Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Annual Report Identification Information

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).

2016

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

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

	iai pian year 2016 or i		2010	and ending	2/31/2010	
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a	` •	
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	n	DFVC program	
Don't II	Desis Blandata	special extension (enter desc	' '			
Part II 1a Name		ormation—enter all requested in	formation		1b Three-digit	
ACCESS EN	NDODONTIC SPECIA	LISTS RETIREMENT PLAN			plan number (PN)	001
					1c Effective date of	of plan 1/2007
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0			2b Employer Identi	ification Number 324550
	r town, state or province FALLS, PLLC	ce, country, and ZIP or foreign pos	tal code (if foreign, see in	structions)	2c Sponsor's telep	
			2d Business code	(see instructions)		
P.O. BOX 34 POST FALLS			6212	210		
	idministrator's name a FALLS, PLLC	nd address Same as Plan Spo			3b Administrator's 30-0	EIN 0324550
AES POST I	-ALLS, PLLC		LLS, ID 83877		3c Administrator's	telephone number
					208-26	2-2620
-						
		e plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN	
name		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN 4c PN	
name a Spons	e, EIN, and the plan nu sor's name			· 	_	12
a Spons 5a Total	e, EIN, and the plan nu cor's name number of participants	mber from the last return/report.			4c PN	12 15
a Spons 5a Total b Total c Numb	e, EIN, and the plan nu sor's name number of participants number of participants per of participants with	mber from the last return/report.	the plan year (only define	ed contribution plans	4c PN 5a	12 15 11
a Spons 5a Total b Total c Numb	e, EIN, and the plan nuterics name number of participants number of participants per of participants with lete this item)	s at the beginning of the plan year	the plan year (only define	ed contribution plans	4c PN 5a 5b 5c 5d(1)	15 11
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot	e, EIN, and the plan number of participants number of participants our of participants with plete this item)	s at the beginning of the plan year account balances as of 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	the plan year (only defining	ed contribution plans	4c PN 5a 5b 5c	15 11 12
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl	e, EIN, and the plan number of participants number of participants our of participants with plete this item)	mber from the last return/report. 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 (only defining the plan year	ed contribution plans	4c PN 5a 5b 5c 5d(1)	15 11 12 11
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	mber from the last return/report. s at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return.	the plan year (only defining the plan yearep plan year with accrued in the plan year will be assessed in the year will be assessed in the plan year will be assessed in the year will be assessed in the year will be assessed in the year wi	ed contribution plans contribution plans contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	15 11 12 11 0
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche	e, EIN, and the plan number of participants number of participants per of participants with elete this item)	at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returned signed by an enrolled actuary,	the plan year (only defining the plan year	ed contribution plans coenefits that were less ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if appli	15 11 12 11 0 cable, a Schedule
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returned signed by an enrolled actuary,	the plan year (only defining the plan year	ed contribution plans coenefits that were less ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if appli	15 11 12 11 0 cable, a Schedule
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	mber from the last return/report. s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the terminated employment during the terminated by an enrolled actuary, plete.	the plan year (only defining the plan year	penefits that were less ad unless reasonable ca we examined this return/report version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if appli	15 11 12 11 0 cable, a Schedule y knowledge and
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	mber from the last return/report. s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the terminated employment during the terminated by an enrolled actuary, plete.	the plan year (only definition of the plan year (only definition) are plan year with accrued in the plan year with accrued in the plan year will be assessed the plan year.	penefits that were less ad unless reasonable ca we examined this return/report version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if applirt, and to the best of m	15 11 12 11 0 cable, a Schedule y knowledge and
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary, plete.	the plan year (only definition of the plan year (only definition) are plan year with accrued in the plan year with accrued in the plan year will be assessed the plan year.	penefits that were less ad unless reasonable ca we examined this return/report version of this return/report DALE STEVENS Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if applirt, and to the best of m	15 11 12 11 0 cable, a Schedule y knowledge and
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numl than Caution: A Under pen SB or Sche belief, it is SIGN HERE Preparer's DALE STEN	e, EIN, and the plan number of participants number of participants per of participants with plete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary, plete.	the plan year (only defined an year	ed contribution plans penefits that were less ed unless reasonable ca we examined this return/report version of this return/report DALE STEVENS Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if applirt, and to the best of m	15 11 12 11 0 cable, a Schedule y knowledge and ministrator er or plan sponsor
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE Preparer's DALE STEV BREAK-TH 200 NORTH	e, EIN, and the plan number of participants number of participants or of participants or of participants with elete this item)	mber from the last return/report. s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return the penalties set forth in the instruind signed by an enrolled actuary, plete. Administrator Dyer/plan sponsor name, if applicable) and address (in the plan year terminated employment during the penalties set forth in the instruint signed by an enrolled actuary, plete.	the plan year (only defined an year	ed contribution plans penefits that were less ed unless reasonable ca we examined this return/report version of this return/report DALE STEVENS Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if applirt, and to the best of m dual signing as plan ad gual signing as employed. Preparer's telephone	15 11 12 11 0 cable, a Schedule y knowledge and ministrator er or plan sponsor
name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE Preparer's DALE STEV BREAK-TH 200 NORTH	e, EIN, and the plan number of participants number of participants over of participants with elete this item)	mber from the last return/report. s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return the penalties set forth in the instruind signed by an enrolled actuary, plete. Administrator Dyer/plan sponsor name, if applicable) and address (in the plan year terminated employment during the penalties set forth in the instruint signed by an enrolled actuary, plete.	the plan year (only defined an year	ed contribution plans penefits that were less ed unless reasonable ca we examined this return/report version of this return/report DALE STEVENS Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. eport, including, if applirt, and to the best of m dual signing as plan ad gual signing as employed. Preparer's telephone	15 11 12 11 0 cable, a Schedule y knowledge and ministrator er or plan sponsor

