	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 12 12	10-0110 10-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee R	etirement	2016	
Employee B	partment of Labor enefits Security Administration	Income Security Act of 1974 (7(b) and 6058(a) of the		This Form is Ope Public Inspectio	
	nefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 5	500-SF.	•	
For calenda	Annual Report IC ar plan year 2016 or fisca	dentification Information al plan year beginning 01/01/20	016	and ending 12	2/31/2016		
	×	a single-employer plan	a multiple-employer pla	6	Filers checl	king this box must attac	ch a
A This ret	urn/report is for:	a one-participant plan	list of participating em	ployer information in ac	cordance v	ith the form instruction	IS.)
B This retu	ırn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram	
	\geq	special extension (enter descri	ption) HURRICANE IRMA	TAX RELIEF			
Part II	Basic Plan Inform	mation—enter all requested info	ormation				
1a Name THE CHECK		ALANCE PENSION PLAN AND T	RUST		1b Thre plan (PN)	number	
					, ,	tive date of plan 01/01/2014	
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign posta		uctions)	2b Emp (EIN)	oyer Identification Num 90-0254771	nber
	DEPOT, INC.		r code (il loreign, see insti	uctions)	2c Spor	nsor's telephone number 941-525-2217	er
	OLOGY DRIVE, SUITE ICE, FL 34275	8			2d Busir	ness code (see instruct 453990	ions)
3a Plan a	dministrator's name and	address 🗙 Same as Plan Spons	sor.			nistrator's EIN nistrator's telephone n	umber
		plan sponsor has changed since the provident of the provident of the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN		
a Spons	or's name	•			4c PN		
5a Total ı	number of participants at	t the beginning of the plan year			5a		8
b Total ı	number of participants at	t the end of the plan year			5b		8
		count balances as of the end of th		•	5c		
d(1) Tota	al number of active partic	cipants at the beginning of the pla	n year		5d(1)		8
		cipants at the end of the plan year			5d(2)		8
		rminated employment during the			5e		C
		incomplete filing of this return					
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, as ete.					
SIGN	Filed with authorized/va	lid electronic signature.	10/18/2017	JAMES WOOD			
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ual signing	as plan administrator	
SIGN HERE							
	Signature of employe	er/plan sponsor ne, if applicable) and address (ind	Date			as employer or plan sp s telephone number	onsor
	חמוזים (חוסוטטווש ווווו וזמן	ייכ, וו מאטוניסטובי מווע מעטובטט (ווונ	aude room of suite humbe	, , ,	Treparers		

	 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	828878	1297049						
b		7b	0	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	828878	1297049						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	451850							
	(2) Participants	8a(2)	0							
	(2) Others (is alcoling rellacions)	0=(2)	0							

(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	16321	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		468171
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions).	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		468171
j Transfers to (from) the plan (see instructions)	8j	0	

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: 1A 1C
	1A 1C

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
а	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		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			250000
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		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i	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	10i				

Page **3-** 1

11	VI	Pension Funding Compliance							
		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co n 5500) and line 11a below)	•					X Ye	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Ye	es 🗙 No
		A? /es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					']	
а	lf a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instring the waiver.		, and e	enter tl Dav			letter ar	ruling
lf y	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,				
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
	Subti	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	ft of a		12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N)	N/A
Part '	VII	Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?				Yes	s)	No	
		es," 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 brough	nt undei	the			Ye	s X	No
С	lf, du	ol of the PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify							
		n assets or liabilities were transferred. (See instructions.) Name of plan(s):	13	a(2) E			1	20(2)	PN(s)
	36(1)		10	8 c(2) E	.111(5)		1	50(3)	FIN(5)
Part	VIII	Trust Information							
14a	Name	of trust			11h -		.		
					140	rust's E	IN		
440					140	rust's E	IN		
14C	Name	of trustee or custodian				rust's E		stodia	ın's
14C	Name				14d ⊺		s or cu		ın's
		of trustee or custodian			14d ⊺	rustee'	s or cu		in's
14C Part					14d ⊺	rustee'	s or cu		in's
Part	t IX	of trustee or custodian		/es	14d ⊺ t	rustee' elephoi	s or cu ne num	ber	
Part 15a 15b	t IX Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es	14d T t	rustee' elephoi	s or cu ne num	ber	ar" ADP
Part 15a 15b	t IX Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es resign- afe ha	14d ⊤ t	rustee' elephor	s or cu ne num	ber	
Part 15a 15b	t IX Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes resign- afe ha DP tes Ratio	based rbor t year"	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage	ber or yea	ar" ADP
Part 15a 15b	t IX Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		/es esign- afe ha DP tes	based rbor t year"	rustee' elephor	s or cu ne num No Wri test	ber or yea	
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes esign- afe ha Curren DP tes Ratio percen	based rbor t year"	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage	ber or yea	ar" ADP
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th for the	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS complete the plan that p		Yes resign- afe ha Curren DP tes Ratio bercen est Yes	based rbor t year" st	rustee' elephor	s or cu ne num No "Pri- test N/A verage enefit te	ber or yea	ar" ADP
Part 15a 15b 16a 16b 17a	t IX Is the How c 401(k) What year? Did th for the If the the le	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS complete the plan that p		Yes vesign- afe ha Curren DP tes Ratio bercen est Yes etter c	based rbor t year" tage	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage enefit te enefit te enefit te	ber or yea est	ar" ADP
Part 15a 15b 16a 16b 17a 17b 18	t IX Is the How of 401(k) What year? Did th for the If the letter Define Were	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or tter and the serial number	F F F t F t t ter the c	Yes vesign- afe ha Curren DP tes Ratio Dercen est Yes etter co date of	based rbor t year" tage	rustee' elephor	s or cu ne num] No] "Pri test] N/A verage enefit te enefit te enefit te	ber or yea est	ar" ADP

