	m 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	This form is required to be filed	065 of the Employee R	etirement	2016					
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the).	This Form is Open					
Pension Be	enefit Guaranty Corporation	Complete all entries in a		,	500-SF.	Public Inspection				
Part I		lentification Information								
For calenda	ar plan year 2016 or fisc			<u> </u>	4/17/2017					
A This ret	urn/report is for:	a single-employer plan				king this box must attach a vith the form instructions.)				
B This retu	urn/report is	the first return/report an amended return/report	\times the final return/report \times a short plan year return	o/report (less than 12 m	onths)					
C Check	box if filing under:	DFVC p	rogram							
	- L	Form 5558 special extension (enter descri	automatic extension							
Part II	Basic Plan Inform	mation—enter all requested info	,							
1a Name	of plan	() PROFIT SHARING PLAN & TR			(PN)	number				
 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 town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 						oyer Identification Number 20-1136015				
ROBERT G. BERMAN, D.D.S., P.S. 7228 LAUREL AVE SE SNOQUALMIE, WA 98065						206-622-2999 2d Business code (see instructions) 621210				
3a Plan administrator's name and address ⊠ Same as Plan Sponsor.						3b Administrator's EIN3c Administrator's telephone number				
name,	, EIN, and the plan numb	blan sponsor has changed since the sponsor has changed since the last return/report.	he last return/report filed fo	or this plan, enter the						
a Spons					4c PN 5a	10				
		t the beginning of the plan year			5a 5b	10 0				
C Numb	er of participants with ac	t the end of the plan year	he plan year (only defined	contribution plans	50 5c					
	,	cipants at the beginning of the pla			5d(1)	1				
• • •	•	cipants at the end of the plan yea	•		5d(2)	C				
e Numb	per of participants that te	rminated employment during the	plan year with accrued ber	nefits that were less	5e	C				
		incomplete filing of this return			use is estal	olished.				
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.	11/29/2017	ROBERT BERMAN						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan administrator				
SIGN HERE										
	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (ind	Date Clude room or suite numbe			as employer or plan sponsor s telephone number				

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 								X Yes	No No	
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	Not determine	эd
Pa	rt III Financial Information		·							
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		2490					0	
b	Total plan liabilities	7b							0	
С	Net plan assets (subtract line 7b from line 7a)	7c		2490					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b								
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
e	Certain deemed and/or corrective distributions (see instructions). 8e									
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2490	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-2490	
j	Transfers to (from) the plan (see instructions)	8j								
Ра	rt IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2H$ $2J$ $2K$ $2R$ $3D$	feature co	odes from the List of Pl	an Chai	racteris	stic Co	odes in	the instr	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in t	he instru	ictions:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	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				
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c		Х				
c	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	,	·	10d		Х				

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		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	X	
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		

Part	VI	Pension Funding Compliance										
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					<u> </u>	Yes 🗙 No				
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a							
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			Yes X							
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					·· 🖵					
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	is, and	enter t	he date	of the lette	er ruling				
	<u> </u>	ting the waiver			_ Day	′	Year _					
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)												
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A				
Part	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Ye	s N	lo				
	lf "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 broug rol of the PBGC?					X Yes	No				
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to							
1	3c(1)	Name of plan(s):		13c(2)	2) EIN(s) 1			8) PN(s)				
Part	VIII	Trust Information										
		of trust			14b 1	Frust's I	EIN					
14c	Name	e of trustee or custodian					s or custod	lian's				
					I	leiepho	ne number					
Par	LIV	IRS Compliance Questions										
Fai							Π					
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:		Desigi safe h	n-based arbor	1 [Prior yet test	ear" ADP				
				"Curre ADP t	ent year' est	13	N/A					
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	o entage Average N/A benefit test N/A							
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No					
	the le		-									
	letter		nter the	date o	of the m	lost rec	ent determi	nation				
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa ce?		rom	Yes	s [No					
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No					