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6a Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Yes	. П 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								× Yes	No No
If you answered "No" to either line 6a or line 6b, the plan cannot c If the plan is a defined benefit plan, is it covered under the PBGC in						_	_	☐ Not dete	arminad
	isurance p	ologialii (see EKISA se	ection 4	021)?		168	Пио	Not dete	#IIIIIIeu
Part III Financial Information									
7 Plan Assets and Liabilities	_	(a) Beginning	of Year 696597				(b) End	of Year 867380)
a Total plan assets	7a		030337					007300	
b Total plan liabilities C Net plan assets (subtract line 7b from line 7a)	7b		696597	,				867380)
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c						(b) T		
a Contributions received or receivable from:		(a) Amour	ιτ				(b) To	otai	
(1) Employers	8a(1)		29891						
(2) Participants	8a(2)		88193						
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		52699)					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							170783	3
d Benefits paid (including direct rollovers and insurance premiums	04								
to provide benefits) • Certain deemed and/or corrective distributions (see instructions).	8d 8e			-					
f Administrative service providers (salaries, fees, commissions)	8f								
d Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							()
i Net income (loss) (subtract line 8h from line 8c)	8i							170783	3
Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics	<u> </u>								
9a If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in	the instr	uctions:	
2E 2G 2J 2K 2R 3D									
b If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	ın Chara	acteris	tic Cod	des in t	the instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contribu-	utions withi	n the time period							
described in 29 CFR 2510.3-102? (See instructions and DOL's \	-	•	10a		X				
Program) b Were there any nonexempt transactions with any party-in-interes:			10a						
reported on line 10a.)	•		10b		X				
C Was the plan covered by a fidelity bond?			10c	X					10000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son	her person	s by an insurance							
the plan? (See instructions.)			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	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i	X					

ı	Form	550	0-SF	201	16

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are set of the constructions and constructions are set of the constructions				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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	s X No)
	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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(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 custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		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?			s	No	

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).

