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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I Annual Report Identification Information											
For calenda	or calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015										
A This reto	turn/report is for:	a single-employer plana one-participant plan			ver) (Filers checking this box must attach a in accordance with the form instructions)						
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 months	ort (less than 12 months)						
C Check b	box if filing under:	Form 5558 special extension (enter descrip	automatic extension ption)		DFVC progr	ram					
Part II Basic Plan Information—enter all requested information											
1a Name					Three-digit plan number (PN)	001					
				10	1c Effective date of plan 01/01/2013						
Mailing	ponsor's name (emplo g address (include roo		Employer Identif								
	town, state or province MANOR, INC.	uctions) 2c	2c Sponsor's telephone number 859-625-1400								
SOO OTOOKE				2d	Business code (see instructions)					
800 STOCKE RICHMOND,			6230)00							
3a Plan ac	dministrator's name ar	3b	Administrator's E	- EIN							
				3c	Administrator's t	telephone number					
		ne plan sponsor has changed since thumber from the last return/report.	ne last return/report filed for	or this plan, enter the 4b	EIN						
a Sponso	•			4c	4c PN						
5a Total r	number of participants	s at the beginning of the plan year			. 5a 7						
_		s at the end of the plan year			5b	69					
	er of participants with lete this item)	account balances as of the end of th	ne plan year (defined bene	efit plans do not	5c 24						
d(1) Tota	al number of active pa	articipants at the beginning of the plan	ın year	5c	. 5d(1) 74						
d(2) Total number of active participants at the end of the plan year					E 1(0)						
than 1	100% vested	t terminated employment during the p			5e						
		or incomplete filing of this return/				- College					
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.									
SIGN	Filed with authorized	d/valid electronic signature.	06/17/2016	GIL SHEW	_						
HERE	Signature of plan a	administrator	Date	Enter name of individual si	e of individual signing as plan administrator						

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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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 indepenand	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	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	r
a Total plan assets	7a		281	300				2	88569
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c			300					88569
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total	
(1) Employers	8a(1)		21	202					
(2) Participants	8a(2)		34	690					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-8	346					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								47546
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		40	277					
Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								40277
i Net income (loss) (subtract line 8h from line 8c)	8i								7269
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T	feature coo	des from the List of PI	an Cha	racteris	stic Co	des in th	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
— In the plant provides we have believed, other the applicable we have	odiaio oodi	oo nom are blocor ra	ii Onait	20101101		100 111 1110	o mondo		
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	ınt
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 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					1000000
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.)	ner persons ne or all of t	by an insurance he benefits under	10e	X					3187
f Has the plan failed to provide any benefit when due under the plan									3107
· · · · · · · · · · · · · · · · · · ·			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	·	10g		X				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ				
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					_	
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	<u></u>		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	ection 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):		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).

▶ 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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 A This return/report is for:
A This return/report is for: a one-participant plan a foreign plan a foreign plan B This return/report is the first return/report the final return/report (less than 12 months) C Check box if filling under: Form 5558 automatic extension DFVC program Part Basic Plan Information—enter all requested information A Name of plan Mccready Manor 401K Plan C Effective date of plan of 1/01/12013 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 town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. Same as Plan Sponsor
B This return/report is the first return/report the final return/report than a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Mccready Manor 401K Plan Mccready Manor 401K Plan 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 town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 300 Stocker Dr Richmond. KY 40475 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
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 Part II Basic Plan Information—enter all requested information 1a Name of plan Mccready Manor 401K Plan 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 town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) McCready Manor, Inc. 2b Employer Identification Number (EIN) 61-1221273 2c Sponsor's telephone number (859) 625-1400 2d Business code (see instructions) 300 Stocker Dr Richmond. KY 40475 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
C Check box if filing under: Form 5558 automatic extension part II Basic Plan Information—enter all requested information 1a Name of plan Mccready Manor 401K Plan 1b Three-digit plan number (PN) 1c Effective date of plan 01/01/2013 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 town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) McCready Manor, Inc. 2b Employer Identification Number (EIN) 61-1221273 2c Sponsor's telephone number (859) 625-1400 2d Business code (see instructions) 300 Stocker Dr Richmond. KY 40475 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
Special extension (enter description) Part II Basic Plan Information—enter all requested Information 1a Name of plan Mccready Manor 401K Plan 1c Effective date of plan 01/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) Mailling address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Employer Identification Number (EIN) 61-1221273 2c Sponsor's telephone number (859) 625-1400 2d Business code (see instructions) 623000 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
Part II Basic Plan Information—enter all requested information 1a Name of plan Mccready Manor 401K Plan 1b Three-digit plan number (PN) ▶ 1c Effective date of plan 01/01/2013 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 town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) McCready Manor, Inc. 2b Employer Identification Number (EIN) 61-1221273 2c Sponsor's telephone number (859) 625-1400 2d Business code (see instructions) 300 Stocker Dr Richmond. KY 40475 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN
1a Name of plan Mccready Manor 401K Plan1b Three-digit plan number (PN) ▶0011c Effective date of plan o1/01/20131c Effective date of plan o1/01/20132a 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 town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)2b Employer Identification Number (EIN) 61-12212733c Sponsor's telephone number (859) 625-14002c Sponsor's telephone number (859) 625-1400300 Stocker Dr623000Richmond. KY 404753b Administrator's name and address XSame as Plan Sponsor.3b Administrator's EIN
McCready Manor 401K Plan Plan number (PN)
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 town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) McCready Manor, Inc. 2c Sponsor's telephone number (859) 625-1400 2d Business code (see instructions) 300 Stocker Dr Richmond. KY 40475 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
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McCready Manor, Inc. 2c Sponsor's telephone number (859) 625-1400 2d Business code (see instructions) 623000 Richmond. KY 40475 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN
300 Stocker Dr Richmond. KY 40475 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
Richmond. KY 40475 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
3c Administrator's telephone number
Administrator s telepriorie 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 last return/report.
a Sponsor's name 4c PN
5a Total number of participants at the beginning of the plan year
b Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
F-1/4\ 74
d(1) Total number of active participants at the beginning of the plan year
d(2) Total number of active participants at the end of the plan year
d(2) Total number of active participants at the end of the plan year
d(2) Total number of active participants at the end of the plan year
d(2) Total number of active participants at the end of the plan year
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d(2) Total number of active participants at the end of the plan year
d(2) Total number of active participants at the end of the plan year

