|   | m 5500-SF   | Short Form Annu   | t of Small Employe                                | nployee OMB r  |                 |  |  |  |
|---|---|---|---|--|-----------------|--|--|--|
|   | rtment of the Treasury<br>nal Revenue Service         | This form is required to be filed   |   |  |                 |  |  |  |
|   | epartment of Labor<br>enefits Security Administration | Income Security Act of 1974   | (ERISA), and sections 60<br>Revenue Code (the Cod | 57(b) and 6058(a) of the Inter<br>e).                            | rnal            | This Form is Open to                   |  |  |
| Pension Be  | enefit Guaranty Corporation                           | Complete all entries in a   | accordance with the inst                          | ructions to the Form 5500-S                                      | SF.             | Public Inspection                      |  |  |
| Part I  |   | dentification Information<br>cal plan year beginning 01/01/2                        | 016   | and ending 12/31/2   | 2016            |  |  |  |
| For calenda   | ar plan year 2016 or fisc                             |   |   |  |                 | a this hav must attach a               |  |  |
| A This ret  | urn/report is for:                                    | a single-employer plan  |   | lan (not multiemployer) (Filers<br>mployer information in accord |                 | -                                      |  |  |
| <b>B</b> This retu  | urn/report is   | the first return/report an amended return/report                                    | the final return/report a short plan year retu    | rn/report (less than 12 months                                   | s)              |  |  |  |
| C Check I   | oox if filing under:                                  |   |   |  |                 | gram                                   |  |  |
| Dert II   | Decis Dian Infor                                      | special extension (enter descr  | . ,   |  |                 |  |  |  |
| Part II   |   | mation—enter all requested inf  | ormation  | 16   | Three-c         | liait                                  |  |  |
| <b>1a</b> Name<br>MOUNTAIN  | CONSTRUCTION 401(                                     | K) PLAN   |   |  | plan nu<br>(PN) | mber                                   |  |  |
|   |   |   |   |  | 1 /             | e date of plan<br>07/01/1995           |  |  |
| 2a Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box) |   |   |   |  | Employ<br>(EIN) | er Identification Number<br>91-1182653 |  |  |
|   | CONSTRUCTION, INC.                                    | , country, and ZIP or foreign posta   | al code (il loreign, see ins                      | 2c   |                 | or's telephone number 253-474-5281     |  |  |
|   | ISON STREET<br>A 98409-1000                           |   |   | 2d   | Busines         | ss code (see instructions)<br>236200   |  |  |
| 3a Plan a   | dministrator's name and                               | l address 🛛 Same as Plan Spor   | nsor.   | 3b   | Adminis         | strator's EIN                          |  |  |
|   |   |   |   | 3c   | Adminis         | strator's telephone number             |  |  |
| A If the r  | ama and/ar EIN of the                                 |   | the last return/report filed                      | for this plan option the <b>Ab</b>                               |                 |  |  |  |
| name  | , EIN, and the plan num                               | plan sponsor has changed since the from the last return/report.                     | the last return/report filed                      |  |                 |  |  |  |
| a Sponse  |   |   |   | -  | 5a              | 41                                     |  |  |
| _   |   | It the beginning of the plan year<br>It the end of the plan year                    |   |  | 5b              | 50                                     |  |  |
| C Numb  | er of participants with a                             | ccount balances as of the end of t  | the plan year (only defined                       | d contribution plans   | 5c              | 37                                     |  |  |
|   | ,   | icipants at the beginning of the pla  |   | -  | d(1)            | 21                                     |  |  |
| • •   |   | icipants at the end of the plan yea   | -   | -  | d(2)            | 26                                     |  |  |
| e Numb  | per of participants that te                           | erminated employment during the   | plan year with accrued be                         | enefits that were less   | 5e              | C                                      |  |  |
| Caution: A  | penalty for the late or                               | r incomplete filing of this return  | n/report will be assessed                         | l unless reasonable cause i                                      |                 |  |  |  |
| SB or Sche  |   | er penalties set forth in the instruc<br>d signed by an enrolled actuary, a<br>ete. |   |  |                 |  |  |  |
| SIGN  | Filed with authorized/va                              | alid electronic signature.  | 09/21/2017  | JAMES D. MAYER   |                 |  |  |  |
| HERE  | Signature of plan ad                                  | ministrator   | Date  | Enter name of individual s                                       | igning as       | plan administrator                     |  |  |
| SIGN  |   |   |   |  |                 |  |  |  |
| HERE  | Signature of employ                                   | er/plan sponsor   | Date  | Enter name of individual si                                      | igning as       | employer or plan sponsor               |  |  |
| Preparer's  | name (including firm na                               | me, if applicable) and address (in  | clude room or suite numb                          | Pre  | eparer's te     | elephone number                        |  |  |
|   |   | cos the Instructions for Form 5500  |   |  |                 | Form FE00 SE (2016)                    |  |  |

