Form 5500-S	SF Short Form Ann		ort of Small Emplo	oyee	OM	3 Nos. 1210-0110 1210-0089
Department of the Treasur Internal Revenue Service		Benefit Plai			20	15
Department of Labor Employee Benefits Security Admin	Income Security Act of 197		6057(b) and 6058(a) of the			is Open to
Pension Benefit Guaranty Corp	Complete all entries in		structions to the Form 55	00-SF.		
	eport Identification Informatio		and ending 12	2/31/2015		
A This return/report is for	🗙 a single-employer plan		er plan (not multiemployer) employer information in ac	(Filers check	-	
${f B}$ This return/report is	the first return/report	the final return/repo	ort sturn/report (less than 12 m	onths)		
C Check box if filing under		automatic extensio	n	D	FVC program	
Part II Basic Pla	special extension (enter des					
1a Name of plan	INEERS, P.C. 401(K) PROFIT SHARIN			(PN)	umber	001 n
Mailing address (inclu	(employer, if for a single-employer plan) de room, apt., suite no. and street, or P.	O. Box)		2b Emplo (EIN)	01/01/20 yer Identificati 11-3225	on Number
City or town, state or p CAPANO & PARKER ENGI	province, country, and ZIP or foreign pos NEERS PC	stal code (if foreign, see i	nstructions)	2c Spons	sor's telephone 631-421-0	
20 HIGH STREET HUNTINGTON, NY 11743				2d Busine	ess code (see	instructions)
-					541330	
	ame and address XSame as Plan Spo	1991.			istrator's EIN istrator's telep	hone number
	N of the plan sponsor has changed sinc	e the last return/report file	ed for this plan, enter the	4b EIN		
name, EIN, and the p a Sponsor's name	lan number from the last return/report.			4c PN		
	cipants at the beginning of the plan year			5a		7
	cipants at the end of the plan year			5b		6
	s with account balances as of the end o	, , ,	•	5c		6
d(1) Total number of ac	tive participants at the beginning of the	plan year		5d(1)		5
e Number of participan	tive participants at the end of the plan y ts that terminated employment during the	ne plan year with accrued	benefits that were less	5d(2) 5e		5
Caution: A penalty for th	e late or incomplete filing of this retu and other penalties set forth in the instr	rn/report will be assess	ed unless reasonable cau			a Schedule
	eted and signed by an enrolled actuary,					
SIGN Filed with auth	orized/valid electronic signature.	07/05/2016	CIRO CAPANO			
SIGN Signature of	plan administrator	Date	Enter name of individ	ual signing a	s plan adminis	trator
HERE Signature of	employer/plan sponsor	Date	Enter name of individu	ual signing a	s employer or	plan sponsor
Preparer's name (including	g firm name, if applicable) and address (include room or suite nur	nber)	Preparer's t	elephone nun	ıber
For Paperwork Reduction A	ct Notice and OMB Control Numbers, see t	he instructions for Form 5	500-SF.		For	n 5500-SF (2015)

6a Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)					X Yes No
b Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility)				•	,		X Yes 🗌 No
If you answered "No" to either line 6a or line 6b, the plan can							
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year
a Total plan assets	7a		1987	340			1615345
b Total plan liabilities	7b			0			
C Net plan assets (subtract line 7b from line 7a)	7c		1987	340			1615345
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	unt				(b) Total
a Contributions received or receivable from:	a (1)		45	401			
(1) Employers	8a(1)			401 604	_		
(2) Participants			79	004	_		
(3) Others (including rollovers)			10	007			
b Other income (loss)			-10	087	_		400040
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		108918
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			477	606			
e Certain deemed and/or corrective distributions (see instructions).	8e						
f Administrative service providers (salaries, fees, commissions)					_		
g Other expenses	-		3	307	_		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						480913
i Net income (loss) (subtract line 8h from line 8c)	1 1				_		-371995
J Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pensio 2A 2G 2E 2J 3D	n feature coo	des from the List of Pl	an Cha	racteris	stic Co	odes in	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:
Part 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 contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		Х		
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c		х		
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	s fidelity bon	id, that was caused	10d		х		
 Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so the plan? (See instructions.) 	ther persons me or all of t	by an insurance he benefits under	10e	х			963
f Has the plan failed to provide any benefit when due under the p			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year er	nd.)	10g	Х			17429
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		х		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance						-	•

							_
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched)) and line 11a below)	ule SB	(Form	Yes	X No	0
11a	Ente	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	le th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	02 of F	RISA2	Yes	X No	0