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 6a Were all of the plan's assets during the plan year invested in eligi b 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 	f an indepei / and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	ccount t instea	ant (IC	PA) Form	5500.		s No
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	irogram (see EKISA se	ection 4	021)?		Yes		mmed
Part III Financial Information		(a) Danimina	i V-		Ī		(b) End of Year	
7 Plan Assets and Liabilities a Total plan assets	7a	(a) Beginning	28130		-		(b) End of Year 28856	i9
a Total plan assets	**							-
C Net plan assets (subtract line 7b from line 7a)	-		28130	00	1		28856	9
8 Income, Expenses, and Transfers for this Plan Year	110000000000000000000000000000000000000	(a) Amoı	ınt				(b) Total	
a Contributions received or receivable from:			2400	10	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
(1) Employers			2120 3469		1912) 1912)			
(2) Participants			3408	<i>5</i> U	-8065 2065			
(3) Others (including rollovers)			-834	16	43322 3333			
b Other income (loss)	1		-00-		51.000 ESF		4754	_በ
d Benefits paid (including direct rollovers and insurance premiums	00			ALIVERIA NO.	201 2010 2010			
to provide benefits)	8d		4027	77	46125 19003			
e Certain deemed and/or corrective distributions (see instructions)	8e				10.000 190000 10.000			
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g				2000 2000 2000		400-	
h Total expenses (add lines 8d, 8e, 8f, and 8g)							4027	
Net income (loss) (subtract line 8h from line 8c)			indianie:		865 6333		726	9
j Transfers to (from) the plan (see instructions)	·· 8j							
Part IV Plan Characteristics	- 64	des from the Lint of Di	an Cha	raatari	otio Co	don in 1	the instructions:	
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T	n reature co	ides from the list of Pi	an Gna	racter	SIJU GU	ues III I	ile mstructions.	
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
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 F	iduciary Correction	10a		Х			
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х			
C Was the plan covered by a fidelity bond?			10c	Х				1000000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		Х			
Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	o any brokers, agents, or other persons by an insurance ganization that provides some or all of the benefits under					3187		
f Has the plan failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due under the plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to provide any benefit when due to plant failed to	an?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		Х	(((((((((((((((((((
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	15.		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i					
j Did the plan trust incur unrelated business taxable income?			10j			Х		
Part VI Pension Funding Compliance							_	
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)							# [\/_	s X No
11a Enter the unpaid minimum required contribution for all years from	n Schedule	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	a requireme	ents of section 412 of t	he Cod	e or se	ection :	302 of F	RISA? Ye	s X No

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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 granting the waiver.			enter the Day_		e letter ru Year	iling		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and skip to lin	e 13.						
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 (entengative amount)	12d							
e Will the minimum funding amount reported on line 12d be met by the funding dead		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?	<u> </u>	Yes	X 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 a of the PBGC?	Tes V No							
C If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	nother plan(s), iden	tify the plan(s) to						
13c(1) Name of plan(s):		13c(2)	EIN(s)	<u> </u>	13c(3)	PN(s)		
Part VIII Trust Information				1				
14a Name of trust			14b ⊺	rust's EIN				
14C Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Part IX IRS Compliance Questions								
15a Is the plan a 401(k) plan?					No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for er 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))?					No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requ			Rai per tes	centage	Ave	erage nefit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) a this plan with any other plans under the permissive aggregation rules?	and 401(a)(4) by co	mbining	Yes	i	No			
17a Has the plan been timely amended for all required tax law changes?			Yes		No	∏ N/A		
17b Date the last plan amendment/restatement for the required tax law changes was action for tax law changes and codes).		Enter the a			(structions		
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or advisory letter, enter the date of that favorable letter	volume submitter p and the letter's seria		t to a fav	orable IR	S opinion	oı		
17d If the plan is an individually-designed plan and received a favorable determination I determination letter			the plan	s last favo	rable			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERI made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islan			Yes		No			
19 Were in-service distributions made during the plan year?			Yes		No			
If "Yes," enter amount	•••••		19					
Were required minimum distributions made to 5% owners who have attained age 7 retired), as required under section 401(a)(9)?			Yes		∏No	□N/A		