## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information						
For calenda	ar plan year 2015 or fis	cal plan year beginning 01/01/20	15	and	ending 12/31	/2015		
A This ret	urn/report is for:	a single-employer plan				_	his box must attach form instructions)	
		a one-participant plan	a foreign plan					
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	the final return/re a short plan year		ss than 12 month	ns)		
C Check b	oox if filing under:	Form 5558	automatic extens	ion		DFVC	program	
		special extension (enter descrip	tion)					
Part II	Basic Plan Info	rmation—enter all requested info	rmation					
1a Name ALLEGRO F	of plan RESORTS MARKETIN	G 401(K) PLAN			11	Three-digit plan numbe (PN) ▶		
					10	C Effective da	ate of plan 01/01/2007	
Mailing	address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O.			21	Employer lo	dentification Numb 65-0394262	er
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  **LLEGRO RESORTS MARKETING CORP**						telephone number 305-262-5909	
					20	<b>d</b> Business c	ode (see instructio	ns)
6303 BLUE L MIAMI, FL 33	AGOON DRIVE SUITE 126-6004	≣ 250					541600	
3a Plan ad	dministrator's name an	d address XSame as Plan Sponso	r.		31	<b>b</b> Administrat	tor's EIN	
					30	C Administrat	tor's telephone nun	nber
		plan sponsor has changed since the	e last return/report f	led for this plan	, enter the 4	<b>b</b> EIN		
<b>a</b> Sponso	•	nber from the last return/report.			40	C PN		
_		at the beginning of the plan year				5a		23
_	•	at the end of the plan year				5b	-	1
C Number	er of participants with a	account balances as of the end of th	e plan year (defined	benefit plans d	o not	5c		1
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the plar	n year		5	d(1)		21
<b>d(2)</b> Tota	al number of active par	ticipants at the end of the plan year			5	d(2)		0
		erminated employment during the p				5e		0
	<del> </del>	or incomplete filing of this return/i						
SB or Sche		ner penalties set forth in the instruction d signed by an enrolled actuary, as lete.						
SIGN	Filed with authorized/\	valid electronic signature.	07/26/2016	ANA LU	CIA MOLINARES			
HERE	Signature of plan ac	dministrator	Date	Enter na	me of individual	signing as pla	n administrator	
CICN								

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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<ul> <li>Were all of the plan's assets during the plan year invested in elig</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</li> <li>If you answered "No" to either line 6a or line 6b, the plan care</li> </ul>	of an independ y and condition	dent qualified public a	ccount	ant (IQ	PA)			>	Yes Yes	No No
<b>c</b> 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	No	t detern	nined
Part III Financial Information					-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y		
a Total plan assets			183	234					344	35
<b>b</b> Total plan liabilities			400	2004					0.44	0.5
C Net plan assets (subtract line 7b from line 7a)	7с			234	-				344	35
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	) Total		
(1) Employers	8a(1)									
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)									
<b>b</b> Other income (loss)	8b		-2	071						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-20	71
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		146	107						
Certain deemed and/or corrective distributions (see instructions).										
f Administrative service providers (salaries, fees, commissions)				621						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1467	28
i Net income (loss) (subtract line 8h from line 8c)	8i								-14879	99
j Transfers to (from) the plan (see instructions)	··· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	on feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	the inst	ruction	s:	
B If the plan provides welfare benefits, enter the applicable welfare	foaturo codo	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o inetri	etione	,	
If the plan provides werrare benefits, effer the applicable werrare	e leature code	es nom the List of Fia	ii Cilaid	acterist	ic Coc	162 111 111	ie ilistic	ictions.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a	X						1117
<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		X					
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of the	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the p			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount					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 exceptions to providing the notice applied under 29 CFR 2520.1	•		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 require 5500) and line 11a below)								[	Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum fundir						302 of E	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		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					<u> </u>		
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co	13a ontrol		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	TUSES EII	14		
14c Name of trustee or custodian				<b>14d</b> Trustee's or custodian's telephone number				
					tolophon	o mambon		
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/ACF				
450					ethod			
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

