Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I			entification Information										
For	calenda	r plan year 2015 or	fiscal	l plan year beginning 01/01/2	2016		and ending 01	1/30/2	016					
								yer) (Filers checking this box must attach a in accordance with the form instructions)						
B This return/report is ☐ the first return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)														
С	Check b	ox if filing under:		Form 5558 special extension (enter descr		automatic extension DFVC program								
Pa	art II	Basic Plan Inf	orm	nation—enter all requested inf	formatio	on								
1a Name of plan HAYS & WORMUTH, INC. 401(K) PLAN							1b	001						
								1c	Effective date of 01/0	¹ plan 1/2010				
2a	Mailing	address (include ro	om, a	, if for a single-employer plan) apt., suite no. and street, or P.O				2b Employer Identification Numb (EIN) 14-1397740						
HAYS		ORMUTH, INC.	ce, c	country, and ZIP or foreign posta	ai code	e (If foreign, see instru	uctions)	2c	Sponsor's telep	hone number 77-9096				
		N AND SACCOCIO,	PLL	C				2d	Business code (see instructions)				
		VAY, 2ND FLOOR DY, NY 12305							5242	210				
3a	Plan ac	Iministrator's name a	and a	address XSame as Plan Spons	sor.			3b	Administrator's I	EIN				
								3с	Administrator's t	elephone number				
4				an sponsor has changed since for the last return/report.	the last	t return/report filed fo	or this plan, enter the	4b	EIN					
а		or's name						4c PN						
5a	Total n	umber of participant	s at t	the beginning of the plan year				5a						
b	Total n	umber of participant	s at t	the end of the plan year				5	b	0				
С		er of participants with ete this item)	acc	ount balances as of the end of t	the plar	n year (defined bene	fit plans do not	. 5c						
d(1) Total number of active participants at the beginning of the plan year							5d(1)							
d(2) Total number of active participants at the end of the plan year						5d(2)								
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested							5e 0							
				ncomplete filing of this return penalties set forth in the instruc						able a Schadula				
SB	or Sche		and s	signed by an enrolled actuary, a										
SIG		Filed with authorized	d/vali	id electronic signature.		07/22/2016	PATRICK SACCOCIC)						
HERE Signature of plan administrator Date Enter name of indivi						Enter name of individu	vidual signing as plan administrator							
SIG	N													

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

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in eligible 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 	an indeper and conditi	dent qualified public a	ccount	ant (IQ	PA)			X	Yes [No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)? .		Yes]No [Not c	letermi	ned
Part III Financial Information	1									
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Yea	ar	
a Total plan assets	7a		45	208					C	
b Total plan liabilities	7b		45	0						0
C Net plan assets (subtract line 7b from line 7a)	7c			208	-					0
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)			0						
b Other income (loss)	8b			10						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								10)
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		45	218						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
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								45218	3
i Net income (loss) (subtract line 8h from line 8c)	8i								-45208	3
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 2S 2T 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in t	ne instru	ictions:		
B If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:		-
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
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 F	iduciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c	X						5000
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	the benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan					X					
			10f		-					
g Did the plan have any participant loans? (If "Yes," enter amount ash If this is an individual account plan, was there a blackout period? (•	,	10g		X					
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?			10j							
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								. Π	Yes	X No
11a 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						302 of E	RISA?	\Box	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 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_		Τσαι		
b	Enter ti	he 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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a								
		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	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u>- ⊔</u>		
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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) PN(s)		
Part		Trust Information						
14a	Name o	f trust		14b 1	rust's Ell	N		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	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 harbor test method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?				No		
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		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 lination 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	S	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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

gP.	Annual Repor	t Identification information	04 /04 /05 E	and ending	01/30/2016						
OF	calendar plan year 2015 or		01/01/2016								
Ą.	This return/report is for:	a single-employer plan	a multiple-employer plan a list of participating em	n (not multiemployer) (r ployer information in ac	cordance with the	e form Instructions)					
		a one-participant plan	a foreign plan the final return/report								
3	This returnireport is:	the first return/report	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ternant Sono than 12 mg	unthe)						
		an amended return/report	a short plan year return	report (less that 12 mg	masy						
C	Check box if filing under:		DFVC program								
		special extension (enter descr									
P	art II Basic Plan in	formation enter all requested	nformation		1b Three-digit						
1a	Name of plan			·	pian numbe	er (
	Hays & Wormuth, I	nc. 401(k) Plan			(PN) ►	001					
					1c Effective da 01/01/2	-					
2a	Plan sponsor's name (em	ployer, if for a single-employer plan)	3 Royl	i	2b Employer Identification Number (EIN) 14-1397740						
	Mailing Address (include)	proyer, in to suite no. and street or P.C rince, country, and ZIP or foreign pos	tal code (if foreign, see instr	uctions)							
	Hays and Wormuth,				2c Sponsor's telephone number (518) 377-9096						
						ode (see instructions)					
	Parisi, Coan and	descrip PLLC			524210						
	376 Broadway, 2nd	l Floor									
	me dehomestada NV 123	O.S.			3b Administra	tor's EIN					
3a	Plan administrator's nam	e and address X Same as Plan Sp	onsor Name		OD TOTAL						
					3c Administrator's telephone number						
					SC Administra	for a reschious traums.					
