## Form 5500-SF

Department of the Treasury Internal Revenue Service

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).

▶ 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

Part I		t Identification Information						
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/2			2/31/2016			
A This re	turn/report is for:							
		a one-participant plan	a foreign plan					
<b>B</b> This ret	urn/report is	the first return/report	the final return/repo					
<b>6</b> a		an amended return/report	a short plan year re	eturn/report (less than 12 m				
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	on	DFVC progra	am		
Part II	Racio Blan Inf	formation—enter all requested inf						
1a Name		ormation—enter all requested in	formation		1b Three-dig	nit .		
		ST LTD. 401(K) PROFIT SHARING F	PLAN		plan num			
					(PN) <b>•</b>	001		
			1c Effective	date of plan 01/01/1999				
	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 91-1490821		
	r town, state or provir DEVELOPMENT EAS	nce, country, and ZIP or foreign post ST, LTD	al code (if foreign, see in	nstructions)		s telephone number 09-327-7150		
					2d Business	code (see instructions)		
921 W BRO						541400		
SPOKANE, \	WA 99201							
3a Plan a	idministrator's name	and address X Same as Plan Spor	nsor		<b>3b</b> Administr	ator's FIN		
ou mana	diffinition de l'arrio	and address a same as rian open			- 7 tarriiriloti	4101 0 2114		
					3c Administr	ator's telephone number		
4 If the	name and/or EIN of t	he plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN			
	•	umber from the last return/report.			4			
	or's name				4c PN			
_		ts at the beginning of the plan year			5a	13 		
		ts at the end of the plan yearh account balances as of the end of			5b 5c			
comp	lete this item)							
		participants at the beginning of the pl			5d(1)			
		participants at the end of the plan year			5d(2)			
		at terminated employment during the			5e	(		
		e or incomplete filing of this return						
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a malete						
SIGN		d/valid electronic signature.	10/16/2017	DALE STEVENS				
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pl	an administrator		
SIGN								
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as e	mployer or plan sponsor		
Preparer's		name, if applicable) and address (ir	nclude room or suite nur			phone number		

DALE STEVENS

BREAK-THRU BENEFITS, LLC

200 NORTH MULLAN ROAD, SUITE 216 SPOKANE VALLEY, WA 99206

509-755-3767

Form 5500-SF 2016 Page **2** 

Part III   Financial Information   Financial Informa	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Y	es No
c if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b									X Y	es No
Part III   Financial Information   Financial Informa		,		,							
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a 1049614 1989511 a Total plan assets	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 de	etermined
a Total plan assets	Pa	rt III Financial Information									
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	2	431644					19895	11
8 Income Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b								
a Contributions received or receivable from: (i) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	2	431644					19895	11
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
(2) Participants	а		90/1)		15580						
(3) Others (including rollovers)					48000						
b Other income (loss)					.0000						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·	1		53764						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		` '								1173	44
e Certain deemed and/or corrective distributions (see instructions).  8 d 559327  e Certain deemed and/or corrective distributions (see instructions).  8 d 559327  f Administrative service providers (salaries, fees, commissions)			00								
f Administrative service providers (salaries, fees, commissions)			8d		559327	'					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 559477  i Net income (loss) (subtract line 8h from line 8c) 8i -442133  j Transfers to (from) the plan (see instructions) 8j  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: 2A 2E 2F 2J 2R 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year: Yes No N/A Amount  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.)	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		150						
Part IV   Plan Characteristics   Plan Characteristics	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5594	77
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:    2A 2E 2F 2J 2R 3D	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-4421	33
Second Part	<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
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?  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.)	Pai	t IV Plan Characteristics									
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?  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.)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
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	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 instru	uctions:	
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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	N/A		Amour	nt
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction	10a		X				
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		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					245000
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.)	d	·	•	•	10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	<b>e</b> 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			10e						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
2520.101-3.)	<u>_</u>		-		10g		X				
If 10h was answered "Yes" check the box if you either provided the required notice or one of the	h	2520.101-3.)	` 		10h		X				
exceptions to providing the notice applied under 29 CFR 2520.101-3	i				10i						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				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(	<b>2)</b> 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