|    | Were all of the plan's assets during the plan year invested in eligib  |              | ·  |                            |
|----|--|--------------|--|----------------------------|
| b  | Are you claiming a waiver of the annual examination and report of a<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility a |              |  |                            |
|    | 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 in   | surance pro  | ogram (see ERISA section 4021)?          | 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           | 2783838                                  | 2598303                    |
| b  | Total plan liabilities   | 7b           | 574                                      | 10641                      |
| С  | Net plan assets (subtract line 7b from line 7a)  | 7c           | 2783264                                  | 2587662                    |
| 8  | Income, Expenses, and Transfers for this Plan Year   |              | (a) Amount                               | (b) Total                  |
| а  | Contributions received or receivable from:   | <b>•</b> (1) | 20191                                    |                            |
|    | (1) Employers  | 8a(1)        | 158798                                   |                            |
|    | (2) Participants   | 8a(2)        | 130790                                   |                            |
|    | (3) Others (including rollovers)   | 8a(3)        | 001101                                   |                            |
| b  | Other income (loss)  | 8b           | 204191                                   |                            |
| С  | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c           |  | 383180                     |
| d  | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d           | 578407                                   |                            |
| е  | Certain deemed and/or corrective distributions (see instructions).   | 8e           |  |                            |
| f  | Administrative service providers (salaries, fees, commissions)   | 8f           | 375                                      |                            |
| g  | Other expenses   | 8g           |  |                            |
| h  | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h           |  | 578782                     |
| i  | Net income (loss) (subtract line 8h from line 8c)  | 8i           |  | -195602                    |
| 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 $_{3D}$ 2A $_{2T}$                            | feature cod  | les from the List of Plan Characteristic | Codes in the instructions: |
| b  | If the plan provides welfare benefits, enter the applicable welfare for  | eature code  | s from the List of Plan Characteristic C | Codes in the instructions: |