		f the plan sponsor has changed since	the lest rejurn/report filed for	or this plan, enter the	4b EIN						
4	If the name and/or EIN o	r the plan sponsor has changed show number from the last return/report.	the less totalintobettment								
	Sponsor's name		_		4c PN						
=	T-t-I sumbar of participa	ants at the beginning of the plan year	244249644990888898999999844288888948 88689888	**************************************	5a	2					
Di E	Total number of participa	ants at the end of the plan year	&x+44442444444553335246888444444444444444444444444444444444	# \$200.0000000	5b	0					
	Alimater of participants w	with account halances as of the end o	f the plan year (defined bene	efit plans do not	5c	0					
	complete this item)	#\$	££44320\$\$4446€4140144\$	b>	5d(1)	0					
		participants at the beginning of the p			1	0					
(1(2) Total number of active	participants at the end of the plan ye	A	*** **	5d(2)						
	Number of participants t	hat terminated employment during th	e plan year with accrued ber	ients that were	5e	0					
	less than 100% vested				wee is establish	ha					
(Caution: A penalty for the	late or incomplete filing of this ret	irn/report will be assessed	uniess reasonable u	enort including t	f anniicable, a Schedule					
Į	Inder penalties of perjury a	nd other penalties set forth in the inst ted and signed by an enrolled actuary	ructions, I declare that I have	e examined this return/repo	ort, and to the bes	t of my knowledge and					
;	SB or Schedule MB comple pellef, it is true, correct, and	ted and signed by an entolled actuary Leomnlete	, do Meli do dio electrolise -		,						
; 15	The section of	-portipiotot		Patrick Saccoci	lo						
3	sign		Date 7 / 22/15	Enter name of individu		n administrator					
Š	HERE Signature of plan	administrator	Date 1. CE(1)	i							
1	SIGN () L			Patrick Saccoci		ninune or nign enonger					
1	HERE Signature of emp	loyer/plan sponsor	Date 7/2415	Enter name of individu							
Î	Preparer's name (including	firm name, if applicable) and address	; include room or suite num	per	Preparer's tele	huale umuner					
1	•				E						
ı		•			12007年第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	是特別的表面是主義公司。但是可					

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

Were all of the plan's assets during the plan year invested in eligible	· ·										
 Were all of the plan's assets during the plan year invested in eligible 	ie assets? (See instructions.)	********	-> -> ->	*********	·	[Yes	No		
Are you claiming a waiver of the annual examination and report of	an independ	ient qualified public accoun	itant (IQPA)		ī	Yes	[]No		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC is	ot use Fon	n 5500-St and must inst accom /see ERISA section	au u: 4021	5€ FU \?		lYes	□No □] Not de	etermined		
If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance pr	ogiani (966 Listori scottori									
Partill Financial Information	Grand Control (Control (Contro					//) End of	Vear	<u></u>		
Plan Assets and Liabilities	Assets and Liabilities Section (a) Cogniting										
a Total plan assets									0		
O Total plan liabilities	7b	45.005									
Net plan assets (subtract line 7b from line 7a)	7c	5,20	8	(b) Total							
Income, Expenses, and Transfers for this Plan Year		(a) Amount						W Total			
Contributions received or receivable from: (1) Employers	8a(1)	0				5 4 4 3	Aparent II.	2.40.2			
(2) Participants	8a(2)			0							
(3) Others (including rollovers)	1	0.00			0						
Other income (loss)	8b		1	0	9 (3)		经验	Herrica o	數局檢查		
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					Track More		and Fundament	10		
Benefits paid (including direct rollovers and insurance premiums		4	5,21	Ė				非 分析			
to provide benefits)		*		0	Sec.						