	SCH	EDULE SB		Single-Err	nploy	yer Define	d Be	nef	it Plan			OMB N	No. 1210-0110	
	(Fo	orm 5500)		Α	ctua	rial Inform	natio	n					2016	
		ment of the Treasury al Revenue Service										-	2010	
	Dep	partment of Labor		This schedule is rec Retirement Income S							т	his Form	is Open to P	Public
		efits Security Administra nefit Guaranty Corporatio		In	nternal F	Revenue Code (th	ne Ćode)).					spection	abilo
						chment to Form	5500 or	r 550(
		lan year 2016 or fi			1/01/201	16			and ending	12/	31/20	16		
		amounts to near		sessed for late filing of	this rop	ort uplace raceor	able ca		o octoblichod					
	Name of pla		will be as	sessed for fate filling of	uns iep	ont unless leaso		B	Three-dig					
			ASH BALA	ANCE PENSION PLAN	AND T	RUST			plan numl		1)	•	002	
									plairiain		•)			
~	Discourse				0.05				E	1		Nhumber //		
C	•	K DEPOT. INC.	n on line 2	2a of Form 5500 or 550	0-5F			D	Employer I	dentific 90-02			EIN)	
										90-02	3477	1		
Е	Type of plan	: 🗙 Single 🛛 N	Multiple-A	Multiple-B		F Prior year pla	an size:	X 10	00 or fewer	101	-500	More th	nan 500	
F	Part I	Basic Informat	tion							•				
1		valuation date:		Month <u>12</u> Da	ay <u>3</u>	1 Year _20	016	_						
2	Assets:													
	a Market	value								2a			8	45199
	b Actuari	al value								2b			8	45199
3	Funding t	arget/participant c	ount breal	kdown			· · ·		iber of	(2) Ve		Funding	(3) Total F	
	a For reti	red participants an	nd benefici	iaries receiving paymer	nt			articip			Targe	ei 0	Targ	0
									0			0		0
		•	•						8			848145		848145
									8			848145		848145
4				ne box and complete lin				Π				0.01.10	I	0.01.10
				bed at-risk assumption	. ,	. ,		ш 		. 4a				
	b Funding	g target reflecting a	at-risk ass	sumptions, but disregard	ding trar	nsition rule for pla	ans that I	have	been in at-ris	[*] 4b				
	status	for fewer than five	consecutiv	ve years and disregard	ing load	ling factor								
5	_									. 5				5.58%
6										. 6			3	98271
310	To the best of r accordance wit	h applicable law and reg	ulations. In m	ed in this schedule and accomp ny opinion, each other assumpt operience under the plan.										
	SIGN HERE											09/28/201	17	
			Sigr	nature of actuary				_				Date		
(CLINT A. BL	ANKENSHIP, EA,	MSPA					_				17-06679	9	
			Type or p	print name of actuary						Most	recer	t enrollme	nt number	
1	MCCLOUD 8	& ASSOCIATES, II	NC.								8	316-792-38	338	
	200 W. MILL LIBERTY, M			Firm name					Tel	ephone	e num	ber (incluc	ling area cod	le)
			Ad	Idress of the firm										
	e actuary ha ructions	s not fully reflected	d any regu	ulation or ruling promulg	gated ur	nder the statute in	o comple	eting t	his schedule	, check	the t	oox and se	e	
Fo	or Paperwor	k Reduction Act N	Notice, se	ee the Instructions for	Form 5	5500 or 5500-SF.					S	chedule S	B (Form 550) v.	00) 2016 . 160205