Copartment of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration Pension Barietti Guaranty Corporation

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

This form is required to be filled 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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

гитики памени изцалалну Согразавол	<ul> <li>Complete all entries in</li> </ul>	accordance with the instructions to the Form	5500-SF	Public inspection
Part Annual Repor	t identification information	1		
For calendar plan year 2016 or		01/01/2016 and ending	12/3	31/2016
A	X a single-employer plan	a multiple-employer plan (not multiemploye	r) (Filers check	ing this box must attach a
A This return/report is for:	C s con participant slav	list of participating employer information in	accordance w	ith the form instructions.)
	□ a one-participant plan	a foreign plan		
R This until makes and in	[] the first and a formal	□		
B This return/report is	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 12	months)	
C Check box if filling under:	X Form 5558	automatic extension	☐ DFVC p	roarma
	special extension (enter desc	Local	T DI. AC b	Ograin
Wessell Basis Bland	ormation—enter all requested in		-	7.27
1a Name of plan	ormanion—enter all requested in	romation	146	The state of the s
			1b Three	CI C
THIRKTOK DEAFTONMENT	EAST LTD. 401(K) PRO	OFIT SHARING PLAN	(PN)	
				live date of plan
			1983	1/1999
2a Plan sponsor's name (empl	oyer, if for a single-employer plan)			over Identification Number
Mailing address (include roo	om, apt., suite no. and street, or P.C	D. Box)		91-1490821
INTERIOR DEVELOPMEN	ce, country, and ZiP or foreign post	al code (if foreign, see instructions)	2c Spon	sor's telephone number
**************************************	and the second			327-7150
921 W BROADWAY			2d Busin	ess code (see instructions)
~ #4 W 11 WHO WAT 1847			54140	00
SPOKANE	WA 99201			
	ind address X Same as Plan Spor		26	7 V
ear Flori administrator a florite a	no address Micanie as Flan Opti	BUI,	JID AGMIN	nistrator's EIN
			3c Admir	nistrator's telephone number
				-
4 If the name and/or EiN of th	e olan sponsor has changed since	the last return/report filed for this plan, enter the	4b EIN	W
name, EIN, and the plan nu	mber from the last return/report.			
a Sponsor's name			4¢ PN	
5a Total number of participants	at the beginning of the plan year	***************************************	5a	13
				7
<ul> <li>Number of participants with</li> </ul>	account balances as of the end of	the plan year (only defined contribution plans		
complete this item)			96	7
d(1) Total number of active pa	articipants at the beginning of the pla	an year	5d(1)	13
d(2) Total number of active pa	articipants at the end of the plan yes	ar	5d(2)	2
<ul> <li>Number of participants that</li> </ul>	l terminated employment during the	plan year with accrued benefits that were less	1 1	nic male marine action foun moral quite marine anno anno anno
than 100% vested			5e	0
Linder remaities of nertury sort of	or incomplete filling of this return	Yeport will be assessed unless reasonable co Sons, I declare that I have examined this return/o	ause is estab	lished.
SB or Schedule MB-Copipleted a	nd signed by an exfolied actuary, a	is well as the electronic version of this return/repo	wpont, including ort. and to the	g, ir applicable, a scriedule best of my knowledge and
belief, it is true, correct, and com	dete			
SIGN TONLOR	Mulle	Patricia Luck	ca	
HERE: Signature of plan a	dministrator 2	Date 10/16/17 Enter name of indivi	idual signing s	s olan administrator
167.	. /10 1	Patricia Luck		er persont I samen i III sine sa DAMAN
	each gyes			
Signature of emplo	yer/plan sponsor name, if applicable) and address (in	Date 10/16/17 Enter name of indivi		s employer or plan sponsor
Dale Stevens	маты, п ардамама) ана вист <del>е</del> за (m	Mude fourt of Suite fluitibet)	Modern Medical Control Control	telephone number
Break-Thru Benefits,	LLC		1 50	9-755-3767
200 North Mullan Roa				
A STATE OF THE PROPERTY OF THE				
Spokane Valley	WA 99206			