Certain deemed and/or corrective distributions (see instructions)				0	F 25 3	20 T		XXX			
Administrative service providers (salaries, fees, commissions)	8f			0	4000	4		7.76			
Other expenses				1977 5	2000000	THE STATE OF THE STATE OF	of said streets are	45	,218		
Total expenses (add lines 8d, 8e, 8f, and 8g)				and the				(45,	208)		
Net income (loss) (subtract line 8h from line 8c)	8i		1.00	0	440	1.00		\$46.00			
Transfers to (from) the plan (see instructions)	8]	<u>L</u>			In the second	6.03500000	Seal Contraction Con		AND PROPERTY OF THE PER		
h who plan provides walfare benefits enter the applicable welfare	feature cod	s from the List of Plan Ch	aracte	ristic	Codes	in the	instruction	ıs:			
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Plan Ch	aracte	ristic	Codes	s in the	instruction	ıs:			
	feature cod	es from the List of Plan Cha									
Part V Compliance Questions During the plan year:				ristic Yes		in the		s: mount			
Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contri	ibutions with	in the time period									
Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's	ibutions with	in the time period									
Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)	ibutions with Voluntary F	in the time period iductary Correction	10a		No x						
Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interesported on line 10a.)	ibutions with Voluntary F est? (Do no	in the time period iductary Correction include transactions	10a	Yes	No	N/A					
Part Va Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interereported on line 10a.) Was the plan covered by a fidelity bond?	ibutions with Voluntary F est? (Do not	in the time period iductary Correction include transactions	10a	Yes	No x	ŇĀ			5,000		
Part Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) Description	ibutions with Voluntary F est? (Do not n's fidelity b	in the time period iductary Correction include transactions and, that was caused	10a	Yes	No x	N/A			5,000		
Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interereported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	ibutions with Voluntary F est? (Do not n's fidelity b	in the time period iductary Correction include transactions ond, that was caused ons by an insurance	10a 10b 18c	Yes	No x	N/A			5,000		
Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interesported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)	ibutions with Voluntary F est? (Do not n's fidelity b other persone or all o	in the time period iductary Correction include transactions ond, that was caused in the benefits under	10a 10b 18c	Yes	No x	N/A			5,000		
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Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interereported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides a the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan this is an individual account plan, was there a blackout period 2520,101-3.)	ibutions with Voluntary Fest? (Do not n's fidelity but other personne or all current as of year d? (See ins	in the time period iductory Correction include transactions and, that was caused on the benefits under if the benefits under include and 29 CFR	10a 10b 10c 10d	Yes	No x x x x	N/A			5,000		
Part Val Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides a the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount if this is an individual account plan, was there a blackout period 2520.101-3.)	ibutions with Voluntary Fest? (Do not n's fidelity but other personne or all current as of year d? (See inseed the requirement as of year d.)	in the time period iductory Correction include transactions and, that was caused on the benefits under one of the benefits and 29 CFR	10a 19b 19c 10d 10e 10f	Yes	x x x	N/A			5,000		
Part Val Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides a the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount if this is an individual account plan, was there a blackout period 2520.101-3.)	ibutions with Voluntary F est? (Do not est.	in the time period iductory Correction include transactions and, that was caused ons by an insurance of the benefits under include and 29 CFR and on the corrections and 29 CFR and on the corrections and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	x x x	NA ASSESSMENT OF THE PROPERTY			5,000		
Part W: Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interceported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides a the plan? (See instructions.) Has the plan failed to provide any benefit when due under the good bid the plan have any participant loans? (If "Yes," enter amount if this is an individual account plan, was there a blackout period 2520.101-3.) If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. Did the plan trust incur unrelated business taxable income?	ibutions with Voluntary Fest? (Do not other personance or all comments as of year of the required of the requi	in the time period iduciary Correction include transactions and the benefits under rend.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	X X X X X	NA NA	A		5,000		
Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interesported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides a the plan? (See instructions.) Has the plan failed to provide any benefit when due under the good but the plan have any participant loans? (If "Yes," enter amount if this is an individual account plan, was there a blackout period 2520.101-3.) If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. 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 requisions and line 11a below)	ibutions with Voluntary Fest? (Do not have fidelity but other personance or all of the plan?	in the time period iductary Correction include transactions and, that was caused on the benefits under on the benefits under on the corrections and 29 CFR or one of the one o	10a 10b 10c 10d 10e 10f 10g 10h 10i 10i	Yes	X X X X X	N/A	A A	mount	5,000 5,000		
Part V: Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interceported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides a the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the g Did the plan have any participant loans? (If "Yes," enter amour 1f this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. j Did the plan trust incur unrelated business taxable income?	ibutions with Voluntary Fest? (Do not still be of the personant as of year d? (See inseed the require. 101-3	in the time period iductary Correction include transactions and, that was caused ons by an insurance of the benefits under or end.) irructions and 29 CFR or one of the order or one or	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes	X X X X X X	N/A Adule Si	B (Form	mount			

	Form 5500-SF 2015	Page 3-					
	Uf "Vee " 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 the ranting the waiver.	nis plan year, see i Me	instructions, and onthD	enter ti ay	he date of the Year	ne letter ru	ıling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	, and skip to line	13.				
b	Enter the minimum required contribution for this plan year			12b	ļ		
C	Enter the amount contributed by the employer to the plan for this plan year	19444-44-44-44-44-44-4-4-4-4-4-4-4-4-4-4	E656238FFE6000\$52000\$200\$2	12c			
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d	<u> </u>		-
e	Will the minimum funding amount reported on line 12d be met by the funding dead	ne?	******************	<u></u>	Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets		· · · · · · · · · · · · · · · · · · ·				
	Has a resolution to terminate the plan been adopted in any plan year?		***********	X Y	es 🗌 No	l	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	*****************	*******************	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	other plan, or bro	ught under the c	ontrol	<u> </u>	Yes [No_
C	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), iden	tify the plan(s) to) 			
1	3c(1) Name of plan(s):		130	(2) EIN	(s)	13c(3) F	N(s)
				_			
Part	Trust Information			·			
14a i	Name of trust			1467	Trust's EIN		
14c	Name of irustee or custodian				Trustee or co phone num		}
Par	IRS Compliance Questions			· · · · · · · · · · · · · · · · · · ·			
15a	Is the plan a 401(k) plan:	**************************************	343600000000000000000000000000000000000	☐ Ye	es l	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)?	nployee deferrals	and employer	☐ ba	esign- ased safe arbor ethod	ADP// test	ACP
15c	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usi testing method" for nonhighly compensated employees (Treas. Reg. section 1.401((2(a)(2)(i)))?	<)-2(a)(2)(ii) and 1.	.401(m)-	☐ Ye	> S	∏ No	
	Check the box to indicate the method used by the plan to satisfy the coverage requ	irements under se	etion 410(b):	LL p	atio ercentage est	Avera Benel	ge iit Test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at this plan with any other plans under the permissive aggregation rules?	*************	*********			□ No	
	Has the Plan been timely amended for all required law changes?			Y		No	☐ N/A
	Date of the last plan amendment/restatement for the required tax law changes was instructions for tax law changes and codes).				cable code		
	If the plan is an individually-designed plan and recieved a favorable determination	me kalei 5 Schai i	iuiiibei.				
18	determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islan	A section 1022(i)(ds or the U.S. Virg	(2) has been gin Islands)?	□ Y	es	☐ No	
19	Were in-service distributions made during the plan year?			☐ Y	es	☐ No	
	If Yes, enter amount			19			
20	Were minimum required distributions made to 5% owners who have attained age 7 not retired) as required under section 401(a)(9)?	0 1/2 (regardless of	whether or	□ Y	es	☐ No	☐ N/A