## Part V Compliance Questions

| 10 | During the plan year:  |     |   |   | 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)                       | 10a | Х |   |     | 84449  |
| 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 | Х |   |     | 278384 |
| 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 |   | Х |     |        |
| 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 |   |     | 15427  |
| 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<br>m 5500) and line 11a below)   |         |                 |   |           | י 🗌 א                    | ′es      | 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 Co  |         |                 |   |           | . П Y                    | ′es 🗙    | No |
|   |  | SA?<br>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  | uction  | is, and         | enter t                                   | he date   | of the lette             | r 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   |  | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)   |         |                 | 12d                                       |           |                          |          |    |
| е   | e Will the minimum funding amount reported on line 12d be met by the funding deadline? |  |         |                 |   | Yes       | No                       | N/A      |    |
| Part  | VII  | Plan Terminations and Transfers of Assets  |         |                 |   |           |                          |          |    |
| 13a   | Has  | a resolution to terminate the plan been adopted in any plan year?  |         |                 |   | Yes       | s XN                     | 0        |    |
|   |  | es," enter the amount of any plan assets that reverted to the employer this year   |         |                 | 13a                                       |           |                          |          |    |
| <ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?</li> </ul> |  |  |         |                 |   |           | Yes 🛛                    | No       |    |
| C   | lf, du   | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify<br>h assets or liabilities were transferred. (See instructions.)                      |         |                 | to  |           |                          |          |    |
|   |  | Name of plan(s):   | 1       | 3c(2)           | EIN(s)                                    |           | <b>13c(3)</b> PN(s)      |          |    |
|   | . ,  |  |         | . ,             |   |           |                          |          |    |
|   |  |  |         |                 |   |           |                          |          |    |
| Part  | VIII   | Trust Information  |         |                 |   |           |                          |          |    |
| 14a   | Name   | of trust   |         |                 | <b>14b</b> ⊺                              | Trust's E | EIN                      |          |    |
| 14c   | Name   | e of trustee or custodian  |         |                 |   |           | s or custod<br>ne number | an'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<br>)(3) for the plan year? Check all that apply:  |         |                 | ign-based "Prior year" ADP<br>harbor test |           |                          |          |    |
|   |  |  |         | "Curre<br>ADP t | rrent year"                               |           |                          |          |    |
|   |  |  |         |                 | ntage                                     |           | verage<br>enefit test    | N/       | A  |
| 16b   |  | ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)<br>e plan year by combining this plan with any other plan under the permissive aggregation rules? |         | Yes             |   |           | No                       |          |    |
|   | the le   |  | -       |                 |   | -         |                          |          | ł  |
| 17b   | 10 11 -  | plan is an individually-designed plan that received a favorable determination letter from the IRS, end   | ter the | date            | of the m                                  | ost rec   | ent determi              | nation   |    |
|   | letter   | //   |         |                 |   |           |                          |          |    |
| 18  | letter<br>Defin<br>Were  |  | rated f | rom             | Yes                                       | 6 [       | No                       |          |    |

