Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

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SIGN HERE 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	irti Annuai Kepon	t identification information	1		
For	calendar plan year 2015 or f	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015	
Αт	This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac		
	The recurrence to the re-	a one-participant plan	a foreign plan		· · · · · · · · · · · · · · · · · · ·
Вт	his return/report is	the first return/report	the final return/report		
		an amended return/report	a short plan year return/report (less than 12 m	nonths)	
C	Check box if filing under:	Form 5558	automatic extension	DFVC	orogram
		special extension (enter desc	cription)		
Pa	rt II Basic Plan Info	ormation—enter all requested in	nformation		
	Name of plan			1b Three-digit	
ARBO	OR HOUSING & DEVELOPI	MENT 401(K) RETIREMENT PLAN	N .	plan numbe	er 002
				(PN) •	
				1c Effective da	o1/01/2008
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0) Box)		lentification Number
	City or town, state or provin	ce, country, and ZIP or foreign pos	tal code (if foreign, see instructions)	()	16-1166737 elephone number
	BEN CHURCHPEOPLE AG R HOUSING & DEVELOPN)7-776-7664
00.00	IDOE OTDEET			2d Business co	ode (see instructions)
	IDGE STREET IING, NY 14830				624100
3a	Plan administrator's name a	and address XSame as Plan Spon	sor.	3b Administrate	or's EIN
				3c Administrate	or's telephone number
4		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
а	Sponsor's name			4c PN	
5a	Total number of participants	s at the beginning of the plan year.		-	111
	· · ·			5b	125
С			the plan year (defined benefit plans do not	5c	124
d(1) Total number of active pa	articipants at the beginning of the p	lan year	5d(1)	101
-			ear	5d(2)	99
	than 100% vested	, , , , , ,	e plan year with accrued benefits that were less	5e	22
			n/report will be assessed unless reasonable car		
SB c		and signed by an enrolled actuary,	actions, I declare that I have examined this return/re as well as the electronic version of this return/repor		
nelle	a, icio true, correct, and corr	ihiere:			

07/07/2016

Date

Date

JUDITH CELELLI

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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 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 a 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 cann 	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			□ □	es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		2212	2560				224	12384
b Total plan liabilities	7b								0
C Net plan assets (subtract line 7b from line 7a)	7c		2212	2560					12384
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) ¹	Γotal	
(1) Employers	8a(1)		156	104					
(2) Participants	8a(2)		126	504					
(3) Others (including rollovers)	8a(3)		28	935					
b Other income (loss)	8b		23	570					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							33	35113
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		280	501					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		24	788					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							30)5289
i Net income (loss) (subtract line 8h from line 8c)	8i							2	29824
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature coo	les from the List of Plant	an Cha	racteris	stic Co	des in tl	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	ooturo oodo	as from the List of Dis	n Char	otoriot	io Coo	loo in the	o inatruo	tions:	
in the plan provides wellare benefits, effer the applicable wellare is	eature code	s nom the List of Fla	ii Cilaia	aciensi		162 111 1116	e ilistiuc	110115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					140000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				110000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a				X					00506
h If this is an individual account plan, was there a blackout period?	(See instruc	ctions and 29 CFR	10g	^	X				88586
i If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	10h						
j Did the plan trust incur unrelated business taxable income?			10i 10i						
Part VI Pension Funding Compliance			,						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Пү	es X No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>. L</u>	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?	П	es X No

	F	orm 5500-SF 2015 Page 3 - 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		o
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	Design- based safe ADP/ACP harbor test method		
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

