## 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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Per	nsion Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form 55	500-SF.						
Pai	rt I Annual Report	<b>Identification Information</b>								
For c	alendar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/31/20	15					
<b>A</b> TI	his return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	ployer) (Filers checking this box must attach a on in accordance with the form instructions)						
<b>B</b> Th	is return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)						
	heck box if filing under:	Form 5558 special extension (enter desc	1 /		DFVC progr	am				
Par	t II   Basic Plan Info	ormation—enter all requested in	formation							
	Name of plan ER SANITARY COMPANY,	INC. PROFIT SHARING PLAN		ı	Three-digit plan number (PN)	001				
				1c	Effective date of 01/0	plan 1/1991				
N	Plan sponsor's name (emplo Mailing address (include root		Employer Identification Number (EIN) 84-0188210							
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  ENVER SANITARY COMPANY, INC.					none number 95-0331				
161 W	/ALNUT STREET			2d E	Business code (	see instructions)				
	ER, CO 80205				5620	000				
<b>3a</b> ⊦	Plan administrator's name ar	nd address XSame as Plan Spon	sor.	3b /	Administrator's I	EIN				
				3c /	Administrator's t	elephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
<b>a</b> s	Sponsor's name			4c	PN					
5a -	Total number of participants	at the beginning of the plan year		5a		6				
<b>b</b> -	Total number of participants	at the end of the plan year		5b	1	3				
	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					3				
d(1	Total number of active pa	rticipants at the beginning of the pl	an year	5d(′	-	5				
			ar	5d(2	2)	0				
	than 100% vested		e plan year with accrued benefits that were less	5e		0				
			n/report will be assessed unless reasonable cau							
Unde	r penalties of perjury and ot	ner penalties set forth in the instru	ctions, I declare that I have examined this return/rep	port, ind	cluding, if applic	abie, a Schedule				

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief it is true, correct, and complete

Delici, it is t	ruc, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	07/07/2016	JANE L. SMITH				
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 i		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 <b>2</b>					
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an indepenand	dent qualified public a	ccount	ant (IQ	PA)		
<b>c</b> 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 determined
Part III Financial Information					-		
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		212	940			157479
<b>b</b> Total plan liabilities	7b		040	0.40			457470
C Net plan assets (subtract line 7b from line 7a)	7c			940	-		157479
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)			0			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)						
<b>b</b> Other income (loss)	8b		-7	025			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-7025
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		48	436			
Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	. 8f			0			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						48436
i Net income (loss) (subtract line 8h from line 8c)	8i						-55461
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension	feature coo	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	catura code	os from the List of Pla	n Char	octorict	ic Coc	loc in the	
in the plan provides wellare benefits, effer the applicable wellare in	eature coue	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 1116	: IIIStructions.
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		X		
<b>b</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			50000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		X		30000
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	10a	X			1777
f Has the plan failed to provide any benefit when due under the pla			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a					X		
h If this is an individual account plan, was there a blackout period?		,	10g		^		
2520.101-3.)	•		10h		X		
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
j Did the plan trust incur unrelated business taxable income?			10i				
Part VI Pension Funding Compliance			,	<u> </u>	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding						-	RISA? Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	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				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s $\square$ No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	LII4(3)		130(3)	· <b>V</b> (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14h 1	Γrust's Ell	N		
