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

2015

This Form is Open to Public Inspection

Part I Annual	Report Identification Information					
For calendar plan year 2	2015 or fiscal plan year beginning 01/01/2015 and ending 12	2/31/201	15			
A This return/report is	a single-employer plan a multiple-employer plan (not multiemployer) list of participating employer information in ac 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 mg	onths)				
C Check box if filing ur	nder:		DFVC progr	ram		
Part II Basic P	an Information—enter all requested information					
1a Name of plan WILMOT AVIATION CO	RP DBA BEST VOLVO 401(K) PLAN	p	Three-digit olan number (PN) ▶	001		
		1c E	Effective date of 01/0	f plan 1/1990		
Mailing address (in	le (employer, if for a single-employer plan) clude room, apt., suite no. and street, or P.O. Box)			fication Number 182126		
City or town, state of VILMOT AVIATION COR SEST VOLVO	2c Sponsor's telephone number 585-473-8530					
201 10210		2d E	Business code (see instructions)		
500 UNIVERSITY AVE OCHESTER, NY 14610			4411	110		
3a Plan administrator's	name and address XSame as Plan Sponsor.	3b A	Administrator's I	EIN		
		3c A	Administrator's t	elephone number		
	EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the plan number from the last return/report.	4b E	ΞIN			
a Sponsor's name		4c F	PN			
5a Total number of pa	rticipants at the beginning of the plan year	5a		26		
b Total number of pa	rticipants at the end of the plan year	5b		28		
C Number of participation complete this item)	ants with account balances as of the end of the plan year (defined benefit plans do not	5с		16		
d(1) Total number of	active participants at the beginning of the plan year	5d(1	l)	26		
d(2) Total number of	active participants at the end of the plan year	5d(2	2)	25		
Number of particip than 100% vested	ants that terminated employment during the plan year with accrued benefits that were less	5e		0		
	the late or incomplete filing of this return/report will be assessed unless reasonable cau			-1.1 0-11-1		
	ry and other penalties set forth in the instructions, I declare that I have examined this return/report					

belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 07/20/2016 KATIE OBREMSKI **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page 2							
 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 cannot be a second to the plan cannot be a second	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			×	Yes 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	determined
Part III Financial Information	1				-				
7 Plan Assets and Liabilities		(a) Beginning	•				(b) En	d of Ye	
a Total plan assets	7a		918	636					983284
b Total plan liabilities	7b		040	0					0
C Net plan assets (subtract line 7b from line 7a)	7c			636	-				983284
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)		5	048					
(2) Participants	8a(2)		60	515					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		3	000					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								68563
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1	841					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		2	2074					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								3915
i Net income (loss) (subtract line 8h from line 8c)	8i								64648
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 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of PI	an Cha	racteris	stic Co	des in t	he instr	uctions	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	e from the List of Pla	n Char	octoriet	ic Coc	les in th	o inetru	ctione:	
In the plant provides well are benefits, effect the applicable well are to	cature cout	23 HOIT THE LIST OF FIA	ii Onaie	actorist	.10 000	103 111 111	C IIIStia	otions.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	ount
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					V				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					100000
d 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 som the plan? (See instructions.)	ne or all of t	he benefits under	10e	X					5694
f Has the plan failed to provide any benefit when due under the plan			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a				X					1960
h If this is an individual account plan, was there a blackout period?		,	10g	^					18607
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	Χ					
j Did the plan trust incur unrelated business taxable income?	<u></u>		10j						
Part VI Pension Funding Compliance			_				_		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes X 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 E	RISA?.	.] []	Yes 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		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):	Ra pe		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

Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning

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.

