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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information	1							
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/2	20 <u>15</u>	and ending 1	2/31/2015					
A This ret	urn/report is for:		er) (Filers checking this box must attach a accordance with the form instructions)							
	·	a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
C 21 11		an amended return/report		urn/report (less than 12 m						
C Check i	box if filing under:	Form 5558 special extension (enter desc	automatic extension		☐ DFVC	program				
Part II	Basic Plan Info	Drmation —enter all requested in	' /							
1a Name	of plan	T SHARING PLAN & TRUST	iomaton		1b Three-digit plan number					
					(PN) 1C Effective da					
Mailing	address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer Id (EIN)	dentification Number 20-1556583				
G A SANTOS GORDY'S	· ·	ce, country, and ZIP or foreign posi	tal code (if foreign, see ins	structions)		telephone number 85-248-9690				
3108 EAST AVENUE						2d Business code (see instructions)				
ROCHESTE	R, NY 14618					812990				
3a Plan a	dministrator's name a	—	sor. ST AVENUE		3b Administrat	or's EIN 20-1556583				
		ROCHE	STER, NY 14618			or's telephone number 85-248-9690				
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a	2				
b Total r	number of participants	s at the end of the plan year			5b	2				
		account balances as of the end of		nefit plans do not	5c	2				
		articipants at the beginning of the p			5d(1)	2				
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	2				
e Numb	per of participants that	terminated employment during the	e plan year with accrued b	enefits that were less	5e	0				
		or incomplete filing of this retur								
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.								
SIGN	Filed with authorized	/valid electronic signature.	06/07/2016	GORDON SANTOS						
HERE	Signature of plan	administrator	vidual signing as plan administrator							
SIGN										
HERE		oyer/plan sponsor	Date		idual signing as employer or plan sponsor					
Preparer's	name (including firm	name, if applicable) and address (in	nclude room or suite numl	ber)	Preparer's teleph	none number				

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in eliginal based of the plan's assets during the plan year invested in eliginal based on the plan of the plan of the plan of the plan can be planted to the planted the plan	f an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			×	Yes Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determ	nined
Part III Financial Information	_									
7 Plan Assets and Liabilities		(a) Beginning					(b) En	nd of Y		
a Total plan assets	7a		47	947					4850	16
b Total plan liabilities			47	947					4050	<u> </u>
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7с	(a) A max		947			/h	Total	4850	O
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(D)) Total		
(1) Employers	8a(1)									
(2) Participants	8a(2)									
(3) Others (including rollovers)	1 1									
b Other income (loss)				559						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c								55	19
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e 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									0
Net income (loss) (subtract line 8h from line 8c)									55	<u>i9</u>
Transfers to (from) the plan (see instructions)	·· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	odes in t	the insti	uctions	S:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instru	ictions:		
Part V Compliance Questions				1	ī	1	ı			
10 During the plan year:		the Comment of		Yes	No	N/A		Am	ount	
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		Х					
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	s fidelity bor	nd, that was caused	10d		X					
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.)	ther persons	by an insurance the benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pl			10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount				X						7252
h If this is an individual account plan, was there a blackout period?	•	,	10g							7353
2520.101-3.)			10h	X						
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	01-3		10i	X						
j Did the plan trust incur unrelated business taxable income?			10j		X					
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)									Yes	No
11a Enter the unpaid minimum required contribution for all years from	n Schedule S	SB (Form 5500) line 4	0			11a				
12 Is this a defined contribution plan subject to the minimum fundin	g 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		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)?		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

Form 5500-SF

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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

