Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit LAM'S TUTORING SERVICE, INC. CASH BALANCE PLAN plan number 002 (PN) • 1c Effective date of plan 01/01/2015 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1682961 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number LAMS TUTORING SERVICE, INC. 425-880-2688 2d Business code (see instructions) 2100 E SPRUCE STREET 611000 SEATTLE, WA 98122-5930 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 16 5a Total number of participants at the beginning of the plan year 5b 17 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 16 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 14 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

<u>belief, it is t</u>	rue, correct, and complete.					
SIGIA	Filed with authorized/valid electronic signature.	10/05/2017	HAO LAM			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r)	Preparer's telephone number		

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		` ,						XY	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								XY	es No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	X	Yes	No	Not d	etermined
Pa	rt III Financial Information		·							
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
<u>a</u>	Total plan assets	7a		333291					7000	167
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	;	333291					7000)67
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		358558	8					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		9086	;					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3676	344
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d			_					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		0.00						
f	Administrative service providers (salaries, fees, commissions)	8f		868						
<u>g</u>	Other expenses	8g			_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								868
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i							3667	76
	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 1C 3H 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X				
С	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 by fraud or dishonesty?	•		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h						
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Y	′es X No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I		
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 l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	x N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?					Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information		ı				
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone 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:	L		n-based arbor	j [] "Prior ye test	ear" ADP
			- □ □ □	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
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Ш	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

Fo	r calendar plan year 2016 or fiscal plan year beginning 01/01/2016	3	ar	nd ending	12/3	31/2016	6	
	Round off amounts to nearest dollar.							
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this repo	rt unless reasonable cau	se is es	tablished.				
	Name of plan		B 1	Three-digit	t			
	LAM'S TUTORING SERVICE, INC. CASH BALANCE PLAN		p	olan numb	er (PN	l)	•	002
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D E	mployer Ic	lentific	ation N	lumber (E	IN)
	LAMS TUTORING SERVICE, INC.				91-168		,	,
E	Type of plan: X Single Multiple-A Multiple-B	F Prior year plan size:	100 o	r fewer	101-	500	More th	an 500
F	Part I Basic Information							
1	Enter the valuation date: Month 12 Day 31	Year <u>2016</u>				1		
2	Assets:			_				
	a Market value				2a			341509
	b Actuarial value				2b		•	341509
3	Funding target/participant count breakdown	` '	Number rticipant			sted Fu Target		(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment			0			0	0
	b For terminated vested participants			0			0	0
	C For active participants			18			0	337789
	d Total			18			0	337789
4	If the plan is in at-risk status, check the box and complete lines (a) an	d (b)						
	a Funding target disregarding prescribed at-risk assumptions				. 4a			
	b Funding target reflecting at-risk assumptions, but disregarding trans status for fewer than five consecutive years and disregarding loading				4b			
5	Effective interest rate				. 5			5.21 %
6	Target normal cost				6			322278
Sta	tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying sche accordance with applicable law and regulations. In my opinion, each other assumption is reasor combination, offer my best estimate of anticipated experience under the plan.							
	SIGN HERE					0	9/08/201	7
	Signature of actuary						Date	
	DANIEL J. VAN MIEGHEM						17-02290	
	Type or print name of actuary				Most	recent (enrollmer	nt number
F	PYRAMID PENSION SERVICES						5-845-16	
	P.O. BOX 12605 SAN DIEGO, CA 92112			Tele	phone	numbe	er (includ	ng area code)
	Address of the firm		_					
	e actuary has not fully reflected any regulation or ruling promulgated und	der the statute in complet	ing this	schedule,	check	the box	x and see	· []

