator's telephone num			
 3a Plan : 4 If the name a Spons 5a Total b Total c Number 	e administrator's name a name and/or EIN of th e, EIN, and the plan no sor's name number of participant number of participant ber of participants with	WA 98109-451 and address X Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year	nsor. the last return/report filed f	a contribution plans	3b Adm 3c Adm 4b EIN 4c PN 5a	iinistrator's EIN iinistrator's telephone num			
 3a Plan : 4 If the name a Spons 5a Total b Total c Numt comp 	e administrator's name a name and/or EIN of th e, EIN, and the plan m sor's name number of participant number of participant ber of participants with	WA 98109-451 and address X Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year	nsor. • the last return/report filed f • the plan year (only defined	t contribution plans	3b Adm 3c Adm 4b EIN 4c PN 5a 5b	iinistrator's EIN iinistrator's telephone num			
 3a Plan : 4 If the name a Spons 5a Total b Totai C Numt comp d(1) Tot 	e administrator's name a name and/or EIN of th e, EIN, and the plan ne sor's name number of participant number of participant ber of participants with blete this item)	WA 98109-451 and address X Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year h account balances as of the end of	nsor. • the last return/report filed f • the plan year (only defined plan year	s contribution plans	3b Adm 3c Adm 4b EIN 4c PN 5a 5b 5c	iinistrator's EIN iinistrator's telephone num			
 3a Plan : 4 If the name a Spons 5a Total b Total c Numt comp d(1) Tot d(2) To e Num 	e administrator's name a name and/or EIN of th a, EIN, and the plan no sor's name number of participant number of participants with befor f participants with befor this item)	WA 98109-451 and address X Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year h account balances as of the end of articipants at the beginning of the plan year the reminated employment during the	nsor. the last return/report filed f the plan year (only defined plan year e plan year with accrued be	contribution plans	3b Adm 3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1)	iinistrator's EIN iinistrator's telephone num			
 3a Plan : 4 If the name a Spons 5a Total b Total c Numt comp d(1) Tot d(2) Tot e Num than Caution: 	e administrator's name a name and/or EIN of th e, EIN, and the plan m sor's name number of participant number of participant ber of participants with blete this item)	WA 98109-451 and address X Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year h account balances as of the end of articipants at the beginning of the plan year the terminated employment during the or incomplete filling of this retur	the last return/report filed f the plan year (only defined van year e plan year with accrued be	t contribution plans enefits that were less	3b Adm 3c Adm 3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e uuse is esta	inistrator's EIN inistrator's telephone num			
 3a Plan : 4 If the name a Spons 5a Total b Total c Numt comp d(1) Total c Numt d(2) To e Num than Caution: , Caution: , Caution: SB or Sch 	e administrator's name a name and/or EIN of th e, EIN, and the plan no sor's name number of participant number of participant ber of participants with blete this item)	WA 98109-451 and address Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year it terminated employment during the or incomplete filling of this return and signed by an enrolled actuary,	nsor. the last return/report filed f the plan year (only defined lan year e plan year with accrued be <u>n/report will be assessed</u> ictions, I declare that I have	t contribution plans enefits that were less unless reasonable ca e examined this return/re	3b Adm 3c Adm 3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e sets esta	inistrator's EIN inistrator's telephone num			
 3a Plan : 4 If the name a spons 5a Total b Total c Numt comp d(1) Total d(2) Total d(2) Total e Num than Caution: A current of the current of	e administrator's name a administrator's name a name and/or EIN of th a, EIN, and the plan no sor's name number of participant number of participant number of participant ber of participants with bete this item)	WA 98109-451 and address Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year it terminated employment during the or incomplete filling of this return and signed by an enrolled actuary,	nsor. the last return/report filed f the plan year (only defined lan year e plan year with accrued be <u>n/report will be assessed</u> ictions, I declare that I have	t contribution plans enefits that were less unless reasonable ca e examined this return/re	3b Adm 3c Adm 3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e sets esta sets esta port, includer, and to the	inistrator's EIN inistrator's telephone num			
3a Plan : 4 If the name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Num than Caution: / Under pen SB or Schubelief, it is SiGN HERE	e administrator's name a administrator's name a name and/or EIN of th a, EIN, and the plan no sor's name number of participant number of participant number of participant ber of participants with bete this item)	WA 98109-451 and address X Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year haccount balances as of the end of articipants at the beginning of the plan year therminated employment during the or incomplete filling of this return other penalties set forth In the instru- and signed by an enrolled actuary, material	nsor. the last return/report filed f the plan year (only defined lan year e plan year with accrued be <u>n/report will be assessed</u> ictions, I declare that I have	a contribution plans enefits that were less unless reasonable ca examined this return/re rsion of this return/repo	3b Adm 3c Adm 3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e sport, includert, and to the mack	inistrator's EIN inistrator's telephone num			