P	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances							
							(a) (Carryover balance		(b) Pr	efundi	ng balance	
7		-			able adjustments (line 13 fro			0				20740	
8				-	nding requirement (line 35 fr	-		0				0	
9	Amount	remaining	g (line 7 minus line	e 8)				0				20740	
10	Interest	on line 9	using prior year's	actual retu	rn of <u>-1.17</u> %			0				-243	
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:								
	a Prese	nt value c	of excess contribut	ions (line 3	38a from prior year)							87156	
					a over line 38b from prior yea interest rate of <u>5.65</u> 9					0			
					edule SB, using prior year's a							0	
	C Total available at beginning of current plan year to add to prefunding balance								87156				
	d Portion of (c) to be added to prefunding balance								87156				
12	12 Other reductions in balances due to elections or deemed elections								0				
13	Balance	at beginr	ning of current yea	r (line 9 +	line 10 + line 11d – line 12) .			0				107653	
Р	Part III	Fun	ding Percenta	ages									
14	Funding	target att	ainment percenta	ge							14	86.25%	
15	Adjusted	funding	target attainment	percentage	e						15	102.71%	
	Prior yea	ar's fundir	ng percentage for	purposes o	of determining whether carry	over/prefun	ding balanc	es may be used to	reduce of	current	16	83.43%	
17	If the cu	rent valu	e of the assets of	the plan is	less than 70 percent of the f	unding targ	et, enter su	ch percentage			17	%	
	art IV		tributions and										
18			-		ar by employer(s) and emplo	-				-			
(1	(a) Dat MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) ((MM-DE	Date (b) Amount paid by (c) Amount pai D-YYYY) employer(s) employees						
<u> </u>)9/12/2017	,	employer.	451850	0	(0	/	1	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
										1			
										1			
						Totals ►	18(b)	4	51850	18(c)		0	
19	Discount	ed emplo	over contributions	– see instr	uctions for small plan with a	valuation d	ate after the	beginning of the ye	ear:				
	a Contri	butions a	llocated toward ur	npaid minir	num required contributions f	om prior ye	ears	1	9a			0	
	b Contri	butions m	nade to avoid restr	ictions adj	usted to valuation date			1	9b			0	
	C Contri	outions al	located toward min	imum requi	red contribution for current yea	ar adjusted t	o valuation o	date 1	9c			419266	
20 Quarterly contributions and liquidity shortfalls:													
a Did the plan have a "funding shortfall" for the prior year?							Yes No						
b If line 20a is "Yes," were required quarterly installments for the current year made						ear made ii	n a timely m	anner?				Yes 🗙 No	
C If line 20a is "Yes," see instructions and complete the following table as applicable:													
					Liquidity shortfall as of end		of this plan	year					
		(1) 1s	t		(2) 2nd		(3)	3rd		(4	4) 4th	1	
			0		0			0				0	

Page 3

F	Part V Assumptions Used to Determine Funding Target and Target Normal Cost										
21	Discount	rate:									
	a Segm	ent rates:	1st segment: 4.43%	2nd segment: 5.91%		3rd segment: 6.65 %		N/A, full yield curve used			
	b Applic	able month (er	nter code)				21b	0			
22	Weighted	d average retire	ement age				22	64			
23	Mortality	table(s) (see	instructions) X Pres	scribed - combined	Prescr	ibed - separate	Substitu	ute			
Pa	art VI	Miscellane	ous Items								
24		-	de in the non-prescribed actu			-					
25	Has a me	ethod change l	been made for the current plan	n year? If "Yes," see instrue	ctions re	garding required attach	ment	Yes 🛛 No			
26	Is the pla	in required to p	provide a Schedule of Active F	Participants? If "Yes," see ir	nstructio	ns regarding required a	ttachmen	tY Yes 🗌 No			
27	 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment 										
Р	art VII	Reconcilia	ation of Unpaid Minim	um Required Contrib	outions	For Prior Years					
28	Unpaid n	ninimum requir	ed contributions for all prior ye	ears			28	0			
29			ontributions allocated toward				29	0			
30	Remainir	ng amount of u	npaid minimum required cont	ributions (line 28 minus line	29)		30	0			
Pa	art VIII	Minimum	Required Contribution	For Current Year							
31			l excess assets (see instruction	,							
	a Target	normal cost (li	ne 6)				31a	398271			
	b Excess	s assets, if app	licable, but not greater than li	ne 31a			31b	0			
32	Amortiza	tion installmen	ts:			Outstanding Bala		Installment			
			tion installment		ŀ	1	16606	20686			
			installment				0	0			
33			proved for this plan year, ente ay Year				33	0			
34	Total fun	ding requireme	ent before reflecting carryover,	/prefunding balances (lines	31a - 31	b + 32a + 32b - 33)	34	418957			
				Carryover balance		Prefunding balan	се	Total balance			
35			e to offset funding		0		0	0			
36	Additiona	al cash require	ment (line 34 minus line 35)				36	418957			
37			toward minimum required cor	,	•	```	37	419266			
38	Present	value of excess	s contributions for current yea	r (see instructions)							
	a Total (e	excess, if any,	of line 37 over line 36)				38a	309			
	b Portion	n included in lir	ne 38a attributable to use of pr	refunding and funding stand	lard carr	yover balances	38b	0			
39	Unpaid n	ninimum requir	ed contribution for current year	ar (excess, if any, of line 36	over line	9 37)	39	0			
40											
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
41	If an election was made to use PRA 2010 funding relief for this plan:										
	a Schedu	ule elected					[2 plus 7 years 15 years			
	b Eligible	e plan year(s) f	or which the election in line 47	1a was made			20	08 2009 2010 2011			
			adjustment				42				
43	Excess ir	nstallment acce	eleration amount to be carried	over to future plan years			43				