| E   |   |  |   |                    |  |
|---|---|--|---|--------------------|--|
| Form 5500-SF<br>Department of the Treasury  | Short Form Annu   | al Return/Repo<br>Benefit Plan                         |   | loyee              | OMB Nos. 1210-0110<br>1210-0089                    |
| Department of Labor   | This form is required to be file     Income Security Act of 1974              | ed under sections 104 and<br>4 (ERISA), and sections 6 | d 4065 of the Employee                                | Retirement         | 2016   |
| Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation                                 |   | Revenue Code (the Co                                   | de).  |                    | This Form is Open to<br>Public Inspection          |
| · · ·   | Complete all entries in   | accordance with the inst                               | structions to the Form                                | 5500-SF.           | - ubile inspection                                 |
| Part I Annual Report  | Identification Information  |  |   |                    |  |
| Tor calchuar plan year 2010 011   | X a single-employer plan  | 01/01/2016   | and ending  |                    | 1/2016   |
| A This return/report is for:  | a one-participant plan  | list of participating e                                | plan (not multiemployer)<br>employer information in a | (Filers check      | ing this box must attach a 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 n                            | nonths)            |  |
| C Check box if filing under:  | X Form 5558   | automatic extension                                    |   | DFVC pr            | ogram  |
|   | special extension (enter descr  |  |   |                    | ogram  |
| Part II Basic Plan Info   | rmation—enter all requested int   |  |   |                    |  |
| 1a Name of plan   | chief an requested in   | Iomation   |   | 1b Three           | diate  |
| MOUNTAIN CONSTRUCTION   | 1401(K) PLAN  |  |   | plan n<br>(PN)     | umber 002  |
|   |   |  |   |                    | ive date of plan<br>L/1995                         |
| 2a Plan sponsor's name (employ  | ver, if for a single-employer plan)   |  |   |                    | yer Identification Number                          |
| Mailing address (include roor<br>City or town, state or province  | n, apt., suite no. and street, or P.O<br>e, country, and ZIP or foreign posta | . Box)   | A   |                    | 91-1182653   |
| Mountain Constructio  | on, Inc.  | ai code (if foreign, see ins                           | structions)   | 2c Spons           | or's telephone number                              |
|   |   |  |   |                    | 74-5281  |
| 7457 S Madison Stree  | t   |  |   | 2d Busine<br>23620 | ess code (see instructions)<br>0                   |
| Tacoma  | WA 98409-1000   | )  |   |                    |  |
| 3a Plan administrator's name and  | d address 🗴 Same as Plan Spon   |  |   | 3b Admini          | istrator's EIN                                     |
|   |   |  |   | 3c Admini          | istrator's telephone number                        |
| 4 If the name and/or EIN of the name, EIN, and the plan num   | plan sponsor has changed since the ber from the last return/report.           | he last return/report filed                            | for this plan, enter the                              | 4b EIN             |  |
| a Sponsor's name  |   |  |   | 4c PN              |  |
| 5a Total number of participants a   | t the beginning of the plan year  |  |   | 5a                 | 41   |
| b Total number of participants a  | t the end of the plan year  |  |   | 5b                 | 50   |
| complete this item)   | ccount balances as of the end of th   |  |   | 5c                 | 37   |
|   | cipants at the beginning of the pla   |  |   | 5d(1)              | 21   |
| d(2) Total number of active parti   | cipants at the end of the plan year   | ·  |   | 5d(2)              | 26   |
| e Number of participants that te  | rminated employment during the p  | plan year with accrued be                              | nefits that were less                                 | 5e                 |  |
| Caution: A penalty for the late or  | incomplete filing of this return/   | report will be assessed                                | unless reasonable car                                 |                    | 0  |
| Under penalties of perjury and othe<br>SB or Schedule MB completed and<br>pelief, it is true, correct, and comple | r penalties set forth in the instructi<br>signed by an enrolled actuary, as   | ons I declare that I have                              | examined this return/ren                              | ort including      | if applicable a Sabadula                           |
| SIGN ANIT   | the   | 9/17/71  | James D. Mayer  |                    |  |
| JERE  |   |  |   |                    |  |
| BIGN  |   | Date   | Enter name of individu                                | ial signing as     | pian administrator                                 |
| IERE Signature of employe   | r/plan sponsor  | Date   | Enter name of individu                                | al algebra         | omployer crater                                    |
| Preparer's name (including firm name  | ne, if applicable) and address (incl  | ude room or suite numbe                                | r)  | Preparer's to      | employer or plan sponsor<br>elephone number        |
|   |   |  | -   |                    |  |
| or Paperwork Reduction Act Notice,  | see the Instructions for Form 5500 S  | F  |   |                    | Form 5500 SE (2016)                                |

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| rage z | Pa | ge | 2 |
|--------|----|----|---|
|--------|----|----|---|

| 6a<br>b | and plant a second second plant your invested in eaga                                 | an independ<br>and condition | dent qualified public accountant (IQP)<br>ons.) | A)<br>X Yes ∏ No                       |
|---------|---|------------------------------|---|--|
| С       | If the plan is a defined benefit plan, is it covered under the PBGC is                | nsurance pr                  | ogram (see ERISA section 4021)?                 | Yes No Not determined                  |
| Pa      | art III Financial Information   |                              | ······  |  |
| 7       | Plan Assets and Liabilities   |                              | (a) Beginning of Year                           | (b) End of Year                        |
| a       | Total plan assets   | 7a                           | 2,783,838                                       | 2,598,303                              |
| b       | Total plan liabilities  | 7b                           | 574   | 10,641                                 |
| С       | Net plan assets (subtract line 7b from line 7a)                                       |                              | 2,783,264                                       | 2,587,662                              |
| 8       | Income, Expenses, and Transfers for this Plan Year                                    |                              | (a) Amount                                      | (b) Total                              |
| a       | Contributions received or receivable from:<br>(1) Employers                           | 8a(1)                        | 20,191  |  |
|         | (2) Participants  | 8a(2)                        | 158,798   | ······································ |
|         | (3) Others (including rollovers)  | 8a(3)                        | Ministr   |  |
| b       | Other income (loss)   | 8b                           | 204,191   |  |
|         | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                  | 8c                           |   | 383,180                                |
|         | Benefits paid (including direct rollovers and insurance premiums to provide banefite) |                              | 578 407   |  |