Page	2 -	1
uuu	_	

P	art II	Begin	ning of Year	Carryov	er and Prefunding B	alan	ces							
_				_				(a) C	arryover balance		(b) P	refundir	ng balai	nce
7		-	•		able adjustments (line 13 fr				0					0
8				-	nding requirement (line 35				0					0
9	, ,								0					0
10					rn of%				0					0
11					to prefunding balance:									
	a Prese	nt value o	f excess contribut	ions (line 3	38a from prior year)								170	619
					a over line 38b from prior ye interest rate of 5.54									0
	. ,			-	edule SB, using prior year's									0
					ar to add to prefunding baland								170	619
	d Portio	n of (c) to	be added to prefi	unding bala	ance									
12									0					0
12 Other reductions in balances due to elections or deemed elections								0						
					ille 10 + ille 11d – ille 12)									
	art III		ding Percenta								I	14	10	11 100/
15												15		4.20%
	•				eof determining whether carr								10	4.20%
					determining whether can							16	10	5.81%
17	If the cui	rent value	e of the assets of	the plan is	less than 70 percent of the	fundir	ng target,	enter suc	ch percentage			17		%
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18					ar by employer(s) and emp	loyees								
(1	(a) Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(1)	(a) Dat MM-DD-Y		(b) Amount pai employer(s		(с	Amoui emplo		by
	9/07/2017		cinployer	358558	0		VIIVI DD 1	111/	cripicycr(s	,		ompic	уссо	
								_						
						Tota	als 🕨	18(b)	3	58558	18(c)			0
19	Discount	ted emplo	yer contributions	– see instr	uctions for small plan with a	a valua	ation date	after the	beginning of the year	ear:				
	a Contri	butions a	llocated toward ur	npaid minir	num required contributions	from p	orior years	S		9a				0
				-	usted to valuation date					9b				0
					red contribution for current ye	ear adj	justed to v	aluation d	ate 1	9с			346	315
20			tions and liquidity										, F	
			_		e prior year?								Yes	X No
			•		installments for the current	•		timely ma	anner?				Yes	No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as			thic plan:	voor					
		(1) 1s	<u> </u>		Liquidity shortfall as of er (2) 2nd	ia oi q	uarter of		year 3rd		((4) 4th	<u> </u>	
		. ,			• •			. ,						
				•										

F	art V Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
	a Segment rates: 1st segment: 2nd segment: 3rd segment:		
	4.43% 5.91% 6.65%		N/A, full yield curve used
	b Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	62
23	Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate	Substit	ute
Pa	art VI Miscellaneous Items		
	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see i	nstruction	ns regarding required
	attachment		
25	Lies a method change have made for the current plan year? If "Voe." and instructions reporting required attack	mont	Yes ⊠ No
	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attach	iment	Yes 🔼 NO
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required a	attachmer	ntX Yes No
27	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	27	
	attachment		
	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years		T
	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Pa	art VIII Minimum Required Contribution For Current Year		
	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6)	31a	322278
	b Excess assets, if applicable, but not greater than line 31a	31b	3720
32	Amortization installments: Outstanding Bala	nce	Installment
	a Net shortfall amortization installment	0	0
	b Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval	33	
-	(Month Day Year) and the waived amount		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	318558
	Carryover balance Prefunding balar	nce	Total balance
35	Balances elected for use to offset funding		
	requirement	1	0
36	Additional cash requirement (line 34 minus line 35)	36	318558
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	346315
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	27757
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	· · · · · · · · · · · · · · · · · · ·	39	0
40	Unpaid minimum required contributions for all years	40	0
	rt IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions		<u>I</u>
	If an election was made to use PRA 2010 funding relief for this plan:	•	
	a Schedule elected	Γ	2 plus 7 years 15 years
	b Eligible plan year(s) for which the election in line 41a was made		008
42	Amount of acceleration adjustment	<u> </u> 20	
		42	
43	Excess installment acceleration amount to be carried over to future plan years	43	Ī

Cash Balance Plan

Plan Number: 002

EIN: 91-1682961

2016 Schedule SB, Line 26 - Schedule of Active Participant Data

Valuation Date: 12/31/2016

				Υe	ears of Cre	dited Servi	ice			
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25			1							
25 to 29		2	7							
30 to 34		2								
35 to 39		1		2						
40 to 44		1								
45 to 49						1				
50 to 54										
55 to 59						1				
60 to 64										
65 to 69										
70 & Up										