	Form 5500-SF	Short Form Annual R			eport Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089	
	Internal Revenue Service	This form is required to be file							2016	
	Department of Labor ployee Benefits Security Administration	Retirement Income Security Act o the Intern					8(a) of		is Open to Public	
	Pension Benefit Guaranty Corporation	Complete all entries in accord	lance	with	the instru	ctions to the Form 55	00-SF.			
	art I Annual Report Id calendar plan year 2016 or fisca	dentification Information		/01	/2016	and onding	10	/31/2016		
						and ending				
	This return/report is for:	a one-participant plan	a list o a fore the fin	of part ign pla al reti	ticipating an um/report		accordan	ce with the for	x must attach m instructions.)	
~				-		rn/report (less than 12 r	nonths)	·		
C	Check box if filing under:	Form 5558			extension			DFVC progra	im	
	L	x special extension (enter description	• • • • • • •		ane Ira	a-Tax Relief				
	art II Basic Plan Infor	mation enter all requested inform	nation				46.00			
14	Name of plan		_	_				hree-digit Ian number		
	The Check Depot, Inc	. Cash Balance Pension P	Lan a	and	Trust			PN) ►	002	
							1	ffective date o 1/01/2014	f plan	
2a	Plan sponsor's name (employe Mailing Address (include room	, apt., suite no. and street, or P.O. Bo	x)					mployer Identi EIN) 90-02	fication Number	
	The Check Depot, Inc	, country, and ZIP or foreign postal co		oreigr	1, see insi	ructions)	2c s	ponsor's telep	hone number	
								941) 525-2		
	3439 Technology Driv	e, Suite 8					2d Business code (see instructions) 453990			
	US North Venice FL 34275					· · · · · · · · · · · · · · · · · · ·			·····	
3a	Plan administrator's name and	address X Same as Plan Sponsor					3b Ad	dministrator's l	EIN	
4	If the name and/or FIN of the n	lan sponsor has changed since the la	st retu			or this plan, enter the	3c A		elephone number	
-	name, EIN, and the plan numb		567010	nn ch				····		
	Sponsor's name						4C PI	N 		
b		the beginning of the plan year the end of the plan year					5a 5b		8	
c		count balances as of the end of the pl							8	
д(complete this item)	ipants at the beginning of the plan yea	••••••				5c			
		· · · · ·				***********	5d(1)		8	
a(ipants at the end of the plan year . ninated employment during the plan y				- Cl - 41 4	5d(2)		8	
е	less than 100% vested	ninated employment during the plan y					5e		0	
Ca	ution: A penalty for the late or	incomplete filing of this return/rep	ort wi	l be a	assessed	unless reasonable ca	use is est	tablished.		
SB	der penalties of perjury and othe or Schedule MB completed and ief, it is true, correct, and comple	r penalties set forth in the instructions signed by an enrolled actuary, as we	, I dec Il as th	lare ti e elec	hat I have ctronic ve	examined this return/re sion of this return/repor	port, inclu t, and to t	iding, if applica he best of my	able, a Schedule knowledge and	
S	GN CLOC	\sim	10	18/	2017	James Wood		· ·		
S. (.).	RE Signature of plan admin	Strator '	Date		1	Enter name of individua	al sianina	as plan admin	istrator	
c	GN ACUCE	y	10	/	2017	James Wood		plan danini		
2013/000	RE Signature of employer/p	lan sponsor	Date	-r	~ ~	Enter name of individua	al signing	as employer o		
Pre Sk		ne, if applicable) and address (include	room	or su	ite numbe	r)	Prepare	r's telephone r this question	number	
F		tico coo the instructions for Form								

