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**

For calendar plan year 2016 or fiscol plan year beginning 019/2017 A This return/report is or: a single-employer plan an utiliple-employer plan from trutilingshopey (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is the first return/report an amended return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 subtraction DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan DFVC program PREPARED RESPONSE, INC. RETIREMENT PLAN 1b Three-digit plan number (PN) 1 c Effective date of plan 01/01/2006 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) City or form, static or province, country, and ZIP or foreign postal code (if foreign, see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 735-2772-1438 2c Sponsor's name (employer, all for a single-employer plan) 3c Administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 735-2772-1438 2c Sponsor's name (employer) 2c Sponsor's name and address Same as Plan Sponsor. 3b Administrator's telephone number 753-2772-1438 2c Sponsor's name 2c Sponsor's name			rt Identification Information				
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B This return/report is	A This retu	rn/report is for:	a single-employer plan				
C Check box if filing under:			a one-participant plan	a foreign plan			
C Check box if filing under:	B This return	n/report is	=				
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 2 Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year	3a Plan adr	ministrator's name	and address X Same as Plan Spo	onsor.		3b Administra	itor's EIN
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a Sponsor's name Total number of participants at the beginning of the plan year	1 If the rea			. th last vet/ven.eut file	d familia mlan antamila	Ala con	
Total number of participants at the beginning of the plan year				e the last return/report file	d for this plan, enter the	4D EIN	
b Total number of participants at the end of the plan year	a Sponsor	's name				1	
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total nu	ımber of participan	ts at the beginning of the plan year			5a	28
d(1) Total number of active participants at the beginning of the plan year	b Total nu	ımber of participan	ts at the end of the plan year			5b	(
d(2) Total number of active participants at the end of the plan year			h account balances as of the end o	f the plan year (only defin	ed contribution plans	5c	(
Provided the second straight of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested than 100% ve	d(1) Total	number of active p	participants at the beginning of the p	olan year		5d(1)	16
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. SIGN HERE Filed with authorized/valid electronic signature. 11/13/2017 TOBEY BRYANT Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	d(2) Total	number of active p	participants at the end of the plan ye	ear		5d(2)	(
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. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor	than 10	00% vested	. , ,				(
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SIGN HERE Filed with authorized/valid electronic signature. 11/13/2017 TOBEY BRYANT	SB or Sched	ule MB completed	and signed by an enrolled actuary,				
Signature of plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator Enter name of individual signing as employer or plan sponsor	SIGN			11/13/2017	TOBEY BRYANT		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HEKE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	an administrator
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN						
	HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as en	nployer or plan sponsor
							· · · · · · · · · · · · · · · · · · ·

Form 5500-SF 2016 Page **2**

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)						X Yes	S No
C if the plans is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Yes	s 📗 No
Part III Financial Information (a) Beginning of Year (b) End of Year a Total plan assets and Liabilities 7a 512143 0 0 0 0 0 0 0 0 0	_						_	-		☐ Not dot	orminad
7 Plan Assets and Liabilities 7 Ra		<u> </u>	isurarice p	ologiam (see ENISA se		021):		162			emmeu
a Total plan assets	_ <u>Pa</u>			(a) Be atomic a	- ()/				(I.) F I	C. V = = ::	
b Total plan liabilities	<u>'</u>		72					((b) Ena c		0
C. Net plan assets (subtract line 7b from line 7a)	_	·									_
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers					512143	3				(0
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Others (including rollovers). (8) Bb (10097) (8) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Bb (10097) (8) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) Bd (10097) (9) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) C Benefits paid (including direct rollovers and insurance premiums to provide sensitive (including direct rollovers (salaries, fees, commissions). (8) Bg (10097) (10097		•	,,	(a) Amour	nf .				(h) To	ıtal	
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(a) Others (including rollovers)			8a(1)								
b Other income (loss)		(2) Participants	8a(2)		8594						
C Total income (add lines 3a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		60097						
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). e G Administrative service providers (salaries, fees, commissions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6869	1
e Certain deemed and/or corrective distributions (see instructions). 8	d		04		580239						
f Administrative service providers (salaries, fees, commissions)		·									
g Other expenses (add lines 8d, 8e, 8f, and 8g)											
h Total expenses (add lines 8d, 8e, 8f, and 8g)											
Net income (loss) (subtract line 8h from line 8c)		•				-				58083	4
Transfers to (from)the plan (see instructions)											
Part IV Plan Characteristics	÷										
9a	,	, , , , ,	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			footure	adas from the List of DI	on Cho	rootori	otio Co	odoo in	the inetri	ıotiono:	
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.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the		2E 2G 2J 2K 2T 3D									
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.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	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 instrud	ctions:	
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		Amount	
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	102		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			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?		,				X					150000
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g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	ns by an insurance the benefits under	10e	X					1342
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	an?		10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
	h	·	•		10h		X				
	i				10i						