Cash Balance Plan Plan Year: 12/31/2016

Plan Number: 002

EIN: 91-1682961

Statement of Actuarial Assumptions/Methods

Schedule SB, Part V

1. Funding Method As Prescribed in IRC Section 430

2. Interest Rates for Funding 4 Lookback Months Prior to End of Plan Year

		<u>Current</u>	<u>Average</u>	or Minimum
Years 0-5	Segment Rate 1	1.51%	4.92%	4.43%
Years 6-20	Segment Rate 2	3.83%	6.57%	5.91%
Years Over 20	Segment Rate 3	4.82%	7.39%	6.65%

3. Mortality for Funding

Pre-Retirement None

Post-Retirement Projection Based on Projection Scale AA

and the RP-2000 Static Combined Male and Static Combined Female Mortality Table

4. Interest Rates per Internal Revenue Code 12 Lookback Months Prior to End of Plan Year

 Years 0-5
 Segment Rate 1
 1.82%

 Years 6-20
 Segment Rate 2
 4.12%

 Years > 20
 Segment Rate 3
 5.01%

5. Mortality per Internal Revenue Code

Pre-Retirement None

Post-Retirement Applicable Mortality Table from Rev. Rul. 2006-67 - Unisex

6. Interest Rates for Plan Actuarial Equivalence

Pre-Retirement 5.00% Post-Retirement 5.00%

7. Mortality for Plan Actuarial Equivalence

Pre-Retirement None

Post-Retirement Applicable Table for Plan Year under IRC 417(e)

8. Assumptions for 410(b) and 401(a)(4) Testing and Compliance

Pre-Retirement Interest 8.50%
Post-Retirement Interest 8.50%
Pre-Retirement Mortality None

Post-Retirement Mortality 1971 Group Annuity Table - Male Rates

Testing Age Normal Retirement Age
Permissively Aggregated Plans Tested as Single Plan

Note: These Assumptions are Utilized to Determine Compliance and, in Order to Pass Testing Might be Changed for This Plan Year or any Other Plan Year

9. Benefit Form for Funding Lump Sum

Assumed Retirement Age Normal Retirement Age

11. Effective Interest Rate

This Year 5.21% Last Year 5.54%

12. Actual Interest Rate

This Year 8.54% Last Year 0.00%

Cash Balance Plan

Plan Number: 002

EIN: 91-1682961

2016 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Valuation Date: 12/31/2016

