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 MATRIX CONSULTING, INC. 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2009 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) 68-0552600 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number MATRIX CONSULTING, INC. 509-430-8094 2d Business code (see instructions) 300 COLUMBIA POINT DRIVE, STE C204 541600 RICHLAND, WA 99352 **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 5 5a Total number of participants at the beginning of the plan year 5 5b **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 5 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 5 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 belief, it is true, correct, and complete Filed with authorized/valid electronic signature. 0/13/2017 KIM DETIENNE SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	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								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.			_
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	X No	Not dete	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	,		((b) End o	f Year	
a	Total plan assets	7a		348165	5				429430)
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		348165					429430)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
а	Contributions received or receivable from:	0 (4)		9399						
	(1) Employers	8a(1)		42421						
	(2) Participants	8a(2)		42421	_					
	(3) Others (including rollovers)	8a(3)		31440						
	Other income (loss)	8b		31440					83260	\
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							03200	,
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1995						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1995			
ī	Net income (loss) (subtract line 8h from line 8c)	8i					81265			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	, ,	L							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	ctions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					35000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
е				10e		X				
f	Has the plan failed to provide any benefit when due under the plan?			10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
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)					[] `	∕es X No	
		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 section 302 of ERISA?							│	res X No	
	(If "Yes," 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	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
		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's or custodian's one number		
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	
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?						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

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I		Identification Information			1533 e/m	. 90 BORROW W.			
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/20	16	and ending 12/3	31/2016				
A This ret	um/report is for:	X a single-employer plan		an (not multiemployer) nployer information in a					
		a one-participant plan	a foreign plan			,			
B This retu	ım/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	m			
D-411	D DI I C	special extension (enter desc							
Part II		ormation—enter all requested in	formation		T 22				
1a Name	mana Manana an	(K) PROFIT SHARING PLAN			1b Three-digit plan numb (PN) ▶				
					1c Effective date of plan 01/01/2009				
Mailing	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					Identification Number 552600			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MATRIX CONSULTING, INC.					telephone number 509) 430-8094			
300 COLUM	BIA POINT DRIVE, S	TF C204				code (see instructions)			
RICHLAND,									
		nd address K Same as Plan Spo	nsor.		3b Administrator's EIN				
		_							
					3c Administra	tor's telephone number			
4 If the n	ame and/or EIN of th	e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN				
a Sponso		imber from the last return/report.			4c PN				
		s at the beginning of the plan year.		· · · · · · · · · · · · · · · · · · ·	5a	5			
		s at the end of the plan year			5b	5			
C Number	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	5			
		ndisionale at the territories of Files in			•	5			
		articipants at the beginning of the p articipants at the end of the plan ye			5d(1)	5			
e Numb	er of participants that	t terminated employment during the	e plan year with accrued be	nefits that were less	5e				
Caution: A	100% vested	or incomplete filing of this retur	n/ranact will be appeared	uniona rosponable an					
Under pena	Ities of perjury and o	ther penalties set forth in the instru	ctions. I declare that I have	examined this return/re	eport including if	annlicable, a Schedule			
SB or Sche	dule MB completed a rue, correct/and com	and signed by an enrolled actuary.	as well as the electronic ver	rsion of this return/repor	rt, and to the best	of my knowledge and			
SIGN HERE	lu	/ME	10/13/20	Kim DeTienne					
	Signature of plan	dministrator	Daté	Enter name of individ	lual signing as pla	n administrator			
SIGN HERE				5100 de 20075 1000 200	NO 25 NO 12				
	Signature of employment	oyer/plan sponsor name, if applicable) and address (i	Date		lual signing as em Preparer's teler	ployer or plan sponsor			
	(modding mm		notate room of suite number	., j	1 rehard a raid	mone numbel			
						Ï			