	Form 5500-SF 2016		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	XYes No							
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? X Yes No Not determined										
P	art III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	828,878	1,297,049							
b	Total plan liabilities	7b	0	0							
С	Net plan assets (subtract line 7b from line 7a)	7c	828,878	1,297,049							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	451,850								
	(2) Participants	8a(2)	0								
	(3) Others (including rollovers)	8a(3)	0								

8b

8c

8d

8e

8f

8g

8h

8i

8j

16,321

0

0

0

0

0

468,171

468,171

0

Part IV Plan Characteristics

Other income (loss)

Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)

to provide benefits)

Certain deemed and/or corrective distributions (see instructions) ...

Other expenses

Total expenses (add lines 8d, 8e, 8f, and 8g)

Net income (loss) (subtract line 8h from line 8c)

Transfers to (from) the plan (see instructions)

Administrative service providers (salaries, fees, commissions)

Benefits paid (including direct rollovers and insurance premiums

b

С

d

е

f

g

h

i

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C

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
а	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		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	х			250,000
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		x		
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		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		х		
g	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? (See instructions and 29 CFR 2520.101-3.)	10h				
i	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	10i				

Form 5500-SF 2016

Page **3 -**

-	1/1									
Part		Pension Funding Compliance								
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)					x	Yes		No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a										0
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the C		ction 302	2 of	,	_			
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			••••••			Yes	x	No
а	If a wai	ver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions,	and ent	er the o	date of	the	letter ru	uling	
	<u> </u>	g the waiver M		[Day _		<u>Ye</u>	ar		-
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.							
b	Enter th	ne minimum required contribution for this plan year.								
C	Enter th	he amount contributed by the employer to the plan for the plan year	••••••	, 12c						
d		et 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?		· [Ye	s 🗌	No		N/A	
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has a r	esolution to terminate the plan been adopted in any plan year?			<u></u> ч	/es	х	No		
	lf "Yes,	enter the amount of any plan assets that reverted to the employer this year		. 13a						
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	-] Ye	s	X N	lo	
С	lf, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ssets or liabilities were transferred. (See instructions.)								
13		me of plan(s):	13c(2)	EIN(s)	IN(s)			13c(3) PN(s)		
			100(2)				13	0(0)11	v (3)	
Part	VIII	Trust Information - Skip These Questions								
14a	Name o	of trust		14	b Trust	's EIN				
14c	Name	of trustee or custodian		14	d Trust	ee or o	usto	dian's		
					telep	hone n	umb	er		
-	1)/									
Part		IRS Compliance Questions - Skip These Questions								
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes				No		
15b		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha		ſ		"Prior test	year	" ADP
	- ()(,		"Curren	t vear"	r	_	N1/A		
				ADP te		L		N/A		
16a] N/A	
16h	Didtha	plan action the coverage and pandicarizination requirements of eactions $410(h)$ and $404(a)(4)$		test						
	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?									
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRs er// and serial number	S opinion I	etter or a	advisor	y letter	, ent	er the	date	of
17b	If the pl	an is an individually-designed plan that received a favorable determination letter from the IRS,	enter the c	ate of th	e most	recent	det	ermina	tion	
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not se ?		om	Y	′es [No		
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	**********		<u> </u>	′es [No		

