Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

Revenue Code (the Code).

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

For calenda	Annual Repor					
	ar plan year 2016 or t	fiscal plan year beginning 01/01/	<u>2016</u>	and ending 1	2/31/2016	
		X a single-employer plan		olan (not multiemployer)		
A This ret	urn/report is for:		_ ' ' "	mployer information in a	ccordance with the	e form instructions.)
		a one-participant plan	a foreign plan			
5		The first action for an	Date Continue to a section			
B This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC prograi	m
		special extension (enter desc	—			
Part II	Pasia Blan Inf	ormation—enter all requested in				
		ormation—enter all requested in	normation		1b Three-digit	
1a Name	oi pian ETALS 401(K) PLAN	I			plan numb	
					(PN) •	001
					1c Effective d	ate of plan
-						10/01/2008
	, ,	oyer, if for a single-employer plan)				dentification Number
		om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		tructions)	(=::1)	47-0930848
	ETALS L.L.C.	ee, eea,, aa <u>=</u> ee.e.g pee	na. 0000 (10.0.g, 0000			telephone number 3-854-8000
P.O. BOX 219	9					code (see instructions)
AUBURN, W						423100
3a Plan ad	dministrator's name a	and address 🛛 Same as Plan Spo	onsor.		3b Administra	tor's EIN
					0	
					3C Administra	tor's telephone number
		ne plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN	
name,	EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the		
name, a Sponso	, EIN, and the plan nu or's name	umber from the last return/report.			4c PN	84
a Sponso	EIN, and the plan nuor's name	s at the beginning of the plan year			4c PN 5a	
name, a Sponso 5a Total r b Total r	EIN, and the plan nurber's name number of participant	s at the beginning of the plan year s at the end of the plan year			4c PN	79
name, a Sponso 5a Total r b Total r C Number	EIN, and the plan nu or's name number of participant number of participant er of participants with	s at the beginning of the plan year s at the end of the plan year	f the plan year (only define	d contribution plans	4c PN 5a	79
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan no or's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of	f the plan year (only define	d contribution plans	4c PN 5a 5b 5c	79 79
name, a Sponso 5a Total r b Total r c Number comple d(1) Total	EIN, and the plan no or's name number of participant number of participant er of participants with ete this item)al	s at the beginning of the plan year s at the end of the plan year	f the plan year (only define	d contribution plans	4c PN 5a 5b 5c 5d(1)	79 79 53
name, a Sponsor 5a Total r b Total r c Number completed (1) Total d(2) Total	EIN, and the plan number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan year.	f the plan year (only define	d contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2)	79 79 53 49
name, a Sponsor 5a Total r b Total r c Number completed (1) Total d(2) Total e Number completed (2) Total e Number completed (3) Total e Number completed (4) Tot	EIN, and the plan no or's name number of participant number of participants with ete this item) al number of active poer of participants tha	s at the beginning of the plan year s at the end of the plan year	f the plan year (only define olan year e plan year with accrued b	d contribution plans	4c PN 5a 5b 5c 5d(1)	79 79 53 49
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number caution: A	EIN, and the plan noor's name number of participant number of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year	olan year (only define blan yeareare plan year with accrued b	d contribution plans enefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e susse is established	79 79 53 49 0
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena	EIN, and the plan noor's name number of participant number of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year	olan year (only define blan yeareare plan year with accrued b	d contribution plans enefits that were less d unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if	79 79 53 49 0 ed. applicable, a Schedule
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than a Caution: A Under penass or Scheen	EIN, and the plan noor's name number of participant number of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year	olan year (only define blan yeareare plan year with accrued b	d contribution plans enefits that were less d unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if	79 79 53 49 0 ed. applicable, a Schedule
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than a Caution: A Under penass or Schebelief, it is t	EIN, and the plan number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year	olan year (only define blan yeareare plan year with accrued b	d contribution plans enefits that were less d unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if	79 79 53 49 0 ed. applicable, a Schedule
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than a Caution: A Under penass or Scheen	EIN, and the plan noor's name number of participant number of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (only define plan year	enefits that were less d unless reasonable ca e examined this return/reportsion of this return/reportsion of this return/reportsion.	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if rt, and to the best	79 79 53 49 0 ed. applicable, a Schedule of my knowledge and
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	olan year (only define blan yeareare plan year with accrued b controlled the controlled	enefits that were less d unless reasonable ca e examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if rt, and to the best	79 79 53 49 0 ed. applicable, a Schedule of my knowledge and
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name, a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (only define plan year	enefits that were less d unless reasonable ca e examined this return/repo DAVID BINFORD Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established apport, including, if rt, and to the best dual signing as plantaged as a signing as emitted as a signing as a signing as a signing as a signing as a	79 79 79 53 49 0 ed. applicable, a Schedule of my knowledge and an administrator