Form 5500-SF 2015

Page **3 -** 1

					1			
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling	
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				
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
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?			Ye	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information	-					
14a	Name	of trust		14b	Trusťs E	IN		
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Ye	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No		
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No		
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No		
19	Were	in-service distributions made during the plan year?		Ye	es	No		
	lf "Y€	es," enter amount		19				
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A	

Form	5500-SF	Short Form Annua		of Small Employee	OMB Nos. 1210-0110 1210-0089
	t of the Treasury evenue Service	This form is required to be filed	Benefit Plan	4065 of the Employee Retirement	2015
	nent of Labor s Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Code	57(b) and 6058(a) of the Internal	This Form is Open to
Pension Benefit	Guaranty Corporation	Complete all entries in a	ccordance with the inst	ructions to the Form 5500-SF.	Public Inspection
the second se		lentification Information			
For calendar p		al plan year beginning	01/01/2015		2/31/2015
A This return/		<_ a single-employer plan] a one-participant plan	 a multiple-employer p list of participating er a foreign plan 	blan (not multiemployer) (Filers ch nployer information in accordance	ecking this box must attach a with the form instructions)
B This return/r	eport is	the first return/report an amended return/report	the final return/report	m/report (less than 12 months)	
C Check box	if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC program
1a Name of p CAPANO &			ormation	pla (Pl	ree-digit in number N) ▶ 001 ective date of plan
					./01/2002
Mailing ad	dress (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta	. Box)	2b Em (El	ployer Identification Number N) 11-3225059
-	PARKER ENGIN		n code (n foreign, see ma	2 6 Sp	onsor's telephone number
ommo a				2d Bu	siness code (see instructions)
20 HIGH S	TREET				12220
HUNTINGTO	N		NY	(11743	· ·····
Sa Plan admir	nstrator s name and	address XSame as Plan Spons	51.		ministrator's EIN ministrator's telephone number
name, Ell	v, and the plan numb	lan sponsor has changed since t per from the last return/report.	he last return/report filed t		
a Sponsor's				4c PN	1
5a Total num	ber of participants at	the beginning of the plan year	.,		<u></u>
c Number o	f participants with ac	the end of the plan year count balances as of the end of t	he plan year (defined ben	efit plans do not 5c	6
	,				6
d(1) Total ni	umber of active partic	cipants at the beginning of the pla	n year		
e Number o	of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued be	enefits that were less 5e	05
Caution: A pe	nalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable cause is est	
Under penaltie SB or Schedule	s of perjury and othe	r penalties set forth in the instruc signed by an enrolled actuary, a	tions, I declare that I have	examined this return/report, inclu rsion of this return/report, and to t	ding, if applicable, a Schedule
SIGN	C/L	Ramon	6/27/16	CIRO CAPANO	
HERE	gnature of plan adr	ninistrator	Date	Enter name of individual signin	g as plan administrator
SIGN	<u></u>				
	gnature of employe ne (including firm nar	er/plan sponsor ne, if applicable) and address (in	Date Clude room or suite numb	Enter name of individual signin er) Prepare	g as employer or plan sponsor ^r r's telephone number
		· · · · · · · · · · · · · · · · · · ·			

	Form 5500-SF 2015	·····	Page 2							1. 	
b Ar ur If	fere all of the plan's assets during the plan year invested in eligib re you claiming a walver of the annual examination and report of ider 29 CFR 2520.104-46? (See instructions on walver eligibility you answered "No" to either line 6a or line 6b, the plan cann he plan is a defined benefit plan, is it covered under the PBGC ir	an indepe and condi ot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	iccount t instea	ant (IC ad use	PA) Form	5500.		X Ye X Ye	s 🗌 No	
Part											
<u></u>				e of Vo			-	(b) End	of Voar		
h	an Assets and Liabilities	<u> </u>	(a) Beginning	1,98	an 7,34	0	· · · · ·			515,345	
-	tal plan assets	7a 7b									
	etal plan liabilities et plan assets (subtract line 7b from line 7a)	7b 7c		1,98	7.34	0			1.6	515,345	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			7751	-		(b) T	(b) Total		
a Co	come, Expenses, and Transfers for this Plan Year ontributions received or receivable from:) Employers	8a(1)	(a) Amou		5,40	1		(u) I			
(2)) Participants	8a(2)		7	9,60	4					
(3)	Others (including rollovers)	8a(3)						And a second sec			
b Ot	her income (loss)	8b		~1	6,08	7					
C To	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c]	08,918	
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d		47	7,60	6					
e Ce	ertain deemed and/or corrective distributions (see instructions)	8e									
f Ac	ministrative service providers (salaries, fees, commissions)	8f		<u>.</u>							
g Ot	her expenses	8g			3,30	7 😳					
<u>h</u> To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h				211 211				80,913	
	et income (loss) (subtract line 8h from line 8c)	<u>8i</u>					Frence To Laure		-3	371 , 995	
j Tr	ansfers to (from) the plan (see instructions)	8j									
	the plan provides pension benefits, enter the applicable pension 2A 2G 2E 2J 3D the plan provides welfare benefits, enter the applicable welfare f										
<u>المستحدة المحتمة</u>					Yes	No	N/A		Amount		
a V	During the plan year: Nas there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's ∖ Program)	/oluntary F	Iduciary Correction	10a	163	x			Amoun	ی میں میں میں میں میں ان میں	
	Nere there any nonexempt transactions with any party-in-interest eported on line 10a.)			10b		х					
C	Was the plan covered by a fidelity bond?			10c		Х				: :	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	1. Construction of the state				
Ċ	Nere any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som he plan? (See instructions.)	ne or all of	the benefits under	10e	x					963	
f ⊦	las the plan failed to provide any benefit when due under the pla	n?		10f		x					
q [Did the plan have any participant loans? (If "Yes," enter amount a	is of year	end.)	10g	X					17,429	
h I	f this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		x					
i I	f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j l	Did the plan trust incur unrelated business taxable income?			10j							
Part V	Pension Funding Compliance		·		L	L		I			
11 1	s this a defined benefit plan subject to minimum funding requirem (500) and line 11a below)								Ye	s 🛛 No-	