ı <del>T</del> a	Name 0	ii iiust		140	iusi s Lii	14		
14c	Name	of trustee or custodian		<b>14d</b> Trustee's or custodian's telephone number				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
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)?		based safe ADP/ACI				
450				method				
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No		
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	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 fa	vorable		
18	Is the I	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 Yreesury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gearanty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4066 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(e) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

rension delicin decisiny corporation	► Complete all entries in ac		Ma to the roth of	700-011					
Pantil Annual Report	Identification Information	01/01/2015	and ending	12/31/2015					
or calendar plan year 2015 or f		a multiple-employer plan			box must attach				
This return/report is for:	x a single-employer plan	a list of participating omp	(not mornamover	accordance with the	form instructions)				
This return/report is:	the first return/report an amended return/report	the final return/report a short plan year return/r	eport (less than 12	months)					
Check box If filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC program					
	ormation enter all requested	Information		1b Three-digit					
a Name of plan	OMPANY, INC. PROFIT SHAF	RING PLAN		plan number (PN) ►	001				
DENVER OFFICE OF				1c Effective dat 01/01/19	•				
	ployer, if for a single-employer plan) oom, apt., suite no, and street or P		-Alama	2b Employer Id (EIN) 84-	entification Number 0189210				
City or town, state or provi DENVER SANITARY CO	uce, connity, and sile of location bo-	stal code (if foreign, see instru	Glions)	'2¢ Sponsor's to (303) 29	5-0331				
3161 WALNUT STREE	T.			2d Business co 562000	2d Business code (see instructions) 562000				
us DENVER CO 80205  Ba Plan administrator's name	and address X Same as Plan S	oonsor Name		3b Administrat	or's EIN				
M LIST COLLEGE OF A COLLEGE	, 2012 111 /				<u>.</u>				
				3G Administrat	or's telephone number				
	in the standard size	on the last return/report filed for	r this plan, enter the	e 4b EIN					
name, EIN, and the plan i	the plan sponsor has changed sind number from the last return/report.	se the lest return report inco.		4c PN					
a Sponsor's name	nts at the beginning of the plan yea	T	11140304001744110010401144011440114	<u>5a</u>	6				
5a Total number of participal	nts at the end of the plan year			5b	3				
- II	ith account balances as of the end	of the plan year (defined bene	nt biaus do not	i Sci	3				
d(1) Total number of active	participants at the beginning of the	plan year		<del>30(1)</del>	5				
st(2) when sumber of nothing	participants at the end of the pish y	DEI	************	5d(2)	0				
e Number of participants the	nat terminated employment during the	No pian year with accrued ben	AND THAT MELD	5e	0				
Caution: A penalty for the	ate or incomplete filing of this re	turn/report will be assessed	unless reasonabl	e cause is establish	annicable a Scherlule				
Under penalties of perjury an SB or Schedule MB complete bellef, it is true, correct, and	d other penalties set forth in the ins ed and signed by an enrolled actua	structions, I declare that I have ry, as well as the electronic ve	examined this return/ rsion of this return/ /	report, and to the bes	of my knowledge and				
0/2.44	L. Smith_	07 JULY 16	Jane Smith						
HERE Signature of plan	<del></del>	Daté	Entername of Ind	lvidual signing as plan	administrator				
Signature of plan	Parth	07-JULY 16	Jane Smith						
Sign (fame o	C. SAMILLE	Date	Enter name of ind	ividual signing as emp	loyer or plan sponsor				
Preparer's name (including f	oyer/plan sponsor irm name, if applicable) and addres			Preparer's telep					
For Paperwork Reduction	Act Notice and OMB Control Nur	nbers, see the Instructions	for Form 5500-SF.	•	Form \$500-SF (20 v.150				

	Form 5500-SF 2015		Page Z							_
a w	re all of the plan's essets during the plan year invested in eligible	assets? (S	See instructions.)	*******	r <del>4444</del> (44)	Istrimite		<u>X</u>	Yes No	
b Are	you claiming a waiver of the annual examination and report of ar	ı İndopend	ent qualified public account	ant (l	QPA)			GET)	N DNA	
	- At one one to the company to the property of all billing as	d condillo	ne   141141-141-14141-14141-14141-14141-14141-14141-1414-1414-1414-1414-1414-1414-1414-1414-1414-1414-1414-14	*******	**********	1024191111		<u>[X.]</u>	Yes No	
10		t 1158 FOR	n bautrar allu illust iliake	20 US 40211	19 PUI	□\	yes	□No □	Not determine	ed .