	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan									
Internal Revenue Service	This form is required to b	e filed under sections 104 a	nd 4065 of the Employee	∞ 2016						
Department of Labor Employee Benefits Security Administration	Retirement Income Security	Act of 1974 (ERISA), and set	ection 6057(b) and 6058(a) of	m is Open to Public					
Pension Benefit Guaranty Corporation		nternal Revenue Code (the	-		Inspection					
Part I Annual Report Id	Complete all entries in a dentification Information	ccordance with the instru	ctions to the Form 5500-	SF.						
or calendar plan year 2016 or fisca	al plan year beginning	01/01/2017	and ending	04/17/2017						
A This return/report is for:	x a single-employer plan	a multiple-employer p	an (not multiemployer) (Fi	lers checking this	hox must attach					
Γ της return/report is for:	a one-participant plan	a list of participating e	mployer information in acc	ordance with the	form instructions.)					
B This return/report is:	the first return/report	a foreign plan x the final return/report								
ſ	an amended return/report		n/report (less than 12 mor							
			inteport (less than 12 mor	ntns)						
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram					
	special extension (enter desc									
Part II Basic Plan Information	mation enter all requested	information								
-				1b Three-digit plan number						
NOBERT G. BERMAN, D.	D.S. 401(K) PROFIT SH	IARING PLAN & TRUST		(PN) ►	001					
				1c Effective date						
2a Plan sponsor's name (employed	er, if for a single-employer plan)			01/01/19	82 entification Number					
Mailing Address (include room	a, apt., suite no. and street, or P. , country, and ZIP or foreign pos	O. Box) tal code (if foreign, see inst		(EIN) 20-1						
ROBERT G. BERMAN, D.	.D.S., P.S.	ital code (il loreigh, see inst		2c Sponsor's te	lephone number					
	7777	1 1		(206) 62	2-2999					
2600 Fairview Ave E	#5 1228 Laur	al Ava se WA 9806		2d Business con 621210	de (see instructions)					
US SPATTLE PA 98102	SNOQUALMIE	WA 1806	5	ULLLU						
3a Plan administrator's name and				3b Administrator's EIN						
			F	3c Administrato	r's telephone number					
4 If the name and/or EIN of the	plan sponsor has changed since	the last return/report filed f	a this star, astartha	Ab En	· · · · · · · · · · · · · · · · · · ·					
name, EIN, and the plan num	ber from the last return/report.	the last return/report lifeu in	or this plan, enter the	4b EIN						
a Sponsor's name				4c PN						
5a Total number of participants a				5a 10						
	at the end of the plan year			5b 0						
	ccount balances as of the end of			5c 0						
	complete this item)									
complete this item)			***************************************	5d(1)						
complete this item) d(1) Total number of active parti	cipants at the beginning of the p	lan year		5d(1)	1					
complete this item) d(1) Total number of active parti d(2) Total number of active parti	cipants at the beginning of the p	lan yearar		5d(2)						
complete this item) d(1) Total number of active parti d(2) Total number of active parti	cipants at the beginning of the p cipants at the end of the plan ye	lan yearararar	efits that were		1					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that te less than 100% vested Caution: A penalty for the late of	cipants at the beginning of the p cipants at the end of the plan ye eminated employment during the princomplete filing of this retu	lan year ar plan year with accrued ber irm/report will be assessed	efits that were	5d(2) 5e se is established.	1 0 0					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that te less than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth	cipants at the beginning of the p cipants at the end of the plan ye minated employment during the or incomplete filing of this retu- ner penalties set forth in the instr	lan year ar plan year with accrued ber im/report will be assessed uctions, I declare that I have	efits that were	5d(2) 5e se is established.	1 0 0 plicable, a Schedule					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that te less than 100% vested Caution: A penalty for the late of	cipants at the beginning of the p cipants at the end of the plan ye minated employment during the or incomplete filing of this retu- ner penalties set forth in the instr ad signed by an enrolled actuary,	lan year ar plan year with accrued ber im/report will be assessed uctions, I declare that I have	efits that were	5d(2) 5e se is established.	1 0 0 plicable, a Schedule					
complete this item) d(1) Total number of active parti d(2) Total number of active parti Number of participants that te less than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	cipants at the beginning of the p cipants at the end of the plan ye eminated employment during the por incomplete filing of this retu- ner penalties set forth in the instr ad signed by an enrolled actuary, plete.	lan year ar plan year with accrued ber im/report will be assessed uctions, I declare that I have	efits that were	5d(2) 5e se is established.	1 0 0 plicable, a Schedule my knowledge and					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that te less than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp SIGN	cipants at the beginning of the p cipants at the end of the plan ye erminated employment during the por incomplete filing of this return the penalties set forth in the instr ad signed by an enrolled actuary, plete.	an year ar e plan year with accrued ber im/report will be assessed uctions, I declare that I have as well as the electronic ve	efits that were	5d(2) 5e se is established. ort, including, if ap and to the best of Berme	1 0 0 plicable, a Schedule my knowledge and					
complete this item) d(1) Total number of active parti d(2) Total number of active parti Number of participants that te less than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp SIGN	cipants at the beginning of the p cipants at the end of the plan ye erminated employment during the per incomplete filing of this retu- ner penalties set forth in the instr ind signed by an enrolled actuary, plete.	an year ar plan year with accrued ber irn/report will be assessed uctions, I declare that I have as well as the electronic ve <i>III-29-17</i>	effits that were unless reasonable cause examined this return/report, rision of this return/report, Robert G Enter name of individual	5d(2) 5e se is established. ort, including, if ap and to the best of Berme	1 0 0 plicable, a Schedule my knowledge and dministrator					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that te less than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true, correct, and comp SIGN HERE Signature of plan admit SIGN	cipants at the beginning of the p cipants at the end of the plan ye erminated employment during the por incomplete filing of this retu- ner penalties set forth in the instr ad signed by an enrolled actuary, plete.	an year ar a plan year with accrued ber urn/report will be assessed uctions, I declare that I have as well as the electronic ve ///-29-/7 Date	efits that were unless reasonable cause examined this return/report, resion of this return/report, Robort G Enter name of individual	5d(2) 5e is is established. ort, including, if ap and to the best of - Berman signing as plan ac G . Berm	1 0 0 plicable, a Schedule my knowledge and ministrator					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that te less than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp SIGN HERE Signature of plan admit SIGN HERE Signature of employer HERE Signature of employer	cipants at the beginning of the p cipants at the end of the plan ye erminated employment during the por incomplete filing of this retu- ner penalties set forth in the instr ad signed by an enrolled actuary, plete.	an year ar e plan year with accrued ber un/report will be assessed uctions, I declare that I have as well as the electronic ver <i>II-29-17</i> Date <i>II-29-17</i> Date	unless reasonable cause examined this return/report, Robert G Enter name of individual Robert G	5d(2) 5e is is established. ort, including, if ap and to the best of Berman signing as plan ac G. Berm signing as employ Preparer's telepho	1 0 0 plicable, a Schedule my knowledge and ministrator // // // // // // // // // // // // //					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that te less than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp SIGN HERE Signature of plan admit SIGN HERE Signature of employer	cipants at the beginning of the p cipants at the end of the plan ye erminated employment during the por incomplete filing of this retu- ner penalties set forth in the instr ad signed by an enrolled actuary, plete.	an year ar e plan year with accrued ber un/report will be assessed uctions, I declare that I have as well as the electronic ver <i>II-29-17</i> Date <i>II-29-17</i> Date	unless reasonable cause examined this return/report, Robert G Enter name of individual Robert G	5d(2) 5e is is established. ort, including, if ap and to the best of - Berman signing as plan ac G. Berm signing as employ	1 0 0 plicable, a Schedule my knowledge and ministrator uministrator					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that te less than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp SIGN HERE Signature of plan admit SIGN HERE Signature of employer HERE Signature of employer	cipants at the beginning of the p cipants at the end of the plan ye erminated employment during the por incomplete filing of this retu- ner penalties set forth in the instr ad signed by an enrolled actuary, plete.	an year ar e plan year with accrued ber un/report will be assessed uctions, I declare that I have as well as the electronic ver <i>II-29-17</i> Date <i>II-29-17</i> Date	unless reasonable cause examined this return/report, Robert G Enter name of individual Robert G	5d(2) 5e is is established. ort, including, if ap and to the best of Berman signing as plan ac G. Berm signing as employ Preparer's telepho	1 0 0 plicable, a Schedule my knowledge and ministrator // // // // // // // // // // // // //					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that te less than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp SIGN HERE Signature of plan admit SIGN HERE Signature of employer HERE Signature of employer	cipants at the beginning of the p cipants at the end of the plan ye erminated employment during the por incomplete filing of this retu- ner penalties set forth in the instr ad signed by an enrolled actuary, plete.	an year ar e plan year with accrued ber un/report will be assessed uctions, I declare that I have as well as the electronic ver <i>II-29-17</i> Date <i>II-29-17</i> Date	unless reasonable cause examined this return/report, Robert G Enter name of individual Robert G	5d(2) 5e is is established. ort, including, if ap and to the best of Berman signing as plan ac G. Berm signing as employ Preparer's telepho	1 0 0 plicable, a Schedule my knowledge and ministrator uministrator					
complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants that te less than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp SIGN HERE Signature of plan admit SIGN HERE Signature of employer HERE Signature of employer	cipants at the beginning of the p cipants at the end of the plan ye erminated employment during the por incomplete filing of this retu- ner penalties set forth in the instr ad signed by an enrolled actuary, plete.	an year ar e plan year with accrued ber un/report will be assessed uctions, I declare that I have as well as the electronic ver <i>II-29-17</i> Date <i>II-29-17</i> Date	unless reasonable cause examined this return/report, Robert G Enter name of individual Robert G	5d(2) 5e is is established. ort, including, if ap and to the best of Berman signing as plan ac G. Berm signing as employ Preparer's telepho	1 0 0 plicable, a Schedule my knowledge and ministrator uministrator					