Form	5500	-SF	201	6

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes X No
		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. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver 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 lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X 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	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c	(3) PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	year" 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		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent detern	nination
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	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	Bion Beriefit Guaranty Corporation		accordance with the in	nstructions to the Form	5500.55	Public Inspection
Par		Liuenillication intormation	n		1 0000-01 .	
10104	ieridai piari year 2016 or i	fiscal plan year beginning 01/01/20		and ending 0	6/30/2017	
A Thi	is return/report is for:	X a single-employer plan ☐ a one-participant plan	☐ a multiple-employer list of participating ☐ a foreign plan	r plan (not multiemployer ı employer information in	r) (Filers check accordance w	king this box must attach a vith the form instructions.)
B This	return/report is	the first return/report	the final return/repo	ort		
		an amended return/report		eturn/report (less than 12	months)	
C Che	eck box if filing under:	Form 5558	automatic extension		DFVC pr	rogram
Part	III Dania Dian Info	special extension (enter descr	ription)			
	II Basic Plan Info me of plan	ormation—enter all requested inf	formation			
	me of pian RED RESPONSE, INC. RE	ETIREMENT PLAN			(PN)	number 001
2a Pla	n enoneor'e name (emploi	The second secon			01/01	ive date of plan /2005
City	ing address (include room or town, state or province	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta	Box) al code (if foreign, see in:	otructions)	2b Emplo (EIN)	oyer Identification Number 91-2061089
PREPARI	ED RESPONSE, INC.	<u>.</u>	ii oodo (ii ioroigii, ooo ii.o	structions)		or's telephone number (253) 272-1483
	H AVE., SUITE 200B				2d Busine 541990	ess code (see instructions)
	WA 98406					
3a Plan	administrator's name and	d address 🏿 Same as Plan Spons	sor.		3b Admini	strator's EIN
4 If the	name and/or EIN of the period of the period of the period of the plan number 1	plan sponsor has changed since th ber from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN	-
a Spon	sor's name				4c PN	
5a Total	I number of participants at	t the beginning of the plan year			5a	28
D lotal	I number of participants at	t the end of the plan year			5b	28
O NOTE:	Dei of participants with ac	Count balances as of the end of the	e nian year (only defined	أحسانيا بالمسام	5c	00
d(1) To	tal number of active partic	cipants at the beginning of the plan	· voar			U
a(2) 10	tal number of active partic	cipants at the end of the plan year.			5d(1) 5d(2)	16
O MON	nei oi hariicihanis tiiat fet	iminated employment during the ni	an year with accrued how	polita that was I		0
Caution: /	A penalty for the late or	Incomplete filing of this returnle			5e	0
Under pen SB or Scho belief, it is	alties of perjury and other edule MB completed and true, correct, and complet	signed by an enrolled actuary as w	ins, I declare that I have well as the electronic ver	examined this return/report,	se is establis ort, including, and to the be	hed. if applicable, a Schedule st of my knowledge and
SIGN HERE	xJour #	went	11/6/17	*Tobey Br	nant	
TENL	Signature of plan adm	inistrator	Date	Enter name of individua		alan administrator
SIGN HERE					<u> </u>	idir dariii iisti atoi
	Signature of employer	/plan sponsor	Date	Enter name of individua	al signing as e	mployer or plan sponsor
reparer s	name (modumy mm nam	ne, if applicable) and address (inclu	de room or suite number	-)	Preparer's tele	ephone number
or Panamus	ark Peduction Act Notice and					