Schedule SB, Part V **Summary of Plan Provisions**

The Check Depot, Inc. Cash Balance Pension Plan and Trust 90-0254771 / 002

For the plan year 01/01/2016 through 12/31/2016

Employer: Type of Entity	The Check Depot, Inc. 7 - S-Corporation EIN: 90-0254771 TIN: 47-2690945 Plan #: 002 Plan Type: Cash Balance					
<u>Dates:</u>	Effective - 01/01/2014 Year end - 12/31/2016 Valuation - 12/31/2016 Top Heavy Years - 2014, 2015, 2016					
Eligibility:	All employees excluding non-resident aliens, members of an excluded class, union, and excluding members of Cls - "LEASED"					
	Minimum age - 21 Months of service - 12					
Hours Required fo	r - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000					
Plan Entry	- First day of 1st or 7th month of plan year on or next following eligibility satisfaction					
Retirement: Norma	- First of month coincident with or next following attainment of age 62 and completion of 5 years of participation					
Early	 Not provided 					
Average Compensation:	Current compensation					
Top Heavy Minimum Benefi	- Highest 5 consecutive top heavy years of participation					
Plan Benefits: Retiremen	- Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits					
Pay Credits	ClassificationPay Credit FormulaA100% of compensation - Owner HCEsB2.5% of compensation - HCEs due to attributionC2.5% of compensation - HCEs due to compensationD2.5% of compensation - NHCEs					
Interest Credit Rate	Current Yr - 5% Projected Yrs - 5%					
Accrued Benefi	Hypothetical Account Balance					
	Minimum Benefit - None					
	Maximum Benefit - None					
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality					
Death Benefi	- Present Value of Accrued Benefit					
Top Heavy Minimum:	Provided in another plan					
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$210,000					
	Maximum 401(a)(17) compensation - \$265,000					
Normal Form:	Life Annuity					
Optional Forms:	Lump Sum Annuity Guaranteed for 0 Years Joint with 50%, 66.67%, 75% or 100% Survivor Benefit					
Vesting Schedule:	100% vested in 3 years. Service is calculated using all years of service, except years prior to age 18					
Present Value of Accrued Ber	efit: Based on the Hypothetical Account Balance.					

Schedule SB, Part V **Summary of Plan Provisions**

The Check Depot, Inc. Cash Balance Pension Plan and Trust 90-0254771 / 002

For the plan year 01/01/2016 through 12/31/2016

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	16E - 2016 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

The Check Depot, Inc. Cash Balance Pension Plan and Trust

90-0254771 / 002

For the plan year 01/01/2016 through 12/31/2016

Valuation Date:	12/31/2016								
Funding Method:	As prescribed in IRC Section 430								
	- Eligibility age at last birthday and other ages at last birthday								
Prospective Compensation	- Current compensation								
Form of Payment	- Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the								
	Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates								
	will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality								
Interest Dotes	- Segment rates as of September 30, 2015 As								
Interest Rates	- Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA								
	Segment # Year Rate % Segment # Year Rate %								
	Segment 1 0 - 5 1.55 Segment 1 0 - 5 4.43								
	Segment 2 6 - 20 3.76 Segment 2 6 - 20 5.91								
	Segment 3 > 20 4.73 Segment 3 > 20 6.65								
Dro Potiromont	Mortality Table - None								
Fie-Reulement-	Turnover/Disability - None								
	Salary Scale - None								
	Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%								
	Expense Load - None								
	Ancillary Ben Load - None								
Post-Retirement -	Mortality Table - 16C - 2016 Combined - IRC 430(h)(3)(A)								
	Cost of Living - None								
Asset Valuation Method:	Fair market value of assets adjusted for contributions under IRC 430(g)(4)								
Discrimination Test Assumption	<u>1S:</u>								
HCE Determination -	Based on all employees								
Otherwise Excludable -	Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees								
410(b)/401(a)(4) Testing:									
Pre-Retirement -	Interest - 8.5% CB Projection Rate - 5								
Post-Retirement -	Interest - 8.5%								
	Mortality Table - Applicable Mortality Table - IRC 417(e)(3)								
Permissively Aggregated Plans -	Tested as a Single Plan								
Compensation -	Use current compensation to calculate the benefit accrual rate (annual method)								
Testing Age -	- Normal retirement age or attained age, if older								
Testing Service -	ice - Separate benefiting service for DC and for DB for Accrued-to-Date Method								
Normal Form for MVAR -	Normal Form for MVAR - Joint with 50% Survivor Benefits								
401(a)(26) Testing:									
Compensation -	Use current compensation to calculate the benefit accrual rate for 401(a)(26)								
Testing Age -	Normal retirement age or attained age, if older								

Schedule SB, line 32 -Schedule of Amortization Bases

The Check Depot, Inc. Cash Balance Pension Plan and Trust

90-0254771 / 002

For the plan year 01/01/2016 through 12/31/2016

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2015	72,916	Shortfall	64,800	6	12,126
	12/31/2016	51,806	Shortfall	51,806	7	8,560
Totals:				\$116,606		\$20,686

Schedule SB, line 26 -Schedule of Active Participant Data

The Check Depot, Inc. Cash Balance Pension Plan and Trust 90-0254771/002

For the plan year 01/01/2016 through 12/31/2016

Years of Credited Service

Attained		1 to 4	5 to 9	10 to 14	15 to 19		25 to 29	30 to 34		40 & up
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under										
25										
25 to 29		2								
30 to 34		1								
35 to 39		1								
40 to 44										
45 to 49		1								
50 to 54										
55 to 59		2								
60 to 64		1								
65 to 69										
70 & up										

Schedule SB, line 22 -Description of Weighted Average Retirement Age

The Check Depot, Inc. Cash Balance Pension Plan and Trust 90-0254771 / 002

For the plan year 01/01/2016 through 12/31/2016

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 -Discounted Employer Contributions

