	m 5500-SF	Short Form Annua	OMB Nos. 1210-0 1210-0					
	rtment of the Treasury nal Revenue Service	065 of the Employee Re	etirement	2016				
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information								
			ccordance with the instr	uctions to the Form 55	00-SF.	•		
	ar plan year 2016 or fisc		016	and ending 12	/31/2016			
A This ret	urn/report is for:	a single-employer plan a one-participant plan				ing this box must attach a ith the form instructions.)		
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)			
C Check	box if filing under:	× Form 5558	automatic extension	[DFVC program			
	[special extension (enter descri	ption)					
Part II	Basic Plan Inform	mation—enter all requested info	ormation	1		I		
1a Name TECHLINE 4	of plan 101(K) PROFIT SHARIN	G PLAN		_	(PN)	number 001		
					1c Effec	tive date of plan 01/01/2001		
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign posta		uctions)	(EIN)			
	COMMUNICATIONS, INC			,	2c Spor	nsor's telephone number 206-527-3450		
1010 TURNE SEATTLE, W	R WAY EAST /A 98112				2d Busir	ness code (see instructions) 517000		
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.		3b Admi	nistrator's EIN		
4 If the r	name and/or EIN of the p	plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	3C Admi 4b EIN	nistrator's telephone number		
	, EIN, and the plan numb or's name	per from the last return/report.			4c PN			
		t the beginning of the plan year			5a	10		
		t the end of the plan year			5b	8		
C Numb	er of participants with ac	count balances as of the end of the	he plan year (only defined	contribution plans	5c	8		
d(1) Tota	al number of active parti	cipants at the beginning of the pla	n year		5d(1)	6		
• •		cipants at the end of the plan yea rminated employment during the			5d(2) 5e	e c		
		incomplete filing of this return				-		
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruct I signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule		
SIGN		alid electronic signature.	10/04/2017	JOHN FISK				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan administrator		
SIGN								
HERE	Signature of employer/plan sponsor Date Enter name of individu					as employer or plan sponsor		
Preparer's	name (including firm nar	me, if applicable) and address (ind	clude room or suite numbe	r)	Preparer's	s telephone number		
						E 5500 OE (0046)		

 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Part III Financial Information 									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	996998	441747					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	996998	441747					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	60000						
	(2) Participants	8a(2)	27207						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	7389						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		94596					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	649472						
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		649847					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		-555251					
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 feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 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)	10a		Х		
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			100000
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		Х		
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	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:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"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	

		T				
	Form 5500-SF	Short Form Annual	Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	Internal Revenue Service	This form is required to be f	filed under sections 1	04 and 4065 of the Employ	ree	2016
	Department of Labor ployee Benefits Security Administration	Retirement Income Security Active Internet	ct of 1974 (ERISA), ar ernal Revenue Code (58(a) of Th	his Form is Open to Public
	Pension Benefit Guaranty Corporation	 Complete all entries in acc 	ordance with the ins	structions to the Form 55	00-SF.	Inspection
P	art I Annual Report Id	dentification Information				
For	calendar plan year 2016 or fisca		01/01/201	6 and ending	12/31/	/2016
	5	x a single-employer plan	a multiple-employ	er plan (not multiemployer)		
	This return/report is for:	a one-participant plan the first return/report	a list of participation a foreign plan the final return/rep	ng employer information in port	accordance wi	th the form instructions.)
	- L	an amended return/report	a short plan year i	return/report (less than 12)	months)	
С	Check box if filing under:	Form 5558 special extension (enter descrip	automatic extensi	on		/C program
D	art II Basic Plan Inform	mation enter all requested in	f			
	Name of plan	Inacioni enter all requested in	formation		46 -	
iu	Techline 401(k) Prof	it Sharing Plan			1b Three- plan n (PN) ▶	umber
_	т.					ve date of plan 1/2001
2a	Plan sponsor's name (employe	er, if for a single-employer plan)				yer Identification Number
	Mailing Address (include room,	, apt., suite no. and street, or P.O. country, and ZIP or foreign postal	Box) code (if foreign, see i	instructions)		91-1680959
	Techline Communicati	ons, Inc.				or's telephone number) 527-3450
	1010 Turner Way East		2d Business code (see instructions) 517000			
	US Seattle WA 98112					
3a	Plan administrator's name and	address X Same as Plan Spon	sor		3b Admin	istrator's EIN
					3c Admini	istrator's telephone number
4	If the name and/or EIN of the p name, EIN, and the plan number	lan sponsor has changed since the er from the last return/report.	e last return/report file	ed for this plan, enter the	4b EIN	
a	Sponsor's name				4c PN	
5a	Total number of participants at	the beginning of the plan year			5a	10
b		the end of the plan year			5b	8
с	Number of participants with acc	count balances as of the end of the	e plan year (only defin	ed contribution plans	5c	8
d(pants at the beginning of the plan			5d(1)	6
d(:	Total number of active partici	pants at the end of the plan year			5d(2)	6
е		minated employment during the pla			5e	0
Ca		incomplete filing of this return/r				
Un SB	der penalties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as	ons. I declare that I have	ave examined this return/re	port including	if applicable, a Schedule
SI	GN ALC AN		10/4/17	John Fisk		
100	ERE Signature of plan admini	strator	Date	Enter name of individu	al signing as pl	lan administrator
SI	GN Jol C tist	2	10/4/17	JOHN FISK		
1.2.472	ERE Signature of employer/pl	lan sponsor	Date		al signing as o	mployer or plan sponsor
Pre		me, if applicable) and address (inclu		mber)	1	lephone number
Sk	ip this question		add room of suite flui	noer)	Skip this	question

	Form 5500-SF 2016	Page 2		
		-		
6a	Were all of the plan's assets during the plan	year invested in eligible assets? (See instructions.)	*******	XYes 🗌 No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) XYes No 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.