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of their assumed retirement age.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	1	and the second	10/21/2016	
For calenda	r plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2016	
A This retu	urn/report Is for:	X a single-employer plan	a multiple-employer plar list of participating emp	i (not multiemployer) (F loyer Information in ac	cordance with the for	m instructions.)
		a one-participant plan	a foreign plan			
B This retu	rn/report Is	the first return/report	the final return/report			
	·	an amended return/report	a short plan year return/	report (less than 12 mo	onths)	
C Check b	ox if filing under:	X Form 5558	automatic extension]	DFVC program	
		special extension (enter des	cription)			
Part II	Basic Plan Inf	ormation—enter all requested i	nformation			
1a Name o					1b Three-digit	000
		.ce, Inc. Cash Balanc	e Plan		plan number (PN) ▶	002
					1c Effective date	•
					01/01/2015	
Malling	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O, Box)		2b Employer Iden (EIN) 91-168	
City or	town, state or provir storing Servi	nce, country, and ZIP or foreign pos	stal code (if foreign, see instru	ctions)	2c Sponsor's tele 425-880-26	
Dallis 10	corrig berva	100, 110,			2d Business code	
2100 E	Spruce Stree	et .			611000	,
Seattle		WA 98122-59	30			
		and address X Same as Plan Sp			3b Administrator's	EIN
					2 Advalatantada	s telephone number
A If the n	oomo andlar EIN of t	he nian sponsor has changed sinc	e the last return/report filed fo	r this plan, enter the		
name,	, EIN, and the plan n	he plan sponsor has changed sinc lumber from the last return/report.	e the last return/report filed fo	r this plan, enter the	4b EIN	
name, a Sponse	, EIN, and the plan n or's name	number from the last return/report.			4b EIN 4c PN	16
a Sponso	, EIN, and the plan n or's name number of participan	number from the last return/report. ts at the beginning of the plan year	٢		4b EIN 4c PN 5a	16 17
a Sponso 5a Total r	, EIN, and the plan n or's name number of participan number of participan	ts at the beginning of the plan year	ſ		4b EIN 4c PN 5a 5b	16 17
name, a Sponso 5a Total r b Total r c Number	, EIN, and the plan nor's name number of participan number of participan er of participants wit iete this item)	ts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of	rof the plan year (only defined o	contribution plans	4b EIN 4c PN 5a 5b 5c	17
name, a Sponso 5a Total r b Total r c Number comple d(1) Total	, EIN, and the plan nor's name number of participan number of participan er of participants wit iete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of	of the plan year (only defined o	contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	17
name, a Sponso 5a Total r b Total r c Numbi compli d(1) Total d(2) Total	, EIN, and the plan nor's name number of participan number of participan er of participants wit lete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of	of the plan year (only defined of the plan year	contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	17
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number	, EIN, and the plan nor's name number of participan number of participan er of participants wit lete this item) al number of active p al number of active p	ts at the beginning of the plan year its at the beginning of the plan year its at the end of the plan year account balances as of the end coarticipants at the beginning of the participants at the end of the plan year terminated employment during the	rof the plan year (only defined of the plan year	contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	17
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than	EIN, and the plan nor's name number of participan number of participants wit lete this item) al number of active poer of participants th 100% vested	ts at the beginning of the plan year its at the end of the plan year in account balances as of the end of the barticipants at the beginning of the participants at the end of the plan year terminated employment during the participants of this return to the plan year terminated employment during the plan year the pl	of the plan year (only defined of the plan year	contribution plans lefits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	17 16 14 2
name, a Sponso 5a Total r b Total r c Numb compi d(1) Tota d(2) Tota e Numb than Caution: A Under pens	, EIN, and the plan nor's name number of participan er of participants wit lete this item)	ts at the beginning of the plan year is at the end of the plan year haccount balances as of the end of the plan startlcipants at the beginning of the plan year terminated employment during the or incomplete filling of this retrother penalties set forth in the instrand signed by an enrolled actuary	of the plan year (only defined of the plan year	contribution plans efits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	17 16 14 2 olicable, a Schedule
name, a Sponso 5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under penson	, EIN, and the plan nor's name number of participan number of participants wit iete this item)	ts at the beginning of the plan year is at the end of the plan year haccount balances as of the end of the plan startlcipants at the beginning of the plan year terminated employment during the or incomplete filling of this retrother penalties set forth in the instrand signed by an enrolled actuary	of the plan year (only defined of the plan year	contribution plans efits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	17 16 14 2 olicable, a Schedule
name, a Sponso 5a Total r b Total r c Numb compi d(1) Tota d(2) Tota e Numb than Caution: A Under pens	, EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year incorrection and stemplants at the beginning of the plan year iterminated employment during the or incomplete filling of this retrother penalties set forth in the instrand signed by an enrolled actuary in the instruction.	of the plan year (only defined of the plan year	contribution plans selfits that were less unless reasonable ca examined this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if apprt, and to the best of the sest of th	17 16 14 2 olicable, a Schedule my knowledge and
name, a Sponso 5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche bellef, it is SIGN HERE	, EIN, and the plan nor's name number of participan er of participants wit lete this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year incorrection and stemplants at the beginning of the plan year iterminated employment during the or incomplete filling of this retrother penalties set forth in the instrand signed by an enrolled actuary in the instruction.	of the plan year (only defined of the plan year	contribution plans sefits that were less unless reasonable ca examined this return/re sion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if apprt, and to the best of the sest of th	17 16 14 2 olicable, a Schedule my knowledge and
name, a Sponso 5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche bellef, it is	EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year in account balances as of the end of the plan year its participants at the beginning of the plan year terminated employment during the or incomplete filing of this retrother penalties set forth in the instrand signed by an enrolled actuary in administrator	plan year (only defined of the plan year	contribution plans sefits that were less unless reasonable ca examined this return/re sion of this return/report Hao Lam Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of a gradual signing as plan a gradual signing as employed.	17 16 14 2 Discable, a Schedule my knowledge and diministrator
name, a Sponse 5a Total r b Total r c Number complete d(1) Total d(2) Total e Number than Caution: A Under pent SB or Schebellef, it is SIGN HERE	, EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year its at the end of the plan year is at the end of the plan year is at the end of the plan year is at the end of the end of the end of the end of the plan year is at terminated employment during the e or incomplete filling of this return of the plan year is and signed by an enrolled actuary ending the end of the plan year end signed by an enrolled actuary ending the end of the plan year ending the end of the plan year.	plan year (only defined of the plan year	contribution plans defits that were less unless reasonable ca examined this return/report ion of this return/report Hao Lam Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5e use is established. sport, including, if apprt, and to the best of its dual signing as plan a	17 16 14 2 Discable, a Schedule my knowledge and diministrator
name, a Sponse 5a Total r b Total r c Number complete d(1) Total d(2) Total e Number than Caution: A Under pent SB or Schebellef, it is SIGN HERE	, EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year its at the end of the plan year its at the end of the plan year in account balances as of the end of the plan year in account balances as of the end of the plan year its participants at the beginning of the plan year terminated employment during the or incomplete filing of this retrother penalties set forth in the instrand signed by an enrolled actuary in administrator	plan year (only defined of the plan year	contribution plans defits that were less unless reasonable ca examined this return/report ion of this return/report Hao Lam Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of a gradual signing as plan a gradual signing as employed.	17 16 14 2 Discable, a Schedule my knowledge and diministrator
name, a Sponse 5a Total r b Total r c Number complete d(1) Total d(2) Total e Number than Caution: A Under pent SB or Sche bellef, it is SIGN HERE	, EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year its at the end of the plan year is at the end of the plan year is at the end of the plan year is at the end of the end of the end of the end of the plan year is at terminated employment during the e or incomplete filling of this return of the plan year is and signed by an enrolled actuary ending the end of the plan year end signed by an enrolled actuary ending the end of the plan year ending the end of the plan year.	plan year (only defined of the plan year	contribution plans defits that were less unless reasonable ca examined this return/report ion of this return/report Hao Lam Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of a gradual signing as plan a gradual signing as employed.	17 16 14 2 Discable, a Schedule my knowledge and diministrator
name, a Sponse 5a Total r b Total r c Number complete d(1) Total d(2) Total e Number than Caution: A Under pent SB or Sche bellef, it is SIGN HERE	, EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year its at the end of the plan year is at the end of the plan year is at the end of the plan year is at the end of the end of the end of the end of the plan year is at terminated employment during the e or incomplete filling of this return of the plan year is and signed by an enrolled actuary ending the end of the plan year end signed by an enrolled actuary ending the end of the plan year ending the end of the plan year.	plan year (only defined of the plan year	contribution plans defits that were less unless reasonable ca examined this return/report ion of this return/report Hao Lam Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of a gradual signing as plan a gradual signing as employed.	17 16 14 2 Discable, a Schedule my knowledge and diministrator

