Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annuai Repon	dentification information								
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2018	and ending 05	5/31/2018					
A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
D. Tri		a one-participant plan	a foreign plan							
B This retu	irn/report is	the first return/report	X the final return/report							
		an amended return/report	x a short plan year return/report (less than 12 months)							
C Check b	oox if filing under:	Form 5558	automatic extension]	DFVC progra	m				
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name	of plan				1b Three-digi	t				
	RPRISES, LLC 401(F	() PLAN			plan numb					
		.,			(PN) •	001				
				•	1c Effective of	late of plan				
						01/01/2008				
		oyer, if for a single-employer plan)			2b Employer	Identification Number				
		om, apt., suite no. and street, or P.C		u ationa)	(EIN)	26-0737733				
-		ce, country, and ZIP or foreign post	tai code (ir foreign, see instr	ructions)	2c Sponsor's	telephone number				
E & E ENTER	RPRISES, LLC					6-225-0356				
					2d Business	code (see instructions)				
	NE VIEW DRIVE SW					238300				
SEATTLE, W	/A 98146-1621									
					01					
3a Plan ad	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	itor's EIN				
				-	3c Administra	tor's telephone number				
					7	nor o toropriono nambo.				
4 If the n	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the last re	eturn/report filed for	4b EIN					
this pla	an, enter the plan spo	onsor's name, EIN, the plan name a			4.1					
	or's name				4d PN					
C Plan N	ame									
5a Total r	number of participants	s at the beginning of the plan year.			5a	2				
b Total r	number of participants	s at the end of the plan year			5b	0				
C Number	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	0				
•	,	articipants at the beginning of the pl		ħ.	5d(1)	2				
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	0				
e Numb	er of participants who	terminated employment during the	e plan year with accrued be	nefits that were less	5e	0				
than ?	100% vested									
		or incomplete filing of this return ther penalties set forth in the instru-								
SB or Sche		and signed by an enrolled actuary, a								
SIGN		d/valid electronic signature.	07/11/2018	JOSHUA LAVINE						
HERE	Signature of plan		Date		ividual signing as plan administrator					
SIGN		<u></u>								
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individu	ual signing as em	nployer or plan sponsor				
	J	<u> </u>				, , , , , , , , , , , , , , , , , , ,				

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No	
D	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 cann							_		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not deter	rmined	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			. (See instruc	ctions.)	
Pai	t III Financial Information	_								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	. 7a	92	28892				0		
b	Total plan liabilities	. 7b		18000				0		
С	Net plan assets (subtract line 7b from line 7a)	. 7c	9	10892				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) 1	Γotal		
а	Contributions received or receivable from:	0-(4)		0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	` '	,	13053						
	Other income (loss)			13033				13053		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						13033		
	to provide benefits)	. 8d	92	23525						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		420						
g	Other expenses	ther expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						923945		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-910892		
j	Transfers to (from) the plan (see instructions)	· 8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3D 2T 2E	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the inst	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction							
	Program)			10a		X				
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			9109	90	
d	Did the plan have a loss, whether or not reimbursed by the plan's 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	Х			29	90	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
										