	Form 5500-SF 2016		Page 2	Manage (manage)		-			
	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either line 6a or time 6b, the plan care if the classic additional to the clas	an indeper and condition not use Fo	indent qualified public illons.) orm 5500-SF and mu:	accoun	rtant (i	QPA)	ssoo.	***********	X Yes No
P	If the plan is a defined benefit plan, is it covered under the PBGC I	nsurance	program (see ERISA s	ection	4021)7	·	Yes	No [	Not determined
7	Plan Assets and Liabilities		(=) (N==================================						
а	Total plan essels	7a	(a) Beginning	, 431,				(b) End o	The state of the s
b	Total plan liabilities	7b	, s	ر ساد (سه ≱ي و	044				1,989,511
	Net plan assets (subtract line 7b from line 7a)	70	2	,431,	511				1 000 611
8	Income, Expenses, and Transfers for this Plan Year	1880			014				1,989,511
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amoui		580			(b) To	(a)
	(2) Participants	8a(2)		48,	000				
	(3) Others (including rollovers).	8e(3)				-41 c		Tear is	
b	Other income (toss)	8b		53,	764		িক		7 9 7 4 1 7 8 6
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10		147-years x (6)	78./1595 <b>4</b> 5.(1595 Pr)	-BRICHVEDPOLE	117,344
d		8d		559,	327				
0	Certain deemed and/or corrective distributions (see instructions)	80							
f	Administrative service providers (salaries, fees, commissions)	86				100			(1996)
g	Other expenses	6g			150			13	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	Bh							559,477
	Net income (loss) (subtract line 8h from line 8c)	81			88	-442,1			
j	Transfers to (from) the plan (see instructions)	81			1				
Pai	Plan Characteristics				L3	040,5 (4.4)		/5050/55B0V/6	
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2R 3D	feature co	des from the List of Pla	an Cha	racteri	stic C	odes in	the instru	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	cteris	tic Co	des in th	e instruc	dons;
Par	Compliance Questions								
10	During the plan year:				Yes	No	NA		Ampant
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	ductary Correction	10a		х			**************************************
þ	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х			77-7-1
С	Was the plan covered by a fidelity bond?			4/1-	х		製造		245 000

10	During the plan year:		Yes	No	N/A	Ameant
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)	10a		х		A day of the second
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	105		Х		111111111111111111111111111111111111111
C	Was the plan covered by a fidelity bond?	10c	x			245,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х		No. 10 April
f	Has the plan failed to provide any benefit when due under the plan?	101		Х		
g	Did the plan have any participant loans? (if "Yes," enter amount as of year-end.)	10g		Х	B.W.	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
į "	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	104	1			

Form 5500-SF 2016 Page 3-					
Part VIII Pension Funding Compliance				A. FOLK	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below).	mplete Sch	edule S	В	10	res No
11a 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 Coc ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	de or sectio	n 302 o		1	es X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	uctions, are				rruling
If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	ontri	Day		Year	
b Enter the minimum required contribution for this plan year		12b		-,	
C Enter the amount contributed by the employer to the plan for this plan year	Annual Property of the Popular	12c			- SHINKIN
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount).	l of a	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [	N/A
Part 111 Plan Terminations and Transfers of Assets					
13a Has a resolution to terminale the plan been adopted in any plan year?			Yes	X N	)
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 control of the PBGC?	t under the	111111111111	Ţ	Yes X	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b 7	rusi's El	N	
14C Name of Irustee or custodian				or custodie number	an's
Part X IRS Compliance Questions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
15a is the plan a 401(k) plan? If "No;" skip b	Yes			No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	□ safe h	nt year		"Prior ye test N/A	ar ADP
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio			erage refit 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

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

and the serial number

service?

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

etter

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? ......

Yes

lest

Yes

No

☐ No

☐ No