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b												
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							XYes No				
	If you answered "No" to either line 6a or line 6b, the plan canno											
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA sectior	י 402 ⁻	1)?		Yes	No Not determin	ed			
Pa	Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of	f Year	r			(b) End of Year				
а	Total plan assets	7a		2,4	90		0					
b	Total plan liabilities	7b				0						
С	Net plan assets (subtract line 7b from line 7a)	7c		2,4	90	0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total				
а	Contributions received or receivable from:	0(1)										
	(1) Employers	8a(1)							_			
	(2) Participants	8a(2)							_			
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b							_			
<u>с</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 80							_			
d	Benefits paid (including direct rollovers and insurance premiums	00										
	to provide benefits)		2,4	90								
е	Certain deemed and/or corrective distributions (see instructions)											
f	Administrative service providers (salaries, fees, commissions)											
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2,490						
i	Net income (loss) (subtract line 8h from line 8c)	8i						(2,490)				
j	Transfers to (from) the plan (see instructions)	8j										
Pa	art IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instructions:				
	2A 2E 2F 2H 2J 2K 2R 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic (Codes	in the	instructions:				
Pa	art 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 contribut	ions within	the time period									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	uciary Correction									
	Program)			10a		х						
k	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x						
-				10b		x						
				100		л						
	by fraud or dishonesty?		•••••••	10d		х						
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	er persons	by an insurance									
	the plan? (See instructions.)			10e		х						
f				10f		x						
	····· k····· k····· k····· k····· k····· k····· k····· k····· k······			10g		x						
<u> </u>	Juliu ine plan nave any participant loans? (IF res, enter amount as	s or year er	nd.)	ivy		^						