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	Were all of the plan's assets during the plan year invested in eligib		,						X Yes	No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann	not use Fo	rm 5500-SF and mus	t instea	ıd use	Form	5500.		_	_
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End o	Year	
<u>a</u>	Total plan assets	7a	1	085594					1293319	
b	Total plan liabilities	7b		0					9244	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	1	085594					1284075	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		81498						
	(2) Participants	8a(2)		118813						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		102581						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							302892	
d	Benefits paid (including direct rollovers and insurance premiums			00040						
	to provide benefits)	8d		96942						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f		7469						
<u>g</u>	Other expenses	8g		7409					104411	
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							198481	
+	Net income (loss) (subtract line 8h from line 8c)	8i							190401	
, 	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics	f t	de a forma de a l'atraf Di	01				the Control	-11	
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	reature co	ides from the list of Pi	an Cha	racteris	Stic Co	aes in	tne instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	les in t	he instruc	tions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	-		10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
				105 10c	X					20000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			X				
	by fraud or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some				X					4.5
	the plan? (See instructions.)			10e	^	X				15
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f						
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
	5.00p.tono to providing the hotioe applied diluci 25 Of It 2020.10			101						

Form	5500	-SF	201	6

Page 3-	1
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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)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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 X N	lo
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	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.)	ify the p	olan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	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	e 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	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?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

A This return/report is for:

Part I

Pension Benefit Guaranty Corporation

For calendar plan year 2016 or fiscal plan year beginning

x a single-employer plan

a one-participant plan

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 section 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. **Annual Report Identification Information**

a foreign plan

01/01/2016

and ending

a multiple-employer plan (not multiemployer) (Filers checking this box must attach

a list of participating employer information in accordance with the form instructions.)

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

12/31/2016

B This return/report is:	the first return/report	the final return/repo			
	an amended return/report	a short plan year ret	turn/report (less than 12 i	months)	
C Check box if filing under:	x Form 5558 [special extension (enter descript	automatic extension	9	DFVC p	rogram
Part II Basic Plan In	formation enter all requested inf	ormation			
1a Name of plan Binford Metals 40		omation		1b Three-digit plan number (PN) ▶	on 001
				1c Effective da 10/01/2	
Mailing Address (include r	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.O. I ince, country, and ZIP or foreign postal	Box)	structions)	2b Employer I	dentification Number
Binford Metals L.			a dollono,	2c Sponsor's t (253) 8	elephone number 54-8000
P.O. Box 219				2d Business c 423100	ode (see instructions)
US Auburn WA 98071					
3a Plan administrator's name	and address X Same as Plan Spons	sor		3b Administrat	or's EIN
				3c Administrat	or's telephone number
4 If the name and/or EIN of name, EIN, and the plan n	the plan sponsor has changed since the number from the last return/report.	last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	
5a Total number of participan	its at the beginning of the plan year			5a	84
b Total number of participan	ts at the end of the plan year			5b	79
complete this item)	h account balances as of the end of the		d contribution plans	5c	79
d(1) Total number of active p	articipants at the beginning of the plan y	/ear		5d(1)	53
	articipants at the end of the plan year			5d(2)	49
less than 100% vested	at terminated employment during the pla	n year with accrued be	nefits that were	5e	0
Caution: A penalty for the last	te or incomplete filing of this return/re	eport will be assesse	d unless reasonable ca	use is established	
Under penalties of perjury and	other penalties set forth in the instruction and signed by an enrolled actuary, as y	ns. I declare that I hav	e examined this return/re	port including if a	policable a Cabadula
SIGN					
HERE Signature of plan ad	dministrator emission of the state of the st	Date 10-13-17	Enter name of individu	al signing as plan a	dministrator
SIGN					
HERE Signature of employ	/er/plan sponsor	Date 6.13.17	Enter name of individu	al signing as emplo	ver or plan sponsor
Preparer's name (including firm Skip this question	n name, if applicable) and address (inclu	ide room or suite numb	per)	Preparer's telepho	one number
For Denominals Destruction A.		co-co-marked control of the outlands			