3a Plan : 4 If the name a Spons 5a Total b Total c Numt comp d(1) Tot d(2) To e Num than Caution: Under pen SB or Sche belief, It is SIGN HERE	e administrator's name a administrator's name a sor's name number of participant number of participant ber of participants with bete this item)	WA 98109-451 and address X Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year it terminated employment during th or incomplete filling of this return of the penalties set forth in the instru- and signed by an enrolfed actuary, interesting and by an enrolfed actuary, administrator	the last return/report filed f the plan year (only defined plan year e plan year with accrued be <u>in/report will be assessed</u> ictions, I declare that I have as well as the electronic ve X 9/20/F7 Date Date	a contribution plans enefits that were less unless reasonable ca examined this return/re raion of this return/repo Timothy McCor Enter name of individ	3b Adm 3c Adm 3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e 5e Se(2) 5e Se use is esta seport, includer, and to the mack tual signing Signing	inistrator's EIN inistrator's telephone num ablished. ding, if applicable, a Schoo ie best of my knowledge a			
3a Plan : 4 If the name a Spons 5a Total b Total c Numt comp d(1) Tot d(2) To e Num than Caution: Under pen SB or Sche belief, It is SIGN HERE	e administrator's name a administrator's name a sor's name number of participant number of participant ber of participants with bete this item)	WA 98109-451 and address X Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year haccount balances as of the end of articipants at the beginning of the plan year therminated employment during the or incomplete filling of this return other penalties set forth In the instru- and signed by an enrolled actuary, material	the last return/report filed f the plan year (only defined plan year e plan year with accrued be <u>in/report will be assessed</u> ictions, I declare that I have as well as the electronic ve X 9/20/F7 Date Date	a contribution plans enefits that were less unless reasonable ca examined this return/re raion of this return/repo Timothy McCor Enter name of individ	3b Adm 3c Adm 3c Adm 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e 100 for the seta sport, include rt, and to the mack dual signing	inistrator's EIN inistrator's telephone num ablished. ding, if applicable, a Schoo ie best of my knowledge a			

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	Were all of the plan's assets during the plan year invested in eligit							X Yes No					
a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condi	ndent qualified public a	account	ant (IC	ΩPA)		X Yes No					
	If you answered "No" to either line 6a or line 6b, the plan can							·					
С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	program (see ERISA s	ection 4	021)?] Yes	No 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		265,				283,569					
	Total plan liabilities	. 7b			0			0					
С	Net plan assets (subtract line 7b from line 7a)	7c		265,	129			283,569					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total					
а	Contributions received or receivable from: (1) Employers	. 8a(1)			0								
	(2) Participants	. 8a(2)			0								
	(3) Others (including rollovers)	8a(3)		3,	475								
b	Other income (loss)	. 8b		20,	306								
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						23,781					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0								
е	Certain deemed and/or corrective distributions (see instructions)	8e			0								
f	Administrative service providers (salaries, fees, commissions)	8f		5,	341								
g	Other expenses	expenses											
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5,341					
i	Net income (loss) (subtract line 8h from line 8c)	ome (loss) (subtract line 8h from line 8c)						18,440					
j	Transfers to (from) the plan (see instructions)	8j			0								
Par	t IV Plan Characteristics	- • • · · ·											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 2R 3D 2T 2A	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:					
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acteris	tic Co	des in I	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Notes and DO	/oluntary F	iduciary Correction	40-		x							
b	Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10a 10b		x		••••					
c				10c	x			60,000					
d						x							
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.)					x							
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X	1947 A. Alaya						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	[x							
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g		x							
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	he require		101									

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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 co (Form 5500) and line 11a below)	omplete Sc	hedule S	В	[] Ye	s 🗌 No
	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 Co ERISA?	de or secti	on 302 of		☐ Ye	s 🗙 No
2	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		dantari	ha data of t	ing latter	n din a
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver.		Day		Year	runng
If	ou completed 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			
C	Enter the amount contributed by the employer to the plan for this plan year		. 12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)		12d			
<u> </u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 📋	No L	N/A
Part '	/II Plan Terminations 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		. 13 a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?		9 		Yes 🛛	No
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to			
1	3c(1) Name of plan(s):	13c()	2) EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information					
	lame of trust		14h	Trust's EIN		
144 1			140			
14c	Name of trustee or custodian			Frustee's or telephone r		n's
Part	IX IRS Compliance Questions					
15a	s the plan a 401(k) plan? If "No," skip b	📋 Yes			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	⊔ safe "□ "Cur	gn-based harbor rent year	بال س	"Prior yea test N/A	r" ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rat	centage	Avera bene	age fit test	[] N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	🗍 Yes			No	
	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en etter	ter the date	e of the n	nost recent	determin	ation
١	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 sepa service?	rated from	[] Ye	s [] 1	No	
19 v	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		🗌 Ye	1 🗌 a	No	