	t Identification Information								
For calendar plan year 2015 or		01/01/2015	and ending	12/31/20					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruction									
·	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 n	nonths)					
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram				
	special extension (enter descr	ription)							
Part II Basic Plan Int	formation—enter all requested in	formation							
1a Name of plan G A SANTOS INC 401	(K) PROFIT SHARING PLA	N & TRUST		1b Three-digit plan number (PN) ▶	001				
				1c Effective date 01/01/20	•				
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)		2b Employer Ide (EIN) 20-1					
City or town, state or proving A SANTOS INC	nce, country, and ZIP or foreign post	al code (if foreign, see instru	uctions)	2c Sponsor's te 585-248-	ephone number				
3108 EAST AVENUE	GORDY'S				e (see instructions)				
ROCHESTER	NY 14618			012330					
3a Plan administrator's name		eor		3b Administrator	's FIN				
G A SANTOS INC	and address	301.		20-1556583					
0 11 511111 1110					's telephone number				
3108 EAST AVENUE				585-248-	9690				
ROCHESTER	NY 14618	the standard and file of for	within alon optor the	4b EIN					
name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed to	i triis pian, enter the	4c PN					
a Sponsor's name					2				
	ts at the beginning of the plan year			Eh	· · · · · · · · · · · · · · · · · · ·				
	ts at the end of the plan year			90	2				
	h account balances as of the end of			5c	2				
d(1) Total number of active p	participants at the beginning of the pl	lan year			2				
	participants at the end of the plan ye			. 5d(2)	2				
than 100% vested	at terminated employment during the			5e	0				
Caution: A penalty for the lat	e or incomplete filing of this return other penalties set forth in the instru-	n/report will be assessed to	uniess reasonable ca	enort including if an	plicable, a Schedule				
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary,	as well as the electronic vers	sion of this return/repo	rt, and to the best of	my knowledge and				
SIGN had	Je	4/7/14	GORDON SANTOS	NTOS					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator									
SIGN	V								
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of indivi						
Preparer's name (including firm	name, if applicable) and address (in	nclude room or suite numbe	r)	Preparer's telepho	ne number				

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

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6a Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions)						[Yes	∏ No
b Are you claiming a waiver of the annual examination and report of a		•						_	-	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility								3	Yes	∐ No
If you answered "No" to either line 6a or line 6b, the plan cann					_		DNa I	7 No	t deter	minad
c If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA si	ection 4	021)?		res	☐ 140		t deter	minea
Part III Financial Information		<u> </u>								
7 Plan Assets and Liabilities		(a) Beginnin			_		(b) En	d of Y		0.506
a Total plan assets	7a		4	7,94	4-				4	8,506
b Total plan liabilities	7b		1	7 04						8,506
C Net plan assets (subtract line 7b from line 7a)	7c			7,94	4-					8,506
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt			V.	(b)	Tota	14.5%	
Contributions received or receivable from: (1) Employers	8a(1)								135	
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)				E 2.5	an visit v				
b Other income (loss)	8b			55	9					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				¥.					559
d Benefits paid (including direct rollovers and insurance premiums						(1.1884 h.); (1.1884 h.);				
to provide benefits)	8d									
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g							Maria.		<u>r: 04: 45</u>
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2					550
Net income (loss) (subtract line 8h from line 8c)	8i									559
Transfers to (from) the plan (see instructions)	8j						1 p. 150 (98)			
Part V Compliance Questions										·:
10 During the plan year:				Yes	No	N/A	Ι	Δn	nount	
Was there a failure to transmit to the plan any participant contribution	tions withi	in the time period	T	1.00				711	Tourit	
described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction			x					
Program)			10a							
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					
d Did the plan have a loss, whether or not reimbursed by the plan's			100							
by fraud or dishonesty?			10d		Х					
e Were any fees or commissions paid to any brokers, agents, or oth						14.5				
carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		Х					
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			10g	Х			1			7,35
h If this is an individual account plan, was there a blackout period?	,		109	ļ	<u> </u>			365. Š		v-Pri Oso
·	(See instru	uctions and 29 CFR		77			10 10 10 10			
2520.101-3.)			10h	Х	<u> </u>			1		
 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. 	he require	d notice or one of the	10h 10i	Х						
i If 10h was answered "Yes," check the box if you either provided the	ne require 1-3	d notice or one of the			х					
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					
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 j Did the plan trust incur unrelated business taxable income?	he require 1-3	d notice or one of the	10i 10j	X	Sched				Yes	No
 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. j Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	ne require 1-3	d notice or one of the	10i 10j and cor	X	Scheo				Yes	No