Page	2
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Form	5500-	SF	201	F

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the plan cannumber of the plan cannumber of the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Form	dent qualified public a ons.) n 5500-SF and must	ccounta instea	ent (IQ	PA) Form	5500.		
Par		- Isalance pro	- Syram (See Er Nov Se	011011 4		<u>px</u>	100 []110 [Trot dotominod
	Plan Assets and Liabilities		(a) Beginning o	of Year			(b)	End of	Year
	Total plan assets	7a		333,	291		N-1		700,067
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		333,	291				700,067
8	ncome, Expenses, and Transfers for this Plan Year	11 -	(a) Amoun	t				(b) Tot	al
а	Contributions received or receivable from:			250 1	0				
	(1) Employers	8a(1)		358,	558	-		-	
	(2) Participants	8a(2)			-				
	3) Others (including rollovers)	8a(3)			20.5	-		_	
	Other income (loss)	8b		9,	086				
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_	_			367,644
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
_	Certain deemed and/or corrective distributions (see instructions)	8e							
_	Administrative service providers (salaries, fees, commissions)	8f			868	-			
	Other expenses	8g			- h	m			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	0.0						868
	Net income (loss) (subtract line 8h from line 8c)	8i		-					366,776
	Transfers to (from) the plan (see instructions)				_	. 01			1-17-1-1-1
_	t IV Plan Characteristics	8j			_1				
	If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Pla	an Cha	racteris	stic Co	des in th	e instru	ctions:
	1C 3H 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	cterist	ic Cod	les in the	instruct	tions:
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	T. T								
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)								
f									
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h				4	
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			10i					

