## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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## 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.

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2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I	Annual Report	ld	entification Informatio	n				
For	calenda	ar plan year 2015 or fi	sca	l plan year beginning 01/01	1/20	215 and ending 12	2/31/2	015	
Α -	This ret	urn/report is for:	X	a single-employer plan a one-participant plan		a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	,	•	
Вт	his retu	ırn/report is	X	the first return/report		the final return/report a short plan year return/report (less than 12 m	onths	)	
C	Check b	oox if filing under:		Form 5558 special extension (enter des	scrip	automatic extension		DFVC prog	ram
Pa	art II	Basic Plan Info	rn	nation—enter all requested	info	rmation			
	Name o	of plan		PMENT CORPORATION RE			1b	Three-digit plan number (PN) ▶	002
							1c	Effective date o	f plan 1/1997
	Mailing City or	address (include roo town, state or provinc	m, i		.O.	Box) I code (if foreign, see instructions)		()	125577
RI-COUNTY ECONOMIC DEVELOPMENT CORPORATION					2c Sponsor's telephone number 859-344-0040				
		MILK PIKE SUITE 33 ARK, KY 41017	32				<b>2</b> a	Business code (	,
3a	Plan ad	dministrator's name a	nd a	address 🏻 Same as Plan Spo	onsc	or.		Administrator's	elephone number
4				an sponsor has changed sincer from the last return/report.	e th	ne last return/report filed for this plan, enter the		EIN	
а	Sponso	or's name					4c		
5a	Total n	number of participants	at	the beginning of the plan year	r		5		15
							5	b	13
С						ne plan year (defined benefit plans do not	5	С	13
d(	<b>(1)</b> Tota	al number of active pa	rtic	ipants at the beginning of the	pla	n year	5d	(1)	6
d(	<b>(2)</b> Tota	al number of active pa	rtic	ipants at the end of the plan y	/ear		5d	(2)	5
	than 1	100% vested				olan year with accrued benefits that were less		е	0
Und SB	ler pena or Sche	alties of perjury and of	her nd	penalties set forth in the instr signed by an enrolled actuary	ruct	report will be assessed unless reasonable causions, I declare that I have examined this return/resewell as the electronic version of this return/report	port, i	ncluding, if applic	

04/21/2016

Date

Date

DANIEL TOBERGTE

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t</li></ul>	an indepen and condition ot use For	dent qualified public a ons.)	ccount	ant (IQ	PA) Form	5500.		Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No N	lot determined
Part III   Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of	
a Total plan assets	7a		1318	3572				1368687
b Total plan liabilities	7b		1318	572				1368687
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		372			(b) Tot	
a Contributions received or receivable from:		(a) Amou	anı				(b) 100	aı
(1) Employers	8a(1)		92	2773				
(2) Participants	8a(2)		52	2064				
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	8b		-6	104				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							135733
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		85	443				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f			175				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							85618
i Net income (loss) (subtract line 8h from line 8c)	8i							50115
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of PI	an Cha	racteri	stic Co	des in th	ne instruction	ons:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	as from the List of Pla	n Char	actorist	ic Coc	les in the	instruction	ic.
in the plant provides wellare bettering, effect the applicable wellare in	cature cout	cs from the List of Fila	ii Onait	actorist	.10 000	103 111 1110	, mondonor	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	A	mount
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest			401		X			
reported on line 10a.)			10b		^			
C Was the plan covered by a fidelity bond?			10c	X				300000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persons ne or all of t	by an insurance the benefits under			X			
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the pla			10e					
			10f	.,	X			
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g	X				20651
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					
j Did the plan trust incur unrelated business taxable income?			10j		Χ			
Part VI Pension Funding Compliance				•	-			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of EI	RISA?	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## 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).

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Tri County Economic Development Corporation plan number Retirement Plan (PN) P 002 1c Effective date of plan 01/01/1997 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 61-1125577 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Tri-County Economic Development Corporation (859) 344-0040 2d Business code (see instructions) 300 Buttermilk Pike Suite 332 813000 Lakeside Park KY 41017 3a Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 15 Total number of participants at the end of the plan year..... 5b 13 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... 13 d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 6 d(2) Total number of active participants at the end of the plan year..... 5d(2) 5 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 0 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 4-21-16 Daniel Tobergte HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Daniel Tobergte 4-21-11 HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