c If (	ne plan is a defined benefit plan, is it covered under the PBGC Ins	surance pr	ogram (see CKISA section	1041/						_
Park	Financial Information	naacoos	( ) 5 1 1 1 1 1 1 1 1 1	'aar			11-	) End of Ye	927	
	n Assets and Liabilities	並出為	(a) Beginning of Y		_			7 2110 01 11	157,479	_
	al plan assets	. 7a	212	,940						
	tal plan liabilities	7b	212	,940	,			4.00	157,479	
	t plan assets (subtract line 7b from fine 7a)	70	(a) Amount	/340			-	(b) Total		
8 10	come, Expenses, and Transfers for this Plan Year intributions received or receivable from:	Seattles (Conc.	(L) Fill Carlo				A S			
a Co	Employers	8a(1)								
	Participants	8a(2)				A SECTION AND A	ON CHARGO			
(3	Others (including rollovers)	8a(3)		OO E I		**************************************				
	her income (loss)	8b		025	- 50. ne	XOU (EFF		STATISTICS OF THE STATE OF THE	(7,025)	eren.
C To	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	NEW AND SERVICE AS		XX.18.4		WANT			<b>***</b>
d B	nefits paid (including direct rollovers and insurance premiums provide benefits)	. Bd	46	,43	6	体化	8 20			
01	provide benefits)	. Be								
<u>θ</u> C	ministrative service providers (salaries, fees, commissions)	. 8f			0	2000	9 1			
-	ther expenses	. 8g		and the same	O radovski				10 436	CVA.
	otal expenses (add lines 8d, 8e, 8f, and 8g)				Tracell 1920 - OA				48,436	<del>-</del>
į N	et income (loss) (subtract line 8h from line 8c)	. 8i				-	Winesons	RIM A VALO	(55,461)	A STATE
ir	ransfers to (from) the plan (see instructions)	. <u>8j</u>				<b>泛</b> 學	<b>则发而</b> 数			212
	Plan Characteristics						1	- 14		
9a 11	the plan provides pension benefits, enter the applicable pension	feature co	ies from the List of Pisn Ch	aract	eristic	Code	s in th	a iuz(laction	15;	
1	2E 2F 2G 2R 3D					<del></del>				
b 11	the plan provides welfare benefits, enter the applicable welfare fe	sature code	es from the List of Plan Cha	racte	ristic	Codes	in the	instructions	:	
				_						
	Compliance Questions						N/A			<del></del>
10	During the plan year:	_	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	Yes	No.	252.6	Ar	nount	
a	Most here a failure to transmit to the plan any participant contrib	utions with	nin the time period		ļ	1				
	described in 29 CFR 2510.3-1027 (See instructions and DOL's \	roluntary r	doddisty consection	10a		x				
	Program) Were there any nonexempt transactions with any party-in-interest	st? (Do no	Include transactions				NO.	, , , , , , , , , , , , , , , , , , , ,		
b	reported on line 10a.)		9 20 647 14 200 - 12 10 12 10 12 14 14 14 14 14 14 14 14 14 14 14 14 14	10b		X.				