Form 5500-SF 2017	Page 3 - 1	
-------------------	-------------------	--

Part '	VI Pension Funding Compliance							
11	В	Y	es No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part \	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	s No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to						
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Rart Annual Repo	rt identification informatio	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
For calendar plan year 2017 or		01/01/2018	and ending	05/31/20	
A This return/report is for:	a single-employer plan	ilst of participating er	lan (not multiemployer) nployer information in a		
D water made must be a set	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	X the final return/report			
	an amended return/report	🛚 a short plan year retu	rn/report (less than 12 r	months)	
C Check box if filing under:	☐ Form 5558	automatic extension		DFVC program	
	special extension (enter desc	لسا		D	
Part II Basic Plan In	formation—enter all requested in				
1a Name of plan				1b Three-digit	
& E Enterprises,	IJC 401(k) Plan			plan number	001
	www souther ETMI			(PN)	o of plan
				1c Effective dat 01/01/20	•
a Plan sponsor's name (emp	oloyer, if for a single-employer plan)				entification Number
 Mailing address (include ro 	oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box)	ruotione)	(EIN) 26-0	
& E Enterprises,	LLC	त्या ५००७ (॥ १०१८।वृश, ४८७ ॥४।	ruckons/	2c Sponsor's te	
	n 1			<u> </u>	de (see instructions
1249 Marine View D	Orive SW			238300	
eattle	WA 98146-162) 1			
a Plan administrator's name	and address X Same as Plan Spo			3b Administrato	r's EIN r's telephone numb
	and address X Same as Pian Spo	onsor.		3c Administrato	
If the name and/or EIN of the		onsor. has changed since the last r	eturn/report filed for he last return/report.		
If the name and/or EIN of the this plan, enter the plan spana Sponsor's name	and address X Same as Pian Spo	onsor. has changed since the last r	eturn/report filed for he last return/report.	3c Administrato	
If the name and/or EIN of the this plan, enter the plan spana Sponsor's name	and address X Same as Pian Spo	onsor. has changed since the last r	eturn/report filed for he last return/report.	3c Administrato	
If the name and/or EIN of the this plan, enter the plan spanspansor's name C Plan Name	and address X Same as Pian Spo he plan sponsor or the plan name h nonsor's name, EIN, the plan name	onsor. has changed since the last r and the plan number from t	he last return/report.	3c Administrato 4b EIN 4d PN	
If the name and/or EIN of the this plan, enter the plan space Sponsor's name C Plan Name Total number of participants	and address X Same as Plan Spo he plan sponsor or the plan name h lonsor's name, EIN, the plan name	onsor. has changed since the last r and the plan number from t	he last return/report.	3c Administrato 4b EIN 4d PN	
if the name and/or EIN of the this plan, enter the plan space Sponsor's name Plan Name Total number of participant Total number of participants Number of participants with	and address X Same as Plan Spo he plan sponsor or the plan name honsor's name, EIN, the plan name is at the beginning of the plan year. Is at the end of the plan year account balances as of the end of	nas changed since the last rand the plan number from the plan number from the plan year (only defined	he last return/report.	3c Administrato 4b EIN 4d PN 5a 5b	
If the name and/or EIN of the this plan, enter the plan space. Sponsor's name Plan Name Total number of participant: Number of participants with complete this Item)	and address X Same as Plan Spo he plan sponsor or the plan name honsor's name, EIN, the plan name is at the beginning of the plan year	nas changed since the last rand the plan number from the plan number from the plan year (only defined	he last return/report.	3c Administrato 4b EIN 4d PN 5a 5b 5c	
if the name and/or EIN of the this plan, enter the plan space. a Sponsor's name c Plan Name a Total number of participant: b Total number of participant: c Number of participants with complete this Item)	and address X Same as Plan Spo he plan sponsor or the plan name honsor's name, EIN, the plan name is at the beginning of the plan year	nas changed since the last rand the plan number from the plan number from the plan year (only defined	he last return/report.	3c Administrato 4b EIN 4d PN 5a 5b 5c 5d(1)	
if the name and/or EIN of this plan, enter the plan space. a Sponsor's name. C Plan Name. Total number of participant: Number of participants with complete this item)	and address X Same as Plan Spo he plan sponsor or the plan name honsor's name, EIN, the plan name is at the beginning of the plan year	onsor. Dias changed since the last rand the plan number from the plan number from the plan year (only defined plan year	he last return/report. contribution plans	3c Administrato 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)	