	Form 5500-SF 2016 Page 3 -					
D()	Bondon Funding Convellence					
Part \	Pension Funding Compliance s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	olote Sche	ای ماریام	2	XY	es \square No
	(Form 5500) and line 11a below)	new cont				es No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		0	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?				Y	es 🛛 No
	of a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct Granting the waiver		enter t Day		of the letter Year	ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b E	nter the minimum required contribution for this plan year		12b			
CE	nter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	********		Yes	No [N/A
Part V	II Plan Terminations and Transfers of Assets				110000	
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		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ι control of the PBGC?				Yes X	No
	lf, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plan(s)	to			
	c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
i No.						
Part '	/III Trust Information					
14a N	ame of trust		14b	Γrust's E	IN	
14c i	lame of trustee or custodian				or custodi e number	an'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 h	ent year	L	Prior ye test	ear" ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	entage		erage nefit test	□ N/A

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Yes

Yes

Yes

∏ No

| No

No

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?.....

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

•	File as	an attachment to Form	5500 or 5500-SF.		1		
For calendar plan year 2016 or fiscal plan	year beginning	01/01/2016	and	dending		12/31/20)16
Round off amounts to nearest dollar							
Caution: A penalty of \$1,000 will be as	sessed for late filing of	this report unless reaso	nable cause is esta	ıblished.			
A Name of plan			B Th	ree-digi	t		
Lams Tutoring Services,	Inc. Cash Bal	lance Plan	pla	an numb	er (PN) •	002
C Plan sponsor's name as shown on line 2	0a of Farm 5500 5500	2.05	- D -				
Fiant sponsor's fiame as shown on line 2	2a of Form 5500 or 5500	J-SF	D Em	ployer lo	dentific	ation Number (E	EIN)
Lams Tutoring Services,	Inc.		91-16	82961			
E Type of plan: X Single Multiple-A	☐ Multiple-B	F Prior year of	an size: 🗓 100 or f	Ewer [7 101-	500 Π More th	an 500
Part I Basic Information		1 Ther year pr	urroize. 24 100 01 1	CVCI] 101-	300 Wore tr	di 1 300
4 -	Month 12 Da	ay 31 Year	2016				
2 Assets:	10011111 <u>12</u> Da	ay Year	2010				
a Market value				Г	20		241 500
					2a		341,509
b Actuarial value			1		2b		341,509
			(1) Number o participants	or _		sted Funding Target	(3) Total Funding Target
a For retired participants and benefici	aries receiving paymen	t		0		0	0
b For terminated vested participants.				0		0	0
C For active participants				18		0	337,789
d Total				18		0	337,789
4 If the plan is in at-risk status, check th							
a Funding target disregarding prescril					4a		
b Funding target reflecting at-risk assi							
status for fewer than five consecutiv	e years and disregarding	ng loading factor		iii at-iis	4b		
5 Effective interest rate					5		5.21%
6 Target normal cost					6		322,278
Statement by Enrolled Actuary							
To the best of my knowledge, the information supplie accordance with applicable law and regulations. In m	d in this schedule and accompa	anying schedules, statements ar	nd attachments, if any, is	complete a	and accur	ate. Each prescribed	assumption was applied in
combination, offer my best estimate of anticipated ex	perience under the plan.	orre reasonable (taking the det	south the experience of the	ic plan and	reasona	ole expectations) and	r such other assumptions, in
SIGN	, 1						
HERE VI	U					09/08/20	17
Sign	ature of actuary					Date	
Daniel J. Van Mieghem						1702290	
Type or p	orint name of actuary				Most r	ecent enrollmer	nt number
Pyramid Pension Services						805-845-1	630
	Firm name			Tele	phone	number (includi	ng area code)
P.O. Box 12605					52	,	-
San Diego CA 921	12						
	dress of the firm						
If the actuary has not fully reflected any regu	lation or ruling promulga	ated under the statute ir	completing this so	hedule,	check	the box and see	· П