| to provide benefits)  | 8d     | 578,407 |       |         |
|---|--------|---------|-------|---------|
| e Certain deemed and/or corrective distributions (see instructions) |        |         |       |         |
| f Administrative service providers (salaries, fees, commissions)    | 8f     | 375     |       | ******* |
| g Other expenses  | 8g     |         |       |         |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)                     |        |         | 578,  | 782     |
| i Net income (loss) (subtract line 8h from line 8c)                 | 8i     |         | -195, | 602     |
| j Transfers to (from) the plan (see instructions)                   | ··· 8i |         |       | ·····   |

## 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: 2E 2F 2G 2J 2K 3D 2A 2T

8j

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:  |     |   | No | N/A | Amount                                 |
|----|--|-----|---|----|-----|--|
| а  | Was there a failure to transmit to the plan any participant contributions within the time period<br>described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction<br>Program)                 | 10a | x |    |     | 84,449                                 |
| d  |  | 10b |   | x  |     |  |
| С  | Was the plan covered by a fidelity bond?   | 10c | Х |    |     | 278,384                                |
| 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 |   | х  |     |  |
| 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 |    |     | 15,427                                 |
| 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 |   | X  |     |  |
| h  | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  | 10h |   | 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   | 10i |   |    |     |  |

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| Part VI Pension Funding Compliance   |                        |                  |           |                       |          |    |
|--|------------------------|------------------|-----------|-----------------------|----------|----|
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an<br>(Form 5500) and line 11a below)   | d complete Sc          | hedule S         | SB        |                       | Yes [    | No |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40   |                        | 110              |           | ··· <del>1</del>      |          |    |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the   | Code or section        | on 302 o         | L<br>f    |                       |          |    |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |                        | ••••••           |           |                       | Yes X    |    |
| a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i<br>granting the waiver  | nstructions, an        |                  |           |                       |          |    |
| granting the waiver.<br>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin   | . Month<br>e 13.       | Da               | У         | Year                  |          |    |
| <b>b</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              | 1         |                       |          |    |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)  | e left of a            | 12d              |           |                       |          |    |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline?   |                        |                  | I<br>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?  |                        | Γ                | 1 Yes     | ı Z                   | No       |    |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year  |                        | 13a              |           | <u> </u>              |          |    |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |                        |                  |           | Yes                   | X No     |    |
| C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)                              | ntify the plan(s       | ) to             | 1         |                       |          | ·  |
| 13c(1) Name of plan(s):  | 13c(2)                 | EIN(s)           | <u> </u>  | 13c()                 | 3) PN(s) |    |
| Part VIII Trust Information  |                        |                  |           |                       |          |    |
| 14a Name of trust  |                        | 4.41- ~          |           | ····-                 |          |    |
|  |                        | 140              | 'rust's E | IN                    |          |    |
| 14c Name of trustee or custodian   |                        |                  |           | or custod<br>e number | iian's   |    |
| Part IX IRS Compliance Questions   |                        |                  |           |                       |          |    |
| 15a Is the plan a 401(k) plan? If "No," skip b   | [] Yes                 |                  | <br>[,    | ] No                  |          |    |
| 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:  | Desigi<br>safe h       | n-based<br>arbor |           | "Prior ye<br>test     | ear" ADP |    |
|  | Curre                  | nt year"<br>est  |           | N/A                   |          |    |
| 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  | Ratio<br>perce<br>test | ntage            |           | erage<br>refit test   | [] N//   | A  |
| 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? | Yes                    |                  |           | ] No                  |          |    |
| 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS<br>the letter and the serial number  | opinion letter         |                  |           |                       |          |    |
| 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter   | inter the date of      | of the mo        | ost recer | nt determi            | nation   |    |
| 18 Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not sep<br>service?                                | arated from            | Yes              |           | No                    |          |    |
| 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?  |                        | Yes              |           | No                    |          |    |