5	5500) and line 11a below)			res	X m	NO***
11a E	Enter the unpaid minimum required contribution 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 I	ERISA?	Yes	N X	No

	 	1.0	

Form 5500-SF 2015 Page 3 -						n de la composition de la composition de la composition
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						147
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insigranting the waiver.	Aonth	nter th Day	ne date	of the let Year	ter rulir	1g
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 4	<u>13.</u>					• •••
b Enter the minimum required contribution for this plan year		12b				
C 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 le negative amount)	left of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
IT VII Plan Terminations and Transfers of Assets						·
3a Has a resolution to terminate the plan been adopted in any plan year?				Yes 🛛 🛛	No	ر
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 broug of the PBGC?	ght under the co			Yes	XN	10
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
13c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) Pl	N(s)
						· .
art VIII Trust Information		<u> </u>		<u> </u>		 :
a Name of trust		14b	Trust's	EIN		1.10
4c Name of trustee or custodian		14d		ee's or cu		
4c Name of trustee or custodian		14d		ee's or cu none num		
		14d				
4c Name of trustee or custodian Part IX IRS Compliance Questions			teleph	none num	iber	n's
art IX IRS Compliance Questions		14d	teleph	none num		n's
Part IX IRS Compliance Questions 5a is the plan a 401(k) plan?			teleph		iber	n's /ACP
 For the plan a 401(k) plan? So is the plan a 401(k) plan? So if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? So if the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 	surrent year 401(m)-		teleph 'es Design- based s harbor	afe	lber]No] ADP/	n's /ACP
 For the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "critesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))? 	urrent year 401(m)-		teleph Yes Design- based s narbor method Yes Ratio percent	afe	No ADP/ test]No	n's /ACP rage
 Fart IX IRS Compliance Questions 5a Is the plan a 401(k) plan? 5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "critesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))? 6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sections 400(a)(4) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(a) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(a) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(a) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(a) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(a) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(a) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a)(a) by complexity the coverage and nondiscrimination tests of sections 410(b) and 401(a) by c	ourrent year 401(m)- ion 410(b):		teleph Yes Design- based s harbor method Yes Ratio	afe	No ADP/ test]No	n's /ACP rage
 art IX IRS Compliance Questions 5a Is the plan a 401(k) plan? 5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))? 6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sections 400 (b) and 401(a)(4) by communication tests of sections 410(b) and 401(a)(4)	urrent year 401(m)- ion 410(b):		teleph fes Design- based s harbor method fes Ratio percent test fes	afe	No ADP/ test No Aver bene	n's /ACP rage əfit te
 Part IX IRS Compliance Questions 5a Is the plan a 401(k) plan? 5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))? 16a Check the box to Indicate the method used by the plan to satisfy the coverage requirements under sections this plan with any other plans under the permissive aggregation rules? 17a Has the plan been timely amended for all required tax law changes? 17b Date the last plan amendment/restatement for the required tax law changes was adopted 	ourrent year 401(m)- ion 410(b): hbining		teleph (es Design- based s harbor method (es Ratio percenti- test (es (es	afe	No ADP/ test No No No	n's /ACP rage əfit te
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