If the name and/or EIN of the this plan, enter the plan spass Sponsor's name C Plan Name Total number of participants Number of participants with complete this item)	and address X Same as Plan Sponsor or the plan name honsor's name, EIN, the plan name is at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year or terminated employment during the profincomplete filling of this returns.	onsor. This changed since the last repair and the plan number from the plan number from the plan year (only defined the plan year	he last return/report. contribution plans enefits that were less unless reasonable co	3c Administrato 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established	r's telephone numb
If the name and/or EIN of the this plan, enter the plan space. By Sponsor's name C Plan Name Total number of participants Number of participants with complete this item) (d(1) Total number of active pace. Mumber of participants where the properties of active pace. By Sponsor	and address X Same as Plan Sponsor or the plan name he plan sponsor or the plan name honsor's name, EIN, the plan name is at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year ticipants at the end of the plan year or incomplete filling of this returning the prematties set forth in the instructor of signed by an enrolled actuary,	nas changed since the last rand the plan number from the plan number from the plan year (only defined alan year	contribution plans enefits that were less unless reasonable contribution this return/r	3c Administrato 4b EIN 4d PN 5a 5b 5c 5d(1) 5e ause is established eport, including, if a	r's telephone numb
if the name and/or EIN of the this plan, enter the plan space. Sponsor's name Plan Name Total number of participants Number of participants with complete this Item) (d(1) Total number of active processed in the position of the participants with the complete of participants with the processed in the processe	and address X Same as Plan Sponsor or the plan name he plan sponsor or the plan name honsor's name, EIN, the plan name is at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year ticipants at the end of the plan year or incomplete filling of this returning the prematties set forth in the instructor of signed by an enrolled actuary,	nas changed since the last rand the plan number from the plan number from the plan year (only defined alan year	contribution plans enefits that were less unless reasonable contribution this return/r	3c Administrato 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a ort, and to the best of	r's telephone numb
If the name and/or EIN of the this plan, enter the plan space. By Sponsor's name C Plan Name Total number of participants Total number of participants with complete this item)	and address X Same as Plan Sponsor or the plan name honsor's name, EIN, the plan name honsor's name, EIN, the plan name as at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the process of the interest of the plan year terminated employment during the penalties set forth in the instrugence of the plan year there penalties set forth in the instrugence of the plan year there penalties set forth in the instrugence of the plan year there penalties set forth in the instrugence of the plan year.	inas changed since the last rand the plan number from the plan number from the plan year (only defined plan year	contribution plans contribution plans enefits that were less unless reasonable contribution of this return/reports	3c Administrato 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a port, and to the best of the control	r's telephone numb
if the name and/or EIN of the this plan, enter the plan space. a Sponsor's name c Plan Name a Total number of participants b Total number of participants with complete this item)	and address X Same as Plan Sponsor or the plan name honsor's name, EIN, the plan name honsor's name, EIN, the plan name as at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the process of the interest of the plan year terminated employment during the penalties set forth in the instrugence of the plan year there penalties set forth in the instrugence of the plan year there penalties set forth in the instrugence of the plan year there penalties set forth in the instrugence of the plan year.	nas changed since the last rand the plan number from the plan number from the plan year (only defined alan year	contribution plans enefits that were less unless reasonable contribution of this return/report	3c Administrato 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a port, and to the best of the control	r's telephone numb