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

Part I	Annual Report	lde	entification Information	n				
For calenda	r plan year 2016 or fis			01/01/	2016	and ending	12/3	1/2016
Δ This rot	urn/report is for:	X	a single-employer plan					ing this box must attach a ith the form instructions.)
A IIIISTEU	апитероп із тог.		a one-participant plan		eign plan	pioyer illionnation il a	ccordance wi	ar the form instructions.
B This retu	rn/report is		the first return/report	the fin	al return/report			
			an amended return/report	a sho	rt plan year returr	n/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Χ		<u></u>	natic extension		DFVC pr	ogram
	- · - · · · · ·		special extension (enter desc	' '				
Part II		rm	nation—enter all requested in	nformation			41	
1a Name of ACCESS E		C	IALISTS RETIREMENT	PLAN			1b Three plan r	number 001
							1c Effect	tive date of plan 1/2007
Mailing	address (include roor	n, a	, if for a single-employer plan)	.O. Box)	foreign and instr	(untiona)		oyer Identification Number 30-0324550
	T FALLS, PLLC		country, and ZIP or foreign pos	stai code (ir	foreign, see instr	uctions)	-	sor's telephone number 262-2620
P.O. BO	X 3467						2d Busin 62121	ess code (see instructions) 10
POST FA	LLS		ID 83877					
3a Plan ad	lministrator's name ar	d a	address Same as Plan Spo	onsor.				nistrator's EIN
AES POST	FALLS, PLLC		<u> </u>					324550
P.O. BOX	3467							nistrator's telephone number
POST FAI			ID 83877					
	EIN, and the plan nur		an sponsor has changed since or from the last return/report.	e the last re	turn/report filed to	or this plan, enter the	4b EIN 4c PN	
		-4.4					5a	1 0
			the beginning of the plan year				5b	12
			the end of the plan year ount balances as of the end of					15
							5c	11
	·		pants at the beginning of the p				5d(1)	12
			pants at the end of the plan ye minated employment during th				5d(2)	11
than 1	00% vested						. 5e	C
			ncomplete filing of this return penalties set forth in the instru					
SB or Sche	dule MB completed ar rue, correct, and comp	nd s	signed by an enrolled actuary,	as well as t	the electronic ver	sion of this return/repo	rt, and to the	best of my knowledge and
SIGN	7 g 2 3 -			0	ctober 13, 2017	Dustin Gatten		
HERE	Signature of plan a	dm	inistrator		ate	Enter name of individ		as plan administrator
SIGN	Tush)			(October 13, 2017	Dustin Gatten		
HERE	Signature of emplo				ate			as employer or plan sponsor
Preparer's Dale Ste		am	e, if applicable) and address (i	(include roor	m or suite numbe	er)		telephone number
	ru Benefits,	L	LC				50	09-755-3767
200 Nort	ch Mullan Road	d,	Suite 216					
Spokane	Vallev	I	WA 99206					

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	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility								x \	res No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						_	<u>—</u>
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)?		Yes	No	Not o	determined
Pa	rt III Financial Information		_							
7	Plan Assets and Liabilities		(a) Beginning				((b) End	of Year	
а	Total plan assets	7a		696,	597					867,380
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		696,	597					867,380
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		29,	891					
	(2) Participants	8a(2)		88,	193					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		52,	699					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								170,783
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d								
	Administrative service providers (salaries, fees, commissions)	8e 8f			_					
_ <u>'</u>	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
-	Net income (loss) (subtract line 8h from line 8c)	8i								170,783
ij	Transfers to (from) the plan (see instructions)	8j								·
Pai	rt IV Plan Characteristics	<u> </u>	l							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	les in t	he instri	ıctions:	
	That is plan provided from the bollome, office the applicable from the	oataro oot	Joe Holli tilo Elot of Fila	ii Onare	20101101				20110110.	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
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		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					100,000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	her persor ne or all of	s by an insurance the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х				
h	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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i	Х					

	Form 5500-SF 2016 Page 3-					
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	Sched	lule SE	3	Пү	es No
	(Form 5500) and line 11a below)		<u> </u>			
_	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•	11a		_	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		302 of		Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions,	, and e	_		of the letter Year	ruling
If ·	granting the waiver		Day			
	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d		١.	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No)
154	If "Yes," enter the amount of any plan assets that reverted to the employer this year		I3a	100	24 140	<u>'</u>
b			ı sa			
	control of the PBGC?				Yes X	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planth which assets or liabilities were transferred. (See instructions.)	an(s) to)			
1	3c(1) Name of plan(s):	c(2) E	IN(s)		13c(3)	PN(s)
				<u> </u>		
Part	VIII Trust Information					
14a	Name of trust	1	I4b ⊺	rust's E	IN	
14c	Name of trustee or custodian	1			or custodia e number	an's
Part	IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b.	'es			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section $\parallel \parallel$	esign-l afe har			"Prior ye test	ar" ADP
		Current DP tes			N/A	
16a		Ratio	togo	☐ Av	verage	□ N/A
- 101	t	ercent est	ıaye	∐ be	nefit test	∐ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	'es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number	etter o	r advis	ory lette	er, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the cletter	late of	the mo	ost rece	ent determin	ation
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated froservice?	om [Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	[Yes		No	