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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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information	1				
For calend	ar plan year 2015 or fi	iscal plan year beginning	01/01/2015	and ending		12/31/20	15
A This ret	turn/report is for:	a single-employer plan	a multiple-employer plating a multiple-employer plating em			_	
		a one-participant plan	a foreign plan	•			,
<b>B</b> This retu	um/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 I	box if filing under:	Form 5558	automatic extension			DFVC prog	gram
D- 441	D	special extension (enter desc	<u> </u>				
Part II	·	ormation—enter all requested in	ntormation	•	1h	Three-digit	
1a Name ALLEGRO	•	KETING 401(K) PLAN			"	plan number (PN)	001
					1c	Effective date of 01/01/200	of plan
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.	O. Box)		2b		ification Number
•	town, state or province  RESORTS MARK	ce, country, and ZIP or foreign pos KETING CORP	stal code (if foreign, see instru	uctions)	2c	Sponsor's telep	phone number
					2d	<u> </u>	(see instructions)
6303 BI	UE LAGOON DRI	IVE SUITE 250				241000	
MIAMI 3a Plan a	dministrator's name a	nd address XSame as Plan Spor		33126-6004	3b	Administrator's	EIN
		_			3c	Administrator's	telephone number
4 1511			a the least roturn least and for	this plan optor the	dh	ŢŅ.	
name		e plan sponsor has changed since imber from the last return/report.	e the last return/report filed to	r this plan, enter the	4b 4c		
		s at the beginning of the plan year			-		23
_	• •	s at the end of the plan year			"  <del></del>		1
C Numb	er of participants with	account balances as of the end o	f the plan year (defined bene	fit plans do not	5	С	1
•	•	articipants at the beginning of the			. 5d	(1)	21
		articipants at the end of the plan ye			. 5d	(2)	0
e Numl	ber of participants that	t terminated employment during th	ne plan year with accrued ber	efits that were less	. 5	е	0
Under pen SB or Sche	alties of perjury and o	or incomplete filing of this retu ther penalties set forth in the instrand	rn/report will be assessed uctions, I declare that I have a as well as the electronic versions.	examined this return/r	eport, ir	ncluding, if appli	cable a Schedule
							y knowledge and
SIGN	true, correct, and com	plete.	07-26-16	Ana Lucia Mo		res	y knowledge and
SIGN HERE	true, correct, and com	Molins			lina		y knowledge and
HERE	true, correct, and com	Molins	07-26-16	Ana Lucia Mo	lina		y knowledge and
	Signature of plan	administrator	07-26-16	Ana Lucia Mo	lina dual siç	gning as plan ad	ly knowledge and
SIGN HERE	Signature of empl	Molins	07-26-/L Date	Ana Lucia Mo Enter name of indivi	lina dual sig	gning as plan ad	ly knowledge and Iministrator rer or plan sponsor

		Page <b>2</b>						
Were all of the plan's assets during the plan year invested in eligion 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 indepen y and condition not use For	dent qualified public acons.) m 5500-SF and must	counta instead	nt (IQF	PA) Form	5500.	🛛 Ye	
If the plan is a defined benefit plan, is it covered under the PBGC							No Not dete	ermined
art III Financial Information								
Plan Assets and Liabilities		(a) Beginning			<u> </u>	(	b) End of Year	34,435
Total plan assets	7a		183	<b>,</b> 234	<u> </u>			34,435
Total plan liabilities	7b				╄			24 425
Net plan assets (subtract line 7b from line 7a)	7c		183	,234	<u> </u>			34,435
Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt		-		(b) Total	
Contributions received or receivable from:	8a(1)							
(1) Employers	<del> </del>			10.0				
(3) Others (including rollovers)								
O Other income (loss)			-2	,071				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								-2,071
Benefits paid (including direct rollovers and insurance premiums								
to provide benefits)	8d		146	,107	+		·	
<ul> <li>Certain deemed and/or corrective distributions (see instructions).</li> </ul>				C 2 1				
Administrative service providers (salaries, fees, commissions)	8f			621	+			
g Other expenses					╫┈			146,728
h Total expenses (add lines 8d, 8e, 8f, and 8g)					+			148,799
Net income (loss) (subtract line 8h from line 8c)					+			140,799
Transfers to (from) the plan (see instructions)	··· 8j							
Part IV Plan Characteristics  a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D  B If the plan provides welfare benefits, enter the applicable welfare		<u></u>						
art V Compliance Questions								
				Yes	No	N/A	Amout	nt .
O During the plan year:	hutions withi	n the time period		Yes	No	N/A	Amour	nt
Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	s Voluntary F	iduciary Correction	10a	Yes	No	N/A	Amour	
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)      Were there any nonexempt transactions with any party-in-intercreported on line 10a.)	s Voluntary F	include transactions	10a 10b		No X	N/A	Amour	
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)      Were there any nonexempt transactions with any party-in-intercreported on line 10a.)	s Voluntary F	include transactions				N/A	Amour	
Was there a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's Program)      Were there any nonexempt transactions with any party-in-intercreported 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?	est? (Do not	include transactions	10b		Х	N/A	Amoui	
a Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	est? (Do not  n's fidelity bo  other persor	include transactions  and, that was caused as by an insurance of the benefits under	10b 10c		X	N/A	Amour	
Was there a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's Program)      Were there any nonexempt transactions with any party-in-intercreported 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 service plan? (See instructions.)	est? (Do not  n's fidelity bo  other person	include transactions  and, that was caused  as by an insurance the benefits under	10b 10c 10d		X X	N/A	Amour	
<ul> <li>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).</li> <li>b Were there any nonexempt transactions with any party-in-intercreported on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides sthe plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the</li> </ul>	est? (Do not  n's fidelity bo  other persor some or all of	include transactions  and, that was caused  as by an insurance the benefits under	10b 10c 10d		X X X	N/A	Amour	
<ul> <li>a Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL's Program).</li> <li>b Were there any nonexempt transactions with any party-in-intercreported on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides set the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the</li> <li>g Did the plan have any participant loans? (If "Yes," enter amour</li> <li>h If this is an individual account plan, was there a blackout perior</li> </ul>	est? (Do not  n's fidelity bo  other persor  ome or all of  plan?  nt as of year  d? (See instr	include transactions  and, that was caused as by an insurance at the benefits under  end.)  ructions and 29 CFR	10b 10c 10d 10e		X X X	N/A	Amour	
<ul> <li>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).</li> <li>b Were there any nonexempt transactions with any party-in-intercreported on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides sthe plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the</li> <li>g Did the plan have any participant loans? (If "Yes," enter amour</li> </ul>	est? (Do not  n's fidelity bo  other persor  ome or all of  plan?  nt as of year  d? (See instr	include transactions  and, that was caused as by an insurance of the benefits under  end.)  cuctions and 29 CFR	10b 10c 10d 10e 10f 10g		X X X X	N/A	Amour	
<ul> <li>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)</li> <li>b Were there any nonexempt transactions with any party-in-intercreported on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides sthe plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the</li> <li>g Did the plan have any participant loans? (If "Yes," enter amour</li> <li>h If this is an individual account plan, was there a blackout periodes to the plan and the provides any participant loans?</li> <li>i If 10b was answered "Yes," check the box if you either provides</li> </ul>	est? (Do not  n's fidelity bo  other persor  ome or all of  plan?  nt as of year  d? (See instr	include transactions include transactions and, that was caused as by an insurance if the benefits under end.) ructions and 29 CFR	10b 10c 10d 10e 10f 10g		X X X X	N/A	Amour	1,117