10h

10i

х

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.)

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

Page 2

Form 5500-SF 2016

Form 5500-SF 2016

Page **3 -**

Part	1/1	Dension Funding Compliance									
11		Pension Funding Compliance		2 a la a al vil a		T					
		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c 5500 and line 11a below)					Yes 🛛	K No			
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a							
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Yes	K No			
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver			er the dat Day		letter ru ear	ling			
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.								
b	Enter th	ne minimum required contribution for this plan year.		, 12b							
С	c Enter the amount contributed by the employer to the plan for the plan year										
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)										
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?		. [Yes	No		I/A			
Part	VII	Plan Terminations and Transfers of Assets									
_13a	Has a r	esolution to terminate the plan been adopted in any plan year?		,	X Yes	s 🗌	No				
	lf "Yes,	enter the amount of any plan assets that reverted to the employer this year		. 13a				0			
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?			x	Yes		C			
С	lf, durir	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi issets or liabilities were transferred. (See instructions.)									
1:	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		1:	Bc(3) PN	(S)			
Part		Trust Information - Skip These Questions									
	Name			14	0 Trust's						
170	Name			'-	Unusis						
14c	Name	of trustee or custodian		14	14d Trustee or custodian's telephone number						
Part	IX	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			"Prior y test	ear" ADP			
	. , .			"Curren ADP te:			N/A				
16a	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan						tage Average I N				
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No				
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS/ and serial number	opinion I	etter or a	advisory I	etter, er	iter the c	late of			
17b	If the pl	an is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the d	ate of th	e most re	ecent de	terminat	ion			
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 sep ?			Yes	s 🗌	No				
19		y plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••		Yes	s 🗌	No				