Form	5500-	SF	201	7

P	a	п	۵	2

þ	Were all of the plan's assets during the plan year invested in eligit						***************************************	. X Yes	No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condi	ndent qualified public attions.)	account	ant (IC	≀PA) 	.,,,,,,,	. X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan can								
С	If the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the					_	_	****	
Pí	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	[(b) Er	d of Year	
а	Total plan assets	. 7a	(4) =099	928,			\-_\\.		0
	Total plan liabilities				000				0
	Net plan assets (subtract line 7b from line 7a)	1		910,			A4		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)			0				
	(2) Participants	8a(2)		······································	0				
	(3) Others (including rollovers).	1			0				
b	Other income (loss)	8b		13,	053				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	• • • • • • • • • • • • • • • • • • • •						1	3,053
***************************************	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		923,	525				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0				
f	Administrative service providers (salaries, fees, commissions)	. 8f			420				
g	Other expenses	. 8g			0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1				923,94			3,945
							-910,8		
i	Net income (loss) (subtract line 8h from line 8c)	1						-91	0,892
ij	Net income (loss) (subtract line 8h from line 8c)	. 81			0			-91	0,892
ij	Transfers to (from) the plan (see instructions)	. 81			0			-91	0,892
ij		81 8j	odes from the List of Pl	an Cha	1.12	stic Co	des in the ir		0,892
j Pa	Transfers to (from) the plan (see instructions) If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	8i 8j feature co			racteri			structions:	0,892
j Pa 9a b	Transfers to (from) the plan (see instructions)	8i 8j feature co			racteri			structions:	0,892
j Pa 9a b	Transfers to (from) the plan (see instructions)	8i 8j feature co			racteri			structions:	0,892
Pa b Pa 10	Transfers to (from) the plan (see instructions)	8i 8j a feature confeature confeature confeature confeature confeature confeature confeature for the confeat	les from the List of Pla in the time period Fiduciary Correction	n Char	racteris	ic Cod		structions:	0,892
Pa b Pa 10	Transfers to (from) the plan (see instructions)	8i 8j a feature confeature confea	des from the List of Pla in the time period iduciary Correction include transactions	n Chara	racteris	ic Cod		structions:	0,892
Par 10 a	Transfers to (from) the plan (see instructions)	8i 8j feature co	tes from the List of Pla in the time period Fiduciary Correction include transactions	n Chara	racteris	No X		structions: tructions: Amount	
Pail 10 a	Transfers to (from) the plan (see instructions)	8i 8j sefeature confeature confea	in the time period Fiduciary Correction include transactions and, that was caused	n Chara	racteris	No X		structions: tructions: Amount	
Pau 10 a	Transfers to (from) the plan (see instructions)	si sj si seature confeature confe	in the time period Fiduciary Correction include transactions and, that was caused the benefits under	10a 10b	racteris	No X		structions: tructions: Amount	1,090
Pan b Pan b b c c c c c c c c c c c c c c c c c	Transfers to (from) the plan (see instructions) If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3D 2T 2E If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan any participant contributes to the plan any participant contributes program. Was there a failure to transmit to the plan any participant contributes reported in 29 CFR 2510.3-102? (See instructions and DOL's Verogram). Were there any nonexempt transactions with any party-in-interes reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	si feature confeature	in the time period Fiduciary Correction include transactions and, that was caused the benefits under	10a 10b 10c	racteris Acteris Yes	No X		structions: tructions: Amount	1,090
Pan 10 a	Transfers to (from) the plan (see instructions) If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3D 2T 2E If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan any participant contributes to the plan any participant contributes program. Was there a failure to transmit to the plan any participant contributes ribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program). Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	8i 8j sefeature confeature confea	in the time period Fiduciary Correction include transactions and, that was caused the benefits under	10a 10b 10c 10d	racteris Acteris Yes	No X		structions: tructions: Amount	1,090
Pai b Pai c c c c c c c c c c c c c c c c c c c	Transfers to (from) the plan (see instructions) If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3D 2T 2E If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare to the plan any participant contributes to the plan any participant contributes program. Was there a failure to transmit to the plan any participant contributes program. Were there any nonexempt transactions with any party-in-interes reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the planes.	si s	in the time period Fiduciary Correction include transactions and, that was caused the benefits under	10a 10b 10c 10d 10e 10f	racteris Acteris Yes	No X X X		structions: tructions: Amount	1,090

	Form 5500-SF 2017		Page 3-					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below)	equirements? (If "Yes,"	see instructions and	l complete Sch	edule S	В		Yes No
11a	Enter the unpaid minimum required contributions for all ye							
12	Is this a defined contribution plan subject to the minimum ERISA?	funding requirements of	f section 412 of the			f		Yes 🗓 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 1:	2e below, as applicable.)				<u> </u>	
а	If a waiver of the minimum funding standard for a prior year granting the waiver.				d enter t Day		of the lette Year	er ruling
lf \	ou completed line 12a, complete lines 3, 9, and 10 of S	chedule MB (Form 55	00), and skip to line	e 13.				
b	Enter the minimum required contribution for this plan year	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12b			
	Enter the amount contributed by the employer to the plan fo				12c			
d	Subtract the amount in line 12c from the amount in line 12 negative amount)				12d			
е	Will the minimum funding amount reported on line 12d be	met by the funding dea	dline?			Yes	No	□ N/A
Part \	/II Plan Terminations and Transfers of Ass	sets						
13a	Has a resolution to terminate the plan been adopted in any pla	an year?				X Yes		lo
	If "Yes," enter the amount of any plan assets that reverted				13a			C
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						〈 Yes [] No
С	If, during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred. (See instruction		another plan(s), ide	ntify the plan(s)) to			
1	3c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3	3) PN(s)