The Check Depot, Inc. Cash Balance Pension Plan and Trust

90-0254771 / 002

For the plan year 01/01/2016 through 12/31/2016

Valuation Date: 12/31/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/12/2017	\$451,850					
Applied to Quarterly Contribution	04/15/2016	87,776	79,175	0	87,776	5.58	10.58
Applied to Quarterly Contribution	07/15/2016	87,776	80,091	0	87,776	5.58	10.58
Applied to Quarterly Contribution	10/15/2016	87,776	81,028	0	87,776	5.58	10.58
Applied to Additional Contribution	12/31/2016	321	309	0	0	5.58	0
Applied to MRC	12/31/2016	100,425	96,687	0	0	5.58	0
Applied to Quarterly Contribution	01/15/2017	87,776	81,976	0	87,776	5.58	10.58
Totals for Deposited Contribution		\$451,850	\$419,266	\$0	\$351,104		

	SCHI	EDULE SB	Single-En	nplove	^r Defined Be	nefit Plan			OMB No. 1210-0110		
		orm 5500)	•	• •	I Information						
	•	ent of the Treasury I Revenue Service							2016		
	Depa nployee Bene	rtment of Labor fits Security Administration	Retirement Income Se	ecurity Act o	led under section 104 f 1974 (ERISA) and s nue Code (the Code).			This Form is Open to Public Inspection			
	Pension Bene	fit Guaranty Corporation	▶ File as a	an attachme	ent to Form 5500 or §	500-SF.					
For	calendar p	olan year 2016 or fiscal p	lan year beginning	01/01	/2016	and endin	g 12,	/31/20)16		
,		amounts to nearest do									
-			e assessed for late filing of	this report	unless reasonable cau	_					
A Name of plan B Three-digit The Check Depot, Inc. Cash Balance Pension Plan and Trust plan number									002		
IIIe	CHECK	Deput, Inc. Cash	balance relision		liust	plan num		•	002		
CF	Plan sponse	or's name as shown on li	ne 2a of Form 5500 or 550	00-SF		D Employer Id	entificat	ion Num	ber (EIN)		
The	Check	Depot, Inc.				9	0-025	4771			
Εı	ype of pla	n: 🕱 Single 📃 Multiple	e-A 🗌 Multiple-B	F	Prior year plan size:	100 or fewer]101-5	00	More than 500		
Pa	art I B	asic Information									
1	Enter the	valuation date:	Month <u>12</u> [Day 31	Year2016	_					
2	Assets:										
			••••••			•••••	2a		845,	199	
			••••••	•••••		· · · · · · · · · · · · · · · · · · ·	2b	<u> </u>	845,	199	
3	Funding	target/participant count b	oreakdown:		(1) Number of participants	(2) Vestec Tar		q	(3) Total Funding Target		
	a For reti	ired participants and ben	eficiaries receiving payme	nt	0			0		0	
	b For ter	minated vested participa	nts		0			0		0	
			••••••		8		848	848,145 848,14			
					8		848	3,145	848,	145	
4	If the pla	n is in at-risk status, cheo	ck the box and complete lin	nes (a) and	(b)						
	a Fundin	g target disregarding pre	scribed at-risk assumption	IS	••••••	•••••	4a				
			assumptions, but disregar ive consecutive years and			nave been in	4b				
5		interest rate				· · · · · · · · · · · · · · · · · · ·	5		5.58	%	
6	Target no	ormal cost	•••••		• • • • • • • • • • • • • • • • • • • •		6		398,	271	
	ement by	Enrolled Actuary									
aco	ordance with		blied in this schedule and accompa n my opinion, each other assumption experience under the plan.								
		Clin	A. Blankenship	1				00/20	/2017		
								09/28	-		
		Clint A. Blanke	Signature of actuary					17-06	ate 679		
			or print name of actuary				Most r	ecent en	rollment number		
		McCloud & Assoc					(8)	16) 79	2-3838		
			Firm name			Te	lephone	number	(including area code)		
		200 W. Mill Str	eet								
	US	Liberty	MO 64068								
			Address of the firm								
instr	uctions		regulation or ruling promu	-		eting this schedul	e, check				
For	Paperwork	Reduction Act Notice,	see the instructions for	Form 5500	or 5500-SF.			Sc	hedule SB (Form 5500) 2 v. 160		