	Sched	ule SB (Form 5500) 2	016			Page 2 -						
Р	Part II Be	eginning of Year	Carryov	er and Prefunding Ba	alances							
7		eginning of prior year a		(a) C	arryover balance	0	(b) Pr	efundi	ng balai	nce		
8		•	•	nding requirement (line 35 fr				0				
9								0				
10		<u> </u>		rn of <u>0.00</u> %				0				(
11				to prefunding balance:								
	b(1) Interest	on the excess, if any,	of line 38a	88a from prior year) over line 38b from prior year interest rate of5.549	ar						1	7,619
	b(2) Interest	• • •	year Sche	dule SB, using prior year's a								C
	C Total availa	ole at beginning of curre	ent plan yea	r to add to prefunding balance	э						1	7,619
	d Portion of (c) to be added to pref	unding bala	ance								C
12	Other reduction	ons in balances due to	elections	or deemed elections				0				C
13	Balance at be	eginning of current yea	r (line 9 + li	ine 10 + line 11d – line 12).				0				(
F	Part III	unding Percenta	ages									
14	Funding targe	et attainment percenta	ge							14	101	.10%
15	Adjusted fund	ling target attainment	percentage							15	104	.20%
16	•			of determining whether carry	•	-	•			16	105	.81%
17		•		less than 70 percent of the						17	103	%
		Contributions an		<u></u>	ariang targe	i, ornor ouc	m poroontago					70
				ar by employer(s) and emplo	MARS.							
	(a) Date	(b) Amount p		(c) Amount paid by	(a) D	ate	(b) Amount pa	id by	(c)	Amou	nt paid	by
	MM-DD-YYYY)			employees	(MM-DD-	·YYYY)	employer(s	3)		empl	oyees	
	9/07/2017	3	58,558	0								
_						1000		0 ==0	40()			
					Totals ▶	18(b)	35	8,558	18(c)			(
19	Discounted e	mployer contributions	– see instru	uctions for small plan with a	valuation dat	te after the	beginning of the year	ear:				
	_			num required contributions f			-	9a				(
			-	usted to valuation date				9b				(
			•	red contribution for current ye	ar adjusted to	valuation d	ate 1	9с			34	6,315
20								<u> </u>				
a Did the plan have a "funding shortfall" for the prior year?												X No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?							No					
	C If line 20a i	s "Yes," see instructio	ns and com	nplete the following table as Liquidity shortfall as of end		of this plan	/ear					
_	(1)	1st		(2) 2nd	a or quarter 0		3rd		(4) 4tł	1	