7	Plan Assets and Liabilities		(a) Beginning of Y	/ear	•			(b) End	l of Year	
a	Total plan assets	7a	996					<u> </u>		1,747
b	Total plan liabilities	7b		,						
	Net plan assets (subtract line 7b from line 7a)	7c	996	. 9	98				44	1,747
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount	,				(b)	Total	
а	Contributions received or receivable from:			_				. ,		
	(1) Employers	8a(1)		,00						
	(2) Participants	8a(2)	27	,20	07					
b	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	7	, 38	89					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			9	4,596
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	649	,4	72					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3'	75					
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							64	9,847
i	Net income (loss) (subtract line 8h from line 8c)	8i							(555	,251)
		<u>a:</u>								
j	Transfers to (from) the plan (see instructions)	8j								
_	Int IVPlan CharacteristicsIf the plan provides pension benefits, enter the applicable pension fe2A2E2F2G2J2K2R3D	ature code								
9a b	Irt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea	ature code								
ða b Pa	Irt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea Irt V Compliance Questions	ature code			ristic (Codes	in the i		ons:	t
9a b Pa	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea Int V Compliance Questions During the plan year:	ature code	s from the List of Plan Chara			Codes				it
)a b Pa 0	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea Int V Compliance Questions During the plan year:	ature code	s from the List of Plan Chara		ristic (Codes	in the i		ons:	 t
)a b Pa 0	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	ature code ture codes ions within luntary Fid	s from the List of Plan Chara the time period luciary Correction		ristic (Codes	in the i		ons:	t
b Pa 0	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	ions within luntary Fid	the time period luciary Correction		ristic (Codes	in the i		ons:	
b Pa 0 a	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	ature codes ture codes ions within luntary Fid	the time period luciary Correction	acter	ristic (No x	in the i		ons:	
b Pa 0 a b	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? Was the plan covered by a fidelity bond?	ions within luntary Fid	s from the List of Plan Chara the time period luciary Correction nclude transactions	acter 10a	ristic (Yes	No x	in the i		ons:	
9a b Pa 0 a b c	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? Was the plan covered by a fidelity bond?	ature code ture codes ions within luntary Fid ? (Do not ir	a from the List of Plan Chara the time period luciary Correction include transactions id, that was caused	acter 10a	ristic (Yes	No x	in the i		ons:	
Da b Pa 0 a b c	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	ions within luntary Fid	a from the List of Plan Chara the time period luciary Correction include transactions id, that was caused by an insurance	IOa IOb	ristic (Yes	No x x	in the i		ons:	
b Pa D Pa 0 a b c	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	ions within luntary Fid (Do not ir fidelity bon er persons e or all of t	s from the List of Plan Chara the time period luciary Correction include transactions d, that was caused is by an insurance he benefits under	IOa IOb IOC	ristic (Yes	No x x	in the i		ons:	
b Pa 0 a b c	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea If the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	ature code ture codes ions within luntary Fid ? (Do not ir fidelity bon er persons e or all of t	a from the List of Plan Chara the time period luciary Correction include transactions id, that was caused by an insurance he benefits under	IOa IOb	ristic (Yes	No x x x	in the i		ons:	
Pa b Pa 0 a b c d d e	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	ions within luntary Fid (Do not ir fidelity bon er persons e or all of t	a from the List of Plan Chara the time period luciary Correction clude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d 10e 10f	ristic (Yes	No x x x x	in the i		ons:	
b b Pa 0 a b c d d f	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea If the plan provides welfare benefits, enter the applicable welfare fea Int V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	ature code ture codes ions within luntary Fid ? (Do not ir fidelity bon er persons e or all of t n? s of year en See instruct	a from the List of Plan Chara the time period luciary Correction include transactions id, that was caused by an insurance he benefits under id.) ctions and 29 CFR	10a 10b 10c 10d	ristic (Yes	No x x x x x	in the i		ons:	100,00

Form 5500-SF 2016

Page **3 -**

Part	VI	Pension Funding Compliance							
11		edefined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Yes	X No	
_11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a					
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the C					Yes [X No	
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver			er the da Day		eletter ru ear	uling	
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.						
b	Enter th	e minimum required contribution for this plan year.	••••••						
C	Enter th	e amount contributed by the employer to the plan for the plan year		. 12c					
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e amount)		12d					
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	••••••	. [Yes	Nc		N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a r	esolution to terminate the plan been adopted in any plan year?		.	🗌 Ye	es 🗴	No		
	If "Yes,	' enter the amount of any plan assets that reverted to the employer this year		. 13a					
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	-] Yes	X N	lo	
С	lf, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ssets or liabilities were transferred. (See instructions.)			<u> </u>				
13		me of plan(s):	13c(2)	EIN(s)		1	3c(3) PN	N(s)	
Part	VIII	Trust Information - Skip These Questions							
14a	Name o	of trust		14	b Trust's	EIN			
14c	Name o	f trustee or custodian		14		e or cust one num	e or custodian's		
					totoph				
Part	IX	IRS Compliance Questions - Skip These Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes			No		
15b		t the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha			"Prior test	year" ADP	
	- ()("Curren			N/A		
162	What te	sting method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio					
		check all that apply:		percent test	age [☐ Aver bene	age fit test	□ N/A	
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinion I	etter or a	advisory	letter, er	nter the	date of	
17b		an is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the c	late of th	ie most r	ecent de	termina	tion	
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		om	🗌 Ye	es 🗌	No		
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••••••		☐ Ye	es 🗌	No		