Page	2	

Pa	rt II	Beginning of Year	Carryov	ver and Prefunding Bal	ances							
				•		(a)	Carryover balance		(b) F	Prefundi	ng balance	
7				icable adjustments (line 13 fro				0			20,740	
8				funding requirement (line 35 fr				0			0	
9	9 Amount remaining (line 7 minus line 8)							0			20,740	
10				turn of				0			(243)	
11	Prior ye	ar's excess contributions	to be adde	d to prefunding balance:								
	a Pres	ent value of excess contr	ibutions (lin	e 38a from prior year)	•••••						87,156	
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.65</u> %									0		
	• •		-	hedule SB, using prior year's a	actual							
					••••						0	
		• •		an year to add to prefunding ba							87,156	
40				balance							87,156	
				s or deemed elections + line 10 + line 11d - line 12) .				0			0 107,653	
				+ line $10 + line 110 - line 12)$	••••			0			107,655	
	art III	Funding Percent	•							14	06.05.00	
			-	~~~~						14	86.25 %	
	 15 Adjusted funding target attainment percentage							16	102.71 %			
47										47	83.43 %	
	17 If the current value of the assets of the plan is less than 70 percent of the funding				funding ta	rget, enter	such percentage	••••	•••••	17	%	
	art IV	Contributions a	•									
18	(a) Date			vear by employer(s) and employer (c) Amount paid by	ŕ	(a) Date (b) Amount paid by				(c) <u>Amo</u>	unt paid by	
· ·	M-ÓD-YY	(YY) employer	(s)	employees		D-YYYY)	employe					
09,	/12/203	17 4	451 , 850									
					Totals	► 18(b)		451,	₈₅₀ 18(c)		0	
19	Discour	nted employer contribution	ns see in:	structions for small plan with a	valuation	date after	the beginning of the					
	 19 Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years								0			
b Contributions made to avoid restrictions adjusted to valuation date								0				
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c							419,266					
20	Quarter	ly contributions and liquic	lity shortfall	s:								
	a Did th	he plan have a "funding s	hortfall" for	the prior year?	•••••	• • • • • • • • • • • •	•••••	•••••	•••••	x	Yes 🗌 No	
	b If line	e 20a is "Yes," were requi	red quarter	ly installments for the current y	/ear made	e in a timely	manner?	•••••	·····		Yes 🗴 No	
	C If line	e 20a is "Yes," see instruc	tions and c	complete the following table as								
		(1) 1 ot	1	Liquidity shortfall as of end	of quarte					(A) A+	h	
	(1) 1st (2) 2nd					(3)	3rd			(4) 4t	n	

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Pa	Part V Assumptions Used To Determine Funding Target and Target Normal Cost										
21	Disco	ount rate:									
	a Se	egment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %		N/A, full yield curve used				
	h Ar	nlicable month				21b	0				
22	b Applicable month (enter code) 21b 0 2 Weighted average retirement age 64										
22					scribed - separate	Substitu					
Pa	Part VI Miscellaneous items										
24											
- 05											
	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment										
26			•	Participants? If "Yes," see instruct		attachmen	tX Yes No				
27			•	er applicable code and see instruc		27					
_											
Pa	rt VII		•	Im Required Contribution							
28				years		28	0				
29				I unpaid minimum required contrib		29	0				
30				tributions (line 28 minus line 29)		30	0				
			Required Contribution								
31			nd excess assets (see instructi								
				•••••		31a	398,271				
		*	, ,	line 31a		31b	0				
32		tization installm			Outstanding Bala		Installment				
					•	16,606	20,686				
				•••••		0	0				
				ter the date of the ruling letter grar	ting the approval						
00) and the waived amount .		33	0				
34	Total			/prefunding balances (lines 31a - 3		34	418,957				
				Carryover balance	Prefunding Bala		Total balance				
35	Polor	acce elected for	use to offset funding								
55				0		0	0				
36	Addit	ional cash requi	rement (line 34 minus line 35)		• • • • • • • • • • • •	36	418,957				
37	Cont	ributions allocate	ed toward minimum required co	ontribution for current year adjusted	d to valuation date	37					
	(line	19c) • • • • •	••••••	••••••	• • • • • • • • • • • • •	57	419,266				
38	Prese	ent value of exce	ess contributions for current ye	ar (see instructions)							
	a Tot	al (excess, if an	y, of line 37 over line 36) • • •	••••••		38a	309				
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 0										
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39										
40	40 Unpaid minimum required contributions for all years										
Par	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
41	lf an e	lection was mad	de to use PRA 2010 funding re	lief for this plan:							
	a Scl	nedule elected .	•••••	••••••	• • • • • • • • • • •	••••	2 plus 7 years 15 years				
			•	41a was made			08 2009 2010 2011				
				•••••		42					
43	Exces	s installment ac	celeration amount to be carried	l over to future plan years		43					