and ending

01/01/2015

0045

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

12/31/2015

A This ret	turn/report is for:	X a single-employer plan		an (not multiemployer) (Fil ployer information in accor		
• • • • • • • • • • • • • • • • • • • •	минорон на на	a one-participant plan	a foreign plan	, o j o	ddiioo 111,1,1 11,0 13	·
B This retu	urn/report is	the first return/report	the final return/report		1	
		an amended return/report	a short plan year return/	report (less than 12 mont)	hs)	
C Check b	box if filing under:	Form 5558	automatic extension		DFVC prog	ram
<u></u>		special extension (enter de				
Part II		ormation—enter all requested	l information			
1a Name				. 1	b Three-digit	
MITMOI	AVIATION CORE	P DBA BEST VOLVO 401	I(K) PLAN		plan number (PN) ▶	001
				1	C Effective date of	
O- 51					01/01/1990	<u> </u>
Mailing	address (include roo	oyer, if for a single-employer plar om, apt., suite no. and street, or f ce, country, and ZIP or foreign p	P.O. Box)		b Employer Identif (EIN) 16-118	
	AVIATION CORE		ostal code (il loroign, see instru	20	C Sponsor's telep	
BEST VO	OV.Te			20	(585) 473-8 d Business code (
	IVERSITY AVE				441110	see mstructions)
		,			***	
ROCHEST		nd address XSame as Plan Spo		14610	b Administrator's I	
Ja Flalla	Allinio di divi e name a	nd address Moanie as clair ob	Offsor.		D Administrators i	∃IN ,
				30	C Administrator's t	elephone number
	4			1		
1 If the n	rome and/or FIN of the	a slan apanear has changed single	as the last return/report filed for	Alternation and authorities of the second		:
		e plan sponsor has changed sin mber from the last return/report.		this plan, enter the 4	b EIN	
	EIN, and the plan nu				b EIN	· · · · · · · · · · · · · · · · · · ·
name, a Sponso	EIN, and the plan num or's name			40		26
name, a Sponso 5a Total n b Total n	EIN, and the plan numor's name number of participants number of participants	s at the beginning of the plan years at the end of the plan years	ar	4	C PN	26 28
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		•								
	Form 5500-SF 2015		Page 2							
	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an indepe and condi	ndent qualified public tions.)	accoun	tant (IC	PA)				
С	If the plan is a defined benefit plan, is it covered under the PBGC i							No		
Pa	rt III Financial Information		· · · · · · · · · · · · · · · · · · ·	·						
7	Plan Assets and Liabilities		(a) Beginnin					(b) End of Year		
а	Total plan assets	. 7a		91	8,63	6		983,284		
b	Total plan liabilities	. 7b				0		0		
С	Net plan assets (subtract line 7b from line 7a)	. 7с		91	8,63	6		983,284		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		181.71		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)			5,04	Я				
	(2) Participants	. 8a(2)			0,51	260.00				
	(3) Others (including rollovers)	8a(3)			0,01	0				
b	Other income (loss)	. 8b			3,00	0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7,00			68,563			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,8			1				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		2,07	4					
g	Other expenses	. 8g				0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3.000				3,915		
j	Net income (loss) (subtract line 8h from line 8c)	. 8i						64,64		
j	Transfers to (from) the plan (see instructions)	. 8j				0				
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2F\ 2G\ 2J\ 2K\ 2T\ 3D$	feature co	odes from the List of P	lan Cha	racteri	stic C	odes in 1	the instructions:		
В	If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	an Char	acteris	tic Co	des in th	ne instructions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	√oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b	,	Х				
C	Was the plan covered by a fidelity bond?			10c	Х			100,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d	,	Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e	Х			5,694		
f	Has the plan failed to provide any benefit when due under the pla			10f	 '	37	200	5,694		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10f 10g	Х	X		18,607		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	Х					
							12000 12000 12000	12 M REPORT TO SECURE A CONTRACTOR AND A		

b	Total plan liabilities	. 7b				0								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	918,636					9	83,28					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt			(b) Total							
а	Contributions received or receivable from:				E 04	0								
	(1) Employers	. 8a(1)			5,04	330000								
····	(2) Participants	. 8a(2)		0	0,51	<u>ار د</u>								
h	(3) Others (including rollovers)	. 8a(3)			3 00	<u>υ</u>								
	Other income (loss)	. 8b			3 , 00	U			383		CO F.C			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c							A BENNY SE	ra veloji.	68 , 56			
u	to provide benefits)	. 8d	8d 1,841											
е	Certain deemed and/or corrective distributions (see instructions)	8e	0							100				
f	Administrative service providers (salaries, fees, commissions)	. 8f			2,07	4					1000			
g	Other expenses	. 8g				0	e e de Jr.		7.15		Colored and			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								3,915				
	Net income (loss) (subtract line 8h from line 8c)	. 8i									64,64			
j	Transfers to (from) the plan (see instructions)	8i			******	0								
Pai	rt IV Plan Characteristics	<u> </u>				l		<u></u>	K. S.		e de la composition della comp			
9a B	2E 2F 2G 2J 2K 2T 3D		<u> </u>								,			
Pari					· · · · · · · · · · · · · · · · · · ·					· 	*******			
10	During the plan year:				Yes	No	N/A		Δn	ount				
а	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 F	iduciary Correction	10a		Х	19.							
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х								
C	Was the plan covered by a fidelity bond?			10c	Х					1	00,00			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d	,	Х				J.	00,00			
e	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.)	ne or all of	the benefits under	10e	Х				,		5,69			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	1 () 2 () 2 () 2 () 3 ()							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х						18,60			
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h	Х						10,00			
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	ne require 1-3	d notice or one of the	10i	Х									
j	Did the plan trust incur unrelated business taxable income?	***************************************		10j										
art							<u> </u>							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						ule SB	(Form		Yes	X No			
	Enter the unpaid minimum required contribution for all years from						11a	<u></u>						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction	302 of E	RISA?		Yes	X No			
						,								

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions, and	enter the	e date of	the letter ru	ling
	granting the waiver		Day		Year	
			12b			
	Enter the minimum required contribution for this plan year					
	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 negative amount)	left of a	12d	<u> </u>		
701-00000000000000000000000000000000000	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?			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 brou of the PBGC?	ght under the co	ontrol		Yes X	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	,			
/	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)
Parl	VIII. Trust Information					
Lanconnic	Name of trust		14h ⊤	rust's EIN		
				racto Eli	•	
14c	Name of trustee or custodian		14d	Trustee's	or custodia	n's
				telephone		
Foutcomese						
Par	IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Ye	5	No	
15h	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an	d ampleyer		esign- sed safe	ADP	/ACB
	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			rbor	test	IACE
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c			ethod		
100	testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	l01(m)-	∐ Ye:	3	No	
16-			∏ Ra		Ave	rage
тоа	Check the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	니 pe tes	rcentage st	ben	efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes		No	
17a	Has the plan been timely amended for all required tax law changes?		☐ Ye	s	∏No	∏ N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	plicable	code	(See inst	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial nu		t to a fa	vorable IF	RS opinion o	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, et determination letter		the plan	's last fav	vorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No	
19	Were in-service distributions made during the plan year?		Yes		∏No	
	If "Yes," enter amount		19		<u></u>	
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas who have attained age 70 ½ (regardless of whomas whom	nether or not				[7]
	retired), as required under section 401(a)(9)?		Yes		□ No	N/A