F	art V	Assumpti	ons Used to Determ	ine Funding Target and 1	arget Normal Cost					
21	Discount	rate:								
			3rd segment: 6.65%		N/A, full yield curve used					
	b Applica	able month (er	nter code)			21b	4			
22	Weighted	average retire	ement age			22	62			
23	Mortality	table(s) (see	instructions)	rescribed - combined F	Prescribed - separate	Substitu	te			
Pa	art VI I	Miscellane	ous Items							
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment									
25	Has a me	thod change I	been made for the current p	olan year? If "Yes," see instruction	ns regarding required attacl	nment	Yes X No			
26	Is the pla	n required to p	provide a Schedule of Activ	e Participants? If "Yes," see instr	ructions regarding required a	attachment	X Yes No			
27		•	_	nter applicable code and see inst		27				
P	art VII	Reconcilia	ation of Unpaid Mini	mum Required Contribut	ions For Prior Years					
28	Unpaid m	inimum requir	red contributions for all prio	r years		28	0			
29				d unpaid minimum required cont		29	0			
30				ontributions (line 28 minus line 29		30	0			
Pa	art VIII	Minimum	Required Contributi	on For Current Year						
31	Target no	ormal cost and	d excess assets (see instruc	ctions):						
	a Target r	normal cost (li	ne 6)			31a	322,278			
	b Excess	assets, if app	olicable, but not greater than	ı line 31a		31b	3,720			
32	Amortizat	ion installmen	nts:		Outstanding Bala	ince	Installment			
	a Net sho	ortfall amortiza	ation installment			0	0			
					I	0	0			
33				nter the date of the ruling letter g) and the waived amoun		33				
34	Total fund	ding requireme	ent before reflecting carryov	ver/prefunding balances (lines 31	a - 31b + 32a + 32b - 33)	. 34	318,558			
				Carryover balance	Prefunding balar	nce	Total balance			
35			se to offset funding				0			
36	Additiona	l cash require	ment (line 34 minus line 35)		36	318,558			
37			-	contribution for current year adjus	•	37	346,315			
38	Present v	alue of excess	s contributions for current y	ear (see instructions)						
	a Total (excess, if any, of line 37 over line 36)									
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances									
39	Unpaid m	inimum requir	red contribution for current	year (excess, if any, of line 36 ov	er line 37)	39	0			
40	40 Unpaid minimum required contributions for all years									
Pa	rt IX	Pension	Funding Relief Unde	r Pension Relief Act of 2	010 (See Instructions	5)				
41	41 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected									
	b Eligible	plan year(s) f	for which the election in line	41a was made		200	08 2009 2010 2011			
42	Amount o	f acceleration	adjustment			42				
43	B Excess installment acceleration amount to be carried over to future plan years									

Cash Balance Plan

Plan Number: 002 Effective Interest Rate: 5.21%

EIN: 91-1682961 Penalty Rate: n/a

2016 Schedule SB, Line 19 - Discounted Employer Contributions

Valuation Date: 12/31/2016

Date	Contribution	Quarterly 0 04/15/2016	Contributions Di 07/15/2016	Additional Contribution	Total Discounted Contribution		
09/07/2017	358,558.00	0.00	0.00	0.00	0.00	346,315.10	346,315.10

Lam's Tutoring Service, Inc. Cash Balance Plan

Plan Number: 002

EIN: 91-1682961

Summary of Plan Provisions

Plan Effective Date January 01, 2015
 Valuation Date December 31, 2016

3. Plan Year From January 01 to December 31

4. Eligibility All Employees not Excluded by Class are eligible to enter on the

January 01 or July 01 Coincident with or Next Following

the Completion of the Following Requirements:

12 Months of Service Attainment of Age 21

Union Employees and Non-Resident Aliens are Excluded.

5. Normal Retirement Age All Participants are Eligible to Retire on the Later of:

Attainment of Age 62

Completion of 5 Years of Participation

6. Normal Retirement Benefit

A benefit based upon the Actuarial Equivalent of a Notional Account Balance at Normal Retirement with 5.0% Notional Interest credited to the following annual rate of contributions.

Schedule SB, Part V

Plan Year: 12/31/2016

The Following Percent of Compensation limited as Indicated by the Dollar Amount

Group	% of Comp		\$ Amount
Group 1	67.00%	Maximum	\$132,000.00
Group 2	100.00%	Maximum	\$197,000.00
Group 3	2.00%	Maximum	\$400.00

7. Years Excluded Years Prior to a Participant's Entry Date are Excluded

8. Normal Form Of Benefit An Annuity Payable for the Life of the Participant

9. Termination BenefitsUpon Termination of Participation for a Reason other than Death, Disability or Retirement, a Participant is Entitled to a Portion of the Earned to Date

Actuarial Equivalent of the Accrued Benefit in Accordance with

the Following Vesting Schedule:

Credited Years	Vested Percent
1	0
2	0
3	100
4	100
5	100
6	100

Credited Years are Plan Years Excluding the Followiing:

Years with Less Than 1000 Hours Years Before the Effective Date of the Plan

10. Death Benefit 100% of the Actuarial Equivalent of the Accrued Benefit Earned to the Date of Death