Form 5500-SF 2016		Page 2						
 Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan care. 	of an independ y and condition	lent qualified pub ns.) n 5500-SE and n	lic acco	untant	(IQPA	·) ······	🛭 Y	es
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	gram (see ERIS	A sectio	n 4021	158 FC 12	rm 550i ⊃∨⊖		
Part III Financial Information	 			1021	<i>j:</i>	· 📙 res	Not d₁	etermine
7 Plan Assets and Liabilities	副 裁据者	(a) Beginnii	na of V		$\overline{}$			
a Total plan assets	7a	(a) Degiiiiii		2143	+		(b) End of Year	
b Total plan liabilities	. 7b			-170	+			0
C Net plan assets (subtract line 7b from line 7a)			512	2143	+			
8 Income, Expenses, and Transfers for this Plan Year	144	(a) Amo			┼			0
Contributions received or receivable from: (1) Employers	. 8a(1)	(u) Ame	, unit	0			(b) Total	
(2) Participants	. 8a(2)			3594				
(3) Others (including rollovers)	. 8a(3)							Design D
b Other income (loss)	. 8b		60	097				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1000		200		686	04
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		580	239				91
e Certain deemed and/or corrective distributions (see instructions)	8e			595				
f Administrative service providers (salaries, fees, commissions)	8f				1	1		
g Other expenses	8g				E TOLI		Santa Santa	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		of the same				5808	34
Net income (loss) (subtract line 8h from line 8c)	81	Carlon Section	of Marie	i de			-5121	
Transfers to (from) the plan (see instructions)	8j				# W			SUSPICE.
Part IV Plan Characteristics					- Dec 2011			00年20年人
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D								
b If the plan provides welfare benefits, enter the applicable welfare fe	ature codes fr	om the List of Pl	an Char	acteris	tic Co	des in th	e instructions:	
Part V Compliance Questions								
During the plan year:				Yes	No	N/A		
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	duntary Fiduci	any Correction	40-		х	IVA	Amount	
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not include	do transposica-a	10a		Х			
C Was the plan covered by a fidelity bond?								
d Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	delity band, th	of was saved	10c	Х	X			150000
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.)		10d	х				1342	
f Has the plan failed to provide any benefit when due under the plan?	>	***************************************		-	x	3247		
g Did the plan have any participant loans? (If "Yes," enter amount as			10f		$\hat{\mathbf{x}}$			
h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructions	and 29 CFR	10g 10h	-+	X	a.		
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	required notic	o or one of the	10h	_				
					17	100000	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	10 SAT 1734

	Form	5500-SF	2016
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Page 3-	1
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Part	VI Pension Funding Compliance						·	
11	Is this a defined benefit plan subject to minimum funding a subject to minimum funding							
					SB		Yes	· 🛛 ı
11a 12	Cook in the state of the							
12	ERISA?full the minimum funding requirements of section 412 of the				 of			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		••••••••	••••••	•••••	*****	∐ Yes	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	nstruc	tions, a	nd enter	the da	te of the	letter ru	lling
<u>lf</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	. MOH		Da	у		ear	
<u>b</u>	Enter the minimum required contribution for this plan year			12b	T^{-}			
c	Enter the amount contributed by the employer to the plan for this plan year			12c	 			
	negative amount) real rate from the amount in line 12b. Enter the result (enter a minus sign to the	e left o	of a		-			
е	vvii the minimum landing amount reported on line 12d be met by the funding deadline?	********		+ -	Yes	T No		11/4
rait	rial Plan Terminations and Transfers of Assets			<u></u>	165	∐ No	<u>, </u>	N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?				u v			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			10	X Ye	s	No	
IJ	vvere all the plan assets distributed to participants on bounds:							0
С	If, during this plan year, any assets or liabilities were transforred from this plan year.					X Yes	No.)
	which assets or liabilities were transferred. (See instructions.) c(1) Name of plan(s):	tily the	e plan(s	i) to				
10	c(1) Name of plan(s).		13c(2) EIN(s)		13	c(3) PN((s)
								<u>,</u>
Part V	Trust Information							
14a Na	ame of trust			44h =				
				14b T	ust's E	.iN		
14c Na	ame of trustee or custodian		_					
	and of trustee of custodian			14d Tr	ustee's	or custo	odian's	
			- 1	te	lephon	e numbe)£	
Part IX	IRS Compliance Questions							
15a is i	the plan a 401/k/ plan2 if "No." - Line b	Тп						
	the plan a 401(k) plan? If "No," skip b	🗀	Yes		L	No		
1 5b Ho 401	w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply:		safe h			"Prior y	year" AE)P
			"Currei ADP te	nt year"	П	N/A		
16a W⊦	nat testing method was used to satisfy the coverage requirements under section 410(b) for the plan	+-	Ratio					
yea	ar? Check all that apply:		percer	ntage [Ave	erage	П	N/A
6b Did	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	+	test			efit test		
			Yes			No		
the	letter and the serial number	pinior	letter o	or advisor	y letter	, enter ti	ne date	of
7b If th	e plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	ter the	date of	the mos	recen	t determ	ination	
8 Defi 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?			Yes				
9 Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No.		