	Form 5500-SF 2015		Page 2							
D /	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannum f the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	ent qualified public acts.)	instea	ant (IC	PA)	5500.	<u>Þ</u>		No No
_	Financial Information									
7 F	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Y	ear	
a 1	Total plan assets	7a			8,57	2		(=) =	1,368,	687
<b>b</b> 7	Total plan liabilities	7b								
C 1	Net plan assets (subtract line 7b from line 7a)	7c	1	,31	8,57	2			1,368,	687
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total		
	Contributions received or receivable from:									
	(1) Employers	8a(1)			2,77					
	(2) Participants	8a(2)		5.	2,06	4				
	(3) Others (including rollovers)	8a(3)				_				
	Other income (loss)	8b			9,10	4				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		-		-			135,	733
	to provide benefits)	8d		8	5,44	3				
	Certain deemed and/or corrective distributions (see instructions)	8e				T				
f	Administrative service providers (salaries, fees, commissions)	8f			17	5				
	Other expenses	8g				1				7.00
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				+			85,	618
	Net income (loss) (subtract line 8h from line 8c)	8i				1				115
	Transfers to (from) the plan (see instructions)	8j								
9a	If the plan provides pension benefits, optor the applicable pension	f1 1.								
B Part	The state of the s									
B Part	If the plan provides welfare benefits, enter the applicable welfare f  Compliance Questions  During the plan year:	eature codes	from the List of Plan					ne instructions		
B Part 10 a	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan and participant contributed by the p	eature codes	he time period		acterist	ic Cod	des in th	ne instructions	s:	
B Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan and participant contributes the plan and participant contributes for the plan provides welfare for th	tions within t	he time period uciary Correction	Chara	acterist	No X	des in th	ne instructions	s:	
B Partion	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan and participant contributes the plan and participant contributes the plan and participant contributes program.  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	reature codes ritions within t /oluntary Fide t? (Do not inc	he time period uciary Correction	Chara	acterist	ic Cod	des in th	ne instructions	s:	
B Part 10 a	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributes the plan and participant contributes program.  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions within to	he time period uciary Correction	10a 10b	acterist	No X	des in th	ne instructions	s:	,000
Part 10 a b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  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 ott carrier, insurance service, or other organization that provides son	reature codes rations within t /oluntary Fide t? (Do not inc	he time period uciary Correction clude transactions , that was caused	10a 10b 10c	Yes	No X	des in th	ne instructions	mount	,000
B Parti 0 a b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributed described 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 oticarrier, insurance service, or other organization that provides son the plan? (See instructions.)	tions within to the control of the c	he time period uciary Correction	10a 10b 10c 10d	Yes	No X X X	des in th	ne instructions	mount	,000
B Parti 0 a b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare for the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  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 ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)	tions within to the control of the c	he time period uciary Correction	10a 10b 10c 10d 10e	Yes	No X	des in th	ne instructions	300,	
B Part 10 a b c d e	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan year:  Was there a failure to transmit to the plan any participant contribut described 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 otter 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 plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period?	tions within to toluntary Fide the control of the c	he time period uciary Correction clude transactions that was caused by an insurance e benefits under clude.	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X	des in th	ne instructions	300,	
B Part 10 a b c d f g	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)  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 otter 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 plan bid the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans?	tions within to the reguired r	he time period uciary Correction	10a 10b 10c 10d 10e	Yes	No X X X	des in th	ne instructions	300,	
B Part 10 a b c d e f g	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan year:  Was there a failure to transmit to the plan any participant contribut described 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 ott 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 plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)	reture codes ritions within t /oluntary Fide t? (Do not income or all of the an? (See instruct the required r 01-3	the time period uciary Correction slude transactions that was caused by an insurance e benefits under slude transactions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X	des in th	ne instructions	300,	,000

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 ......

12

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		T			—
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter t		of the le	tter rulir	ng
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13,					
	Enter the minimum required contribution for this plan year	12b				
CI	Enter the amount contributed by the employer to the plan for this plan year	12c				
	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 '						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Y	es X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		T			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?			Ye	8 🛛 N	lo
С	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.)					
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13	3c(3) PI	V(s)
Part	VIII Trust Information		-			
14a I	Name of trust	14b	Trust's E	EIN		
14c	Name of trustee or custodian	441				
		140	Trustee telepho	e's or c one nur		n's
Part	IRS Compliance Questions					
15a	Is the plan a 401(k) plan?	□ Y	'es		No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Design- based safe harbor method			ADP/ACP test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		es	[	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Пt	Ratio percentagest	ge [		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	_	es		No	
	Has the plan been timely amended for all required tax law changes?	□ Y	'es		No	□ N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the ap for tax law changes and codes).		_			ructions
_	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number					or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the pl	an's last	favora	ble	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	□ Y	es	[	No	
19	Were in-service distributions made during the plan year?	П	'es	Г	No	
	If "Yes," enter amount	19	T			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	☐ Y	es es		No	□ N/A