Form 5500-SF		Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			etirement	201 <mark>76</mark>				
Department of Labor Employee Benefits Security Administration					This Form is Open					
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	e all entries in accordance with the instructions to the Form 55			Public Inspection				
Part I										
For calenda	ar plan year 201 <mark>76</mark> or fis	cal plan year beginning		and ending						
A This ret	a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.         a one-participant plan       a foreign plan									
<b>B</b> This retu	urn/report is	the first return/report the	e final return/report							
	[	an amended return/report	short plan year returr	ort plan year return/report (less than 12 months)						
C Check b	box if filing under:	Form 5558	utomatic extension		DFVC p	rogram				
		special extension (enter description)								
Part II	Basic Plan Infor		on							
<b>1a</b> Name		·			1b Three					
						plan number (PN) 🕨				
					, ,	tive date of plan				
2a Plan si	nonsor's name (employe	er, if for a single-employer plan)			2h Empl	<b>b</b> Employer Identification Number				
Mailing	address (include room	, apt., suite no. and street, or P.O. Box)	<i></i>		(EIN)					
City or	town, state or province,	country, and ZIP or foreign postal code	e (if foreign, see instr	uctions)	<b>2c</b> Sponsor's telephone number					
-					2d Business code (see instructions)					
<b>3a</b> Plan administrator's name and address Same as Plan Sponsor.						Administrator's EIN				
					<b>3c</b> Administrator's telephone number					
4 If the name and/or EIN of the plan sponsor <u>or the plan name</u> has changed since the last return/report filed for						4b EIN				
this plan, enter the number from the last return/report.										
	or's name	on the last return/report.			4 <mark>₫</mark> €PN					
C Plan Name										
EQ. Tatal symbol of participants of the hosization of the plan year				5a						
<ul><li>5a Total number of participants at the beginning of the plan year</li><li>b Total number of participants at the end of the plan year</li></ul>										
<ul><li>C Number of participants with account balances as of the end of the plan year (only defined contribution plans</li></ul>					5c					
complete this item)					5d(1)					
<ul> <li>d(1) Total number of active participants at the beginning of the plan year</li> <li>d(2) Total number of active participants at the end of the plan year</li> </ul>										
e Number of participants that who terminated employment during the plan year with accrued benefits that were										
less t	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	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing a	al signing as plan administrator				
SIGN										
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	as employer or plan sponsor					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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	A Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							No
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.)						No	
	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	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	🗌 Yes	No Not deterr	nined
	If "Yes" is checked, enter the My PAA confirmation number from th	ne PBGC pi	remium filing for this p	lan yea	.r		(See instruct	<u>tions.)</u>
Da	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Voar			(b) End of Year	
<u>'</u> a	Total plan assets	7a	(a) Deginning	orrea				
b	Total plan liabilities							
С	Net plan assets (subtract line 7b from line 7a)							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total	
a				-				
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	<b>8</b> b						
<u> </u>	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)	8d						
e	e Certain deemed and/or corrective distributions (see instructions)							
f	f Administrative service providers (salaries, fees, commissions)							
<u> </u>	g Other expenses							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	<b>8</b> h						
i	i Net income (loss) (subtract line 8h from line 8c)							
j	j Transfers to (from) the plan (see instructions) <b>8</b> j							
Ра	rt IV Plan Characteristics							
9		n feature co	odes from the List of F	Plan Ch	aracter	istic Codes	in the instructions:	
	a b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
N								
Pa	t V Compliance Questions							
10	During the plan year:			Y	es N	0	Amount	
i	<b>a</b> Was there a failure to transmit to the plan any participant contrib							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			<b>10</b> a				
	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions							
	reported on line 10a.)			10b				
	<ul><li>C Was the plan covered by a fidelity bond?</li><li>d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was</li></ul>			<b>…10c</b>				
	caused by fraud or dishonesty?			<b>10</b> d				
	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.)			10e				
1	${f f}$ Has the plan failed to provide any benefit when due under the plan?			… <b>10</b> f				
	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			<sup></sup> 10g				
	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			<b>10</b> i				
	and checkling to providing the notice applied under 29 CFR 252	.0.101-9						

Part	VI	Pension Funding Compliance				_				
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and )) and line 11a below)				. [] Y	res 🗌 No			
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	<b>11a</b>							
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the C Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 of ERISA? Yes No							
a	<ul> <li><b>a</b> 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.</li> </ul>									
lf	you c	ompleted 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						
<b>d</b> 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		Plan Terminations and Transfers of Assets								
		a resolution to terminate the plan been adopted in any plan year?			Yes	N	)			
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou e PBGC?	-			Yes	No			
С	<ul> <li>C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)</li> </ul>									
	13c(1	) Name of plan(s):	13c	2) EIN(s)		13c(3)	PN(s)			
Part VIII       Trust Information         14a Name of trust ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI       14b-Trust's EIN         ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI       14b-Trust's EIN										
		GHI-ABCDEFGHI ABCDEFGHI ABCDEFGHI		14d T	ructoo'c	or oustadia				
<b>14c</b> Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number				
Par	t-IX	IRS Compliance Questions								
<del>15a</del>	Is the	plan a 401(k) plan? If "No," skip b	X Yes	— X No						
(3) for the plan year? Check all that apply:				<del>ign-based harbor- rrent year</del>		"Prior ye test	ar" ADP-			
			ADI	<sup>&gt;</sup> test	<u> </u>	<del>N/A</del>				
<b>16a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan- year? Check all that apply:       Rational section 410(b) for the plan- wear?         X						<del>irage ëfit test</del>	X N/A			
<b>16b</b> 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?					X No					
<del>17a</del>	-If the letter	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinion lette	<del>er or advis</del>	ory letter	<del>r, enter the</del>	date of the			
<b>17b</b>	-If the	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the date	e of the m	ost recen	t determin	ation letter			
<del>18</del>	<ul> <li><u>18</u> Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from- service?</li> </ul>					X Yes X No				
<del>19</del>	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		X Yes	X	<del>.N</del> o-				