	Form 5500-SF 2016		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (9	See instructions)						x Yes	□No
_	Are you claiming a waiver of the annual examination and report of ar							•••••	21 100	
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	•			•	,		•••••	XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must inst	tead ι	ıse Fo	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?		Yes	☐ No	Not de	etermined
Pá	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year	
а	Total plan assets	7a	1,08	35.5	94			. ,	1,293,	319
b	Total plan liabilities	7b		,	0					244
c	Net plan assets (subtract line 7b from line 7a)	7c	1,08	35,5	94				1,284,	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		31,4						
	(2) Participants	8a(2)	11	L8,8	13					
_	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	10	02,5	81					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			302,	892
d	to provide benefits)	8d	9	96,9	42					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		7,4	69					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							104,	411
i	Net income (loss) (subtract line 8h from line 8c)	8i							198,	481
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pá	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instruct	ions:	
	2A 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic (Codes	in the	instructio	ons:	
Pa	art 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 contributi	ions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fic	luciary Correction							
	Program)			10a		х				
k	 Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) 			10b		x				
				10c	x					20,000
_				100						20,000
	by fraud or dishonesty?	-		10d		х				
- 6	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance							
	carrier, insurance service, or other organization that provides some			40.	v					15
	the plan? (See instructions.)			10e	Х					
f				10f		Х				
6			· · · · · · · · · · · · · · · · · · ·	10g		х				
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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Part	: VI	Pension Funding Compliance				_	
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 15500 and line 11a below)				Yes 🗓	No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the				Yes 🗵	No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruotiana	and anta	r the data	of the letter mil	
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see i g the waiver			r the date av	Of the letter rul	ing
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter tl	ne minimum required contribution for this plan year.	••••••	12b			
С	Enter tl	ne amount contributed by the employer to the plan for the plan year	•••••	12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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 r	resolution to terminate the plan been adopted in any plan year?	•••••	.	Yes	X No	
		" enter the amount of any plan assets that reverted to the employer this year			Ī		
b	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro				Yes X No)
		of the PBGC?g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
		assets or liabilities were transferred. (See instructions.)	intily the pla	11(3) 10			
13	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)
Part	VIII	Trust Information - Skip These Questions			I		
	VIII Name	•		14b	Trust's E	IN	
		•		14b	Trust's E	IN	
14a	Name (of trust					
14a	Name (•				or custodian's	
14a	Name (of trust			Trustee o	or custodian's	
14a	Name o	of trust			Trustee o	or custodian's	
14a 14c	Name o	of trust			Trustee o	or custodian's	
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		14 d	Trustee of telephone	or custodian's e number	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions lan a 401(k) plan? If "No," skip b.		Yes Design-t	Trustee of telephone	or custodian's e number No "Prior yet	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-t safe har	Trustee of telephone	or custodian's e number No "Prior ye	ear" ADP
14a 14c Part 15a 15b	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-tsafe har "Current ADP tes Ratio percenta	Trustee of telephone	or custodian's e number No "Prior yet	ear" ADP
14a 14c Part 15a 15b	Name of Name o	IRS Compliance Questions - Skip These Questions John a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Desting method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes Design-tsafe har "Current ADP tes Ratio	Trustee of telephone	or custodian's e number No "Prior yettest N/A Average	
14a 14c Part 15a 15b 16a 16b	Name of IX Is the p How did 401(k)(c) What to gear? (c) Did the for the If the p	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply: 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? In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If		Yes Design-t safe har "Current ADP tes Ratio percentatest Yes	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No	□ N/A
14a 14c Part 15a 15b 16a 16b 17a	Name of IX Is the p How did 401(k)(c) What to year? (c) Did the for the left. If the p	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply: 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? In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If	1	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or ac	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the description	□ N/A ate of
14a 14c Part 15a 15b 16a 16b 17a	Name of Name o	IRS Compliance Questions - Skip These Questions Jan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: John String method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply: John String method was used to satisfy the coverage requirements under section 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? John String method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? John String method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? John String method was used to satisfy the coverage requirements under section 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules? John String method was used to satisfy the coverage requirements under section 410(b) for the plan year by combining the plan	an	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or actate of the	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a 14c Part 15a 15b 16a 17a 17b 18	Name of IX Is the p How did 401(k)(c) What to year? (c) Did the for the letter If the p letter Defined Were a service	IRS Compliance Questions - Skip These Questions blan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules? lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If er / and serial number Benefit Plan or Money Purchase Pension Plan Only:	an	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or actate of the	Dased poor year" t dvisory let	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the dent determination	□ N/A ate of