Part VII Plan Terminations and Transfers of Assets		Form 5500-SF 2015 Page 3 -					
granting the valvet*		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
b Enter the minimum required contribution for this plan year	a				e date of t		ling
C Eleter the amount contributed by the employer to the plan for this plan year	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		4.01	I		
C Enter the amount in lone 12 from the amount in line 12 from the	<u>b</u>	Enter the minimum required contribution for this plan year					
regative amount)				12c			
Part VIII Plan Terminations and Transfers of Assets Yes No	d			12d			
13a Has a resolution to terminate the plan been adopted in any plan year?	е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	Part '	VII Plan Terminations and Transfers of Assets					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control	_13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
of the PBGC? C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(2) EIN(s) 13c(3) PN(s) 14d Trust's EIN 14d Truste's or custodians telephone number 14d Name of trustee or custodian 14d Name of trustee or custodian 14d Truste's or custodians telephone number 15d Is the plan a 401(k) plan? 15b Ir Yes, how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer method in the plan (see the special plan perform ADP/ACC test in a continuous did (the 401(k) plan perform ADP/ACC test in a continuous did (the 401(k) plan perform ADP/ACC test in plan (the plan year using the "current year testing method for nonhighly complemated employees (reas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(a)(iii) and 401(a)(a) by combining performance in the plan satisfy the coverage and nondiscrimination tests of sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(a)(a) performance in the plan satisfy the coverage and nondiscrimination tests of sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(2) EIN(s) 13c(3) PN(s) Part VIII	b	· · · · · · · · · · · · · · · · · · ·		ontrol		Yes X	No
Part VIII Trust Information 14a Name of trust 14b Trust's EIN 14d Trustes or custodian's telephone number 14b Trust's EIN 14d Trustes or custodian's telephone number 15a Is the plan a 401(k) plan?	С		he plan(s) to				
14a Name of truste 14b Trust's EIN 14c Name of trustee or custodian 14d Trustee's or custodian's telephone number 14d Trustee's or custodian's telephone number 15a Is the plan a 401(k) plan? 15b 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)? 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 nonhightly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii)? Ratio percentage test 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining Yes No 17a Has the plan been timely amended for all required tax law changes? Yes No 17b Date the last plan amendment/restatement for the required tax law changes? Yes No 17b Date the last plan amendment/restatement for the required tax law changes? Yes No 17c If the plan is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter Yes No 17c If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter Yes No 17c If the plan is an individually-designed plan and received a favorable determination letter Yes No 17c If the plan is an individually-designed plan and received a favorable determination letter Yes No 17c If the plan is an individually-designed plan and received a favorable determination letter Yes No 17c If the plan is an individually-designed plan and received a favorable dete	1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
14a Name of truste 14b Trust's EIN 14c Name of trustee or custodian 14d Trustee's or custodian's telephone number 14d Trustee's or custodian's telephone number 15a Is the plan a 401(k) plan? 15b 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)? 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 nonhightly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii)? Ratio percentage test 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining Yes No 17a Has the plan been timely amended for all required tax law changes? Yes No 17b Date the last plan amendment/restatement for the required tax law changes? Yes No 17b Date the last plan amendment/restatement for the required tax law changes? Yes No 17c If the plan is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter Yes No 17c If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter Yes No 17c If the plan is an individually-designed plan and received a favorable determination letter Yes No 17c If the plan is an individually-designed plan and received a favorable determination letter Yes No 17c If the plan is an individually-designed plan and received a favorable determination letter Yes No 17c If the plan is an individually-designed plan and received a favorable dete							,,,,,,,,
14c Name of trustee or custodian 14d Trustee's or custodian's telephone number Part IX IRS Compliance Questions	Part	VIII Trust Information					
Part IX IRS Compliance Questions Yes No	14a i	Name of trust		14b ⊺	Γrust's EIN	1	
Yes	14c	Name of trustee or custodian .		1			an's
15b 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)?	Part	IRS Compliance Questions					
15b 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)?	15a	Is the plan a 401(k) plan?		🗌 Ye	:S	No	
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))?	15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	mployer	ba ha	ased safe arbor	ш.	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	15c	testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401	ent year (m)-	Ye	:S	No	
this plan with any other plans under the permissive aggregation rules?	16a		410(b):	∐ p∈	ercentage		
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the applicable code (See instru for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number	16b			Ye	es	No	
for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or 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 date of the plan's last favorable determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				<u> </u>			N/A
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or 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 letter from the IRS, enter the date of the plan's last favorable determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? Yes No 19 Were in-service distributions made during the plan year? Yes No If "Yes," enter amount 19	17b		. ∟nter the	applicat	e coae _	(See I	natructions
determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 19 Were in-service distributions made during the plan year?		If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial num	nber		<u> </u>		or
made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	17d	determination letter .		the pla	n's last fa	vorable	
If "Yes," enter amount	18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been lands)?	Ye	s		
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not Yes No No	19	Were in-service distributions made during the plan year?	•••••	Ye	s	☐ No	
		If "Yes," enter amount		19			
retired), as required under section 401(a)(9)?	20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?		Ye	es	No	□ N/A