c	Man the plan covered by a fidelity bond?		***************************************	106	X				50,0	700
d	Did the place have a loss whether or not reimbursed by the plan'	s fidelity b	ond, that was caused	100		x				
-	hy fraud of dishonesty?	***********		100						
е	Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so	we or all o	of the benefits under	<b>!</b> '					1	777
	the night? (See instructions.)	*********		10e	X	-		·	+,	
f	Has the plan failed to provide any benefit when due under the p	lan?	(*************************************	10f	L	Ж				
	Did the plan have any participant loans? (If "Yes," enter amount			10g		х				. N 20
_ <u>_</u> g	If this is an individual account plan, was there a blackout period	? (See ins	tructions and 29 CFR							数量
h	2620 (01-3)		111121211111111111111111111111111111111	10h		×				100 M
	" the best from althor provided	the requi	ed notice or one of the	145						
ı	exceptions to providing the notice applied under 25 OTT 2520.			101		<del> </del>	025630	144 1 20 5 C 1975 5	A STATE OF BUILDING	WHAT
i	Did the plan trust incur unrelated business taxable income?			10)		<u> </u>	<u> </u>			
作者	Pension Funding Compliance							D /Carm	<u> </u>	
11	is this a defined benefit plan subject to minimum funding requir					_		oo (Louv	☐ Yes 🗵	] No
44	the strike state of the strike state of the strike	r from Sch	iedule SB (Form 5500) iine	40	** ** * * * * * *	********	1 1 1 4		1 Trees	<del></del>
	Is this a defined contribution plan subject to the minimum fundi	ing require	ments of suction 412 of the	Cod	e or e	ection	302 o	ERISA?	Yes 2	II No
12	is this a defined contribution plan subject to the									

	Form 5500-SF 2015 Page 3-				
	// "Year accomplete from 12a of lines 12b, 12c, 12d, and 12b below as applicable.)				
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e	nter th	ne date of th Year	e letter ruhr	og 
<u>g</u> !fv	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to fine 13.				
<u>",</u>		12b			
<u></u>	Enter the amount contributed by the employer to the plan for this plan year	12c			
ď	Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the left of a	12d			
	will the minimum funding amount reported on line 12d be met by the funding deadline?	. 🗀	Yes .	No 🗆	WA
	Plan Terminations and Transfers of Assets				
90lis	Has a resolution to terminate the plan been adopted in any plan year?	X Yes No			
Ųα	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the column and the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the column and the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the column and the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the column and the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the column and the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the column and the plan assets distributed to participants or beneficiaries.	ntrol		Yes 🛣	No
Ç	If during this plan year, any assets or liabilities were transferred from this plan to another plants), identify the plants to				
	which assets or liabilities were transferred. (See instructions.)	2) EIN	(8)	13c(3) PN	(5)
	3c(1) Name of plan(s):				
				· · · · · · · · · · · · · · · · · · ·	<del></del>
Ran	Wills Trust Information	14h	Trust's EIN	<del></del> -	
14a	Name of trust	(40	Trusts Env		
140	Name of trustee or custodian	14d Trustee or custodian's telephone number			
No.	(Control of the Control of the Contr	,			
振	IRS Compliance Questions	ΠY	'es	□ No	
	a Is the plan a 401(k) plan: Additional transfer of the plan a 401(k) plan.		esign-		
15	) if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	۲ سا	ased safe arbor nethod	ADP/A test	<u></u>
15	If ADP/ACP test, 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. section 1,401(k)-2(a)(2)(ii) and 1,401(m)-	\ 	eş eş	☐ No	
	2(s)(2)(ii))?		<b>Ratio</b>	Averag	1e
	a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b);	<u> </u>	Percentage Fest	Benefi	t Test
	b 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?	=	Yes	No	CT NUA
17	a Has the Plan been timely amended for all required law changes?		Yes	□ No	<u> </u>
17	b Date of the last plan amenument/lestatement of the radius and the			(Se	
47	instructions for tax law changes and codes), instructions for tax law changes and codes), or volume submitter plan that is subject of the plan spansor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject	to a fa	vorable IR	opinion or	
-43	c if the plen sponsor is an adopter of a pre-approved master, prototype and the letter's serial number, advisory letter, enter the date of that favorable letter advisory letter, enter the date of that favorable letter and it is an individually-designed plan and recleved a favorable determination letter from IRS, please enter the date of the plan is an individually-designed plan and recleved a favorable determination letter from IRS, please enter the date.	ile of	laci e'nalc	avorable	
17	determination letter / / / / / / / / / / / / / / / / / / /	_	Yes	□ No	
	made), American Samoa, Guarri, tile Commontation		Yes	□ No	
19	Were in-service distributions made during the plan year?	19	1		
	If Yes, enter amount	<del>-  </del>	Va.	□ No	□ N/A
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?		Yes		

: "bHONE NO" :