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

Yes X No

5500) and line 11a below).

12

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(If "Yes," comple	ete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			. d . 4 5 **	- lette	ling
a If a waiver of the granting the wai	e minimum funding standard for a prior year is being amortized in this plan year, see instructions, at verMonth	nd ent	er the ⊃ay_	e date of th	ne letter ru Year	iii iy
	ine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		12b			
	m required contribution for this plan year	٣,	12c			
c Enter the amount	contributed by the employer to the plan for this plan year		126			
negative amoun	ount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a t)		12d		ī., r	LAUA
e Will the minimur	n funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
	rminations and Transfers of Assets				П.,	
13a Has a resolution	to terminate the plan been adopted in any plan year?			X Yes	No_	
If "Yes," enter th	ne amount of any plan assets that reverted to the employer this year	1	13a			
of the PRGC?	in assets distributed to participants or beneficiaries, transferred to another plan, or brought under th		trol		Yes 🛚	No
C If during this pla	an year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s)	s) to				
which assets or 13c(1) Name of p	- Itabilities were transferred. (See instructions.)	(2) El	N(s)		13c(3)	PN(s)
13C(1) Name of p	nari(c).					
Part VIII Trust	Information					
14a Name of trust		1	4b	Trust's Eil	1	
1-a Hame of tract		Ì				
14c Name of truste	e or custodian		14d	Trustee's telephone	or custod e number	ian's
	- Linna Ouastions					-
	compliance Questions		Y	es	∏No	
15a is the plan a 40	01(k) plan?			Design-		
matching contr	pes the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ibutions (as applicable) under sections 401(k)(3) and 401(m)(2)?			pased safe narbor nethod	te	P/ACP st
1 40 Alexand	P test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year "for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-			'es		
	to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		П	Ratio percentage test		verage enefit te
16b Does the plan	satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining only other plans under the permissive aggregation rules?		<u> </u>	es	No	
17a Has the plan b	peen timely amended for all required tax law changes?			Yes	No	
17b Date the last	plan amendment/restatement for the required tax law changes was adopted Enter t	he app		le code		nstructio
17c if the plan spor	nsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is a					on of
17d If the plan is a	n individually-designed plan and received a favorable determination letter from the IRS, effect the di-		tne p	ian s iast i	avui aule	
	ietter	1 '	Y		No	
19 Were in-service	e distributions made during the plan year?				No	
If "Yes." enter	amount		19			
20 14/	minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whether or quired under section 401(a)(9)?	not		Yes	No	
100104/1 4010						