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Form	วอบเ	1-5F	ZUI	b

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b Are you claiming a warver of the annual examination and report of an independent qualified public accountant (QPA) under 20 FCF 2250.104.46 (2) Ecci instructions or waiver eligibility and conditions.) If you answored 'No't to either line & a or line &b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PECC insurance program (see ERISA section 4021)? Yes No No No I Not determine Part III Financial Information 7. Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 17	6a Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)				-		X Ye	s No
If you answered "No" to other line 6 aor line 8b, the plan cannot use Form 5500.\$F and must instead use Form 5500. If the plan is a defined benefit plan, is it novered under the PBGC insurance program (see ERISA section 4021)?	b Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	tant (IC	(PA			_	
c If the plan is a defined benefit plan, is it covered under the PRGC insurance program (see ERISA section 4071)?, Yes No Not determine Part III Financial Information 7 Plan Assets and Liabilities 8 (a) Beginning of Year 4 Total plan assets 7 A 348165 429430 5 Total plan instellines 7 B Assets and Liabilities 7 B Assets and Liabilities 7 B Assets and Liabilities 8 (a) Amount (b) Total 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 9 C Participents 8 Ba(2) (b) Participents 8 Ba(2) (c) Participents 8 Ba(3) (d) Participents 8 Ba(3) (e) Participents 8 Ba(3) (f) Participents (g) Participents (g) Participents (g) Participents 8 Ba(3) (g) Participents (g) Particip	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s No
Part III Financial Information (a) Beginning of Year									□ Not det	
7 Plan Asacts and Liabilities	AND THE PROPERTY OF THE PROPER	isurance p	Jiograffi (See ERISA Si	ection 4	1021)?		res	∏ио	☐ ivot det	erminea
a Total plan assets		т			— Т					7.50
b Total plan liabilities	The state of the s	90400	(a) Beginning					(b) End		
C Net plan assets (subtract line 7b from line 7a)		1		3481	65				4294	-30
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 9399 (2) Participants 8a(2) 42421 (3) Others (including rollovers)				0.101					102	
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		7c		34810	65		Y 1940	332007	4294	30
(1) Employers	- Total Text		(a) Amoun	ıt	_			(b) 1	otal	
(2) Participants		8a(1)		939	99					
(3) Other (including rollovers)		····		424	21		2			san specialism and
b Other income (loss)				••		(C)			162	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				314	40			*		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h f Part V Compliance (add lines 8d, 8e, 8f, and 8g) 8h f Total expenses (add lines 8d, 8e, 8f, and 8g) 8h f Total expenses (add lines 8d, 8e, 8f, and 8g) 8h f Total expenses (add				228		25 25 25 25			832	60
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions). g Other exponses	d Benefits paid (including direct rollovers and insurance premiums					Market				
f Administrative service providers (salaries, fees, commissions)	· · · · · · · · · · · · · · · · · · ·	8d		172						
g Other expenses		8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f		199	95					
i Net income (loss) (subtract line 8h from line 8c) 8i 81265 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics ff the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan covered by a fidelity bond?. 10b X c Was the plan covered by a fidelity bond?. 10c X 350 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 6 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.). 10c X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 10c X 10d X 10d X 10f If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.). 10h X	g Other expenses	8g							201	
Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		****		1995				95
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions). 10e 10e T Has the plan failed to provide any benefit when due under the plan? 2 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). 10g 1 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.). 1 If 10h was answered "Yes," check the box if you either provided the required notice or one of the		8i				81265				65
9a	j Transfers to (from) the plan (see instructions)	8j					100000000	00		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part IV Plan Characteristics							* ***		
Part V Compliance Questions	9a If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	the inst	ructions:	
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). **Description** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). **Description** **De		eature cod	les from the List of Pla	n Chara	acteris	lic Cod	des in t	he instr	uctions:	
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). **Description** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). **Description** **De							-			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?					1		,			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	3				Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	described in 29 CFR 2510.3-102? (See instructions and DOI's V	itions withi /oluntary F	n the time period			v				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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 Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Program)		addiary Correction	10a		^				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		Х			000000	
by fraud or dishonesty?	C Was the plan covered by a fidelity bond?			10c	Х					35000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	The plant of the plant of the plant of the plant of	fidelity bo	nd, that was caused	10d		Х				
f Has the plan failed to provide any benefit when due under the plan?	carrier, insurance service, or other organization that provides son	ne or all of	the benefits under	10e		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				10f		Х				
2520.101-3.)				10g		Х		300		
				10h		Х		- (3 - 17 (4)		
exceptions to providing the notice applied under 29 CFR 2520.101-3	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

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Part	VI	Pension Funding Compliance						······································
11 ——	ls t (Fo	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and community 5500) and line 11a below)	omplet	e Sch	iedule S	В		Yes X No
_11a	En	ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	.,		11a			
12	ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or s	sectio	n 302 of			Yes X No
		RISA?					-	103 M 140
а	If a	n waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instanting the waiver	ruction	s, an				
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3	i.	Day	,	Year	
		er the minimum required contribution for this plan year		-	12b		-	
		er the amount contributed by the employer to the plan for this plan year			12c			
d	Sul	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the legative amount)	eft of a		12d			
е		If the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part		Plan Terminations and Transfers of Assets			<u> </u>			
13a	Ha	s a resolution to terminate the plan been adopted in any plan year?			· ·	☐ Ye	s X	No
		Yes," enter the amount of any plan assets that reverted to the employer this year			13a		<u> </u>	
b	We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ht unde	er the			Yes	X No
С	lf, o	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	y the p	lan(s) to			
1		1) Name of plan(s):	1	3c(2)	EIN(s)	-	130	(3) PN(s)
								(0) 111(0)
Part	37111	Trust Information						- V
		e of trust	%					
i Ha	varn	e of trust			14b ⊺	rust's i	EIN	
14c	Nam	ne of trustee or custodian			14d T	rustee	's or custo	dian's
						0.00	ne numbe	
Part	: IX	IRS Compliance Questions		300			<u> </u>	
45-			ТП	Yes			Пла	
15a	Is th	e plan a 401(k) plan? If "No," skip b	└─				No	
15b	How 401(vidid the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply:		Desig safe h	n-based ıarbor	[] "Prior y	year" ADP
				Curre ADP t	ent year" est		N/A	
16a	Wha	at testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio		^	Lioraga	
	yeai	r? Check all that apply:		perce test	entage		verage enefit test	☐ N/A
16b	Did	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)		Yes			□ No	
172	tor th	he plan year by combining this plan with any other plan under the permissive aggregation rules?	🗀				∐ No	
	tne	e plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of letter and the serial number						
	lette		ter the	date	of the m	ost rec	ent determ	nination
	Wer	ned Benefit Plan or Money Purchase Pension Plan Only: e any distributions made during the plan year to an employee who attained age 62 and had not separ ice?	rated fr	om	Yes	. [No	C/200.
19	Was	s any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	***