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

OMB Nos, 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

B This return/report is	C Check box if filing under: Form 5558	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	A This return/report is for:	X a single-employer plan ☐ a one-participant plan		er plan (not multiemplo g employer information		
C Check box if filing under:	C Check box If filing under:	C Check box If filing under:	B This return/report is	the first return/report	the final return/rep	ori		
Special extension (enter description) Pair Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) 002 1c Effective date of plan 01/01/2008 1c Effective date of plan 01/01/2008 1c Effective date of plan 01/01/2008 2a Plan sponsor's name (employer, if for a single-employer plan) 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer identification Number (EIN) 16-1166737 2c Sponsor's telephone number (607) 775-7684 2d Business code (see instructions) 2d Employer identification Number (EIN) 16-1166737 2c Sponsor's telephone number (607) 775-7684 2d Business code (see instructions) 2d Employer identification number (607) 775-7684 2d Business code (see instructions) 2d Employer identification number (607) 775-7684 2d Business code (see instructions) 2d Employer identification number (607) 775-7684 2d Business code (see instructions) 2d Employer identification number (607) 775-7684 2d Business code (see instructions) 2d Busine	Special extension (enter description) Tal Name of plan Tal Name	Special extension (enter description) Tal Name of plan Tal Name		an amended return/report	a short plan year r	etum/report (less than :	12 months)	
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Part	Part Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) 002	Part Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) 002		[개 부] 경우 경우 이 그 그 그 그 그 그 사람				, program
18 Name of plan whor Housing & Development 401(k) Retirement Plan 102 112	18 Name of plan urbor Housing & Development 401(k) Retirement Plan 10	18 Name of plan urbor Housing & Development 401(k) Retirement Plan 10	Part III Basic Plan Inf	which 📥 envious that includes the same under North angle word.				
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2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Leuben Churchpopole Against Poverty, Inc. rbor Housing & Development 6 Bridge Street 6 Bridge Street 7 Administrator's name and address Ksame as Plan Sponsor. 2 Business code (see instructions) 6 Bridge Street 3 Administrator's name and address Ksame as Plan Sponsor. 3 Administrator's telephone number (607) 776-7684 2 Business code (see instructions) 6 Bridge Street 3 Administrator's name and address Ksame as Plan Sponsor. 3 Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the fast return/report. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this flem) 4 If the name and/or EIN of the plan year (defined benefit plans do not complete this flem) 5 C Number of participants at the beginning of the plan year 6 (11) Total number of active participants at the beginning of the plan year 6 (12) Total number of active participants at the end of the plan year 6 (13) Total number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Bridge Street 7 - 7 / 6 Judith Celelli 5 Signature of plan administrator	28 Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, apt., sulle no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) tebuen Churchpeople Against Poverty, Inc. 29 Sponsor's telephone number (607) 776-7864 29 Business code (see instructions) 6 Bridge Street 20 Business code (see instructions) 6 Bridge Street 21 Orning, NY 14830 23 Plan administrator's name and address Same as Plan Sponsor. 30 Administrator's telephone number name, EIN, and the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last raturn/report. 3 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last raturn/report. 3 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last raturn/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last raturn/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last raturn/report. 5 Sponsor's telephone number for the plan sponsor has changed since the last return/report filed for this plan, enter the filed for this plan, e	28 Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, apt., sulle no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) tebuen Churchpeople Against Poverty, Inc. 29 Sponsor's telephone number (607) 776-7864 29 Business code (see instructions) 6 Bridge Street 20 Business code (see instructions) 6 Bridge Street 21 Orning, NY 14830 23 Plan administrator's name and address Same as Plan Sponsor. 30 Administrator's telephone number name, EIN, and the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last raturn/report. 3 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last raturn/report. 3 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last raturn/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last raturn/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last raturn/report. 5 Sponsor's telephone number for the plan sponsor has changed since the last return/report filed for this plan, enter the filed for this plan, e	arbor Housing & Development 4	01(k) Retirement Plan			plan numi	per l
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Same as Plan Sponsor's telephone number (607) 776-7664 2d Susiness code (see instructions) 6 Bridge Street	Same as Plan Sponsor	Same as Plan Sponsor	Mailing address (include ro	om, apt., suite no. and street, or P.	O. Box)	instructions)	(EIN) 16-1	166737
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 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan, is it covered under the plan is a defined benefit plan. 	f an indepe / and condi not use Fo	ndent qualified public tions.) orm 5500-SF and mus	accoun	lant (II	QPA) B Form	n 5500.	•	Yes No
Part III Financial Information	iliauiance j	nogram (see EntoAs	action,	1021) (T	J res l	TWO TIM	lot determined
7 Plan Assets and Liabilities		,		15				
a Total plan assets	7a	(a) Beginnin	22125			1940 1915 2440 1915	(b) End of	Year 2242384
b Total plan liabilities			118				1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
C Net plan assets (subtract line 7b from line 7a)			22125	60				2242384
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Tota	
a Contributions received or receivable from:			Surf.					
(1) Employers	8a(1)	Single of the Letter Confidence of the Confidenc	1561			ulian ik		
(2) Participants	8a(2)		1265	717		beat i		
b Other income (loss)		MARIO ATTACAMANTAN MARIONANAN	289 235			en en en		
			235		纖纖			ANELIA A
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c	i de la companya de l						335113
to provide benefits)	. 8d		28050)1		1 02	u () () <u> </u>	allateris activis
e Certain deemed and/or corrective distributions (see instructions)	. Be			13.11				
f Administrative service providers (salaries, fees, commissions)	. Bf		2478	38				
g Other expenses	. 8g			0				denominación de la composition de la c La composition de la
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1							305289
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	. 81					f. vity	Nago IV solida	29824
Rart IV				1045	Avioles	100000000000000000000000000000000000000	P CONTRACT	TENTO CONTRACTOR CONTR
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9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D B If the plan provides welfare benefits, enter the applicable welfare feative Compliance Questions				acterisi	ic Cor	íes in the	instructions)
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D 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 for the plan provides welfare for the plan applicable pension of the plan appli	feature cod Itions within Joluntary F	es from the List of Pla the time period iduciary Correction	n Chara				instructions	
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Month	is, and enter t Day		the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		13. 6. E	
b Enter the minimum required contribution for this plan year	12b	1000	
C Enter the amount contributed by the employer to the plan for this plan year	120		
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		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	(denyanicum)	Yes	No NA
PartVII Plan Terminations and Transfers of Assets			
13a Has a resolution to terminate the plan been adopted in any plan year?	*******	Yes	s ⊠ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	A 12 1 K R. CT1051		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	************		Yes 🛛 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plantin assets or liabilities were transferred. (See instructions.)	an(s) to		
13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust	145	Trust's EIN	
14c Name of trustee or custodian	14d	Trustee's telephone	or custodian's number
RankIX IRS Compliance Questions			
15a Is the plan a 401(k) plan?	🗋 Ye)S	No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	/er bi	esign- ased safe arbor jethod	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 ye testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?			∏No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b		atio ercentage st	Average benefit 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?	Ye	.	□No
17a Has the plan been timely amended for all required tax law changes?		8	□No □N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted, Enter for tax law changes and codes),	r the applicab	le code	(See Instruction
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number		*	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter	late of the pla	n's last favo	orable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)	n ? [] Yes] No
19 Were in-service distributions made during the plan year?		8	No
If "Yes," enter amount	at from the second depole		
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?	not 📗 Ye	s	□No □N/A