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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► Complete all entries in	accordance with the instructions to the Form 55	00-SF.		•		
Part I Annual Repo	rt Identification Information						
For calendar plan year 2015 or	fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/201	5			
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_			
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 mg	onths)				
C Check box if filing under:	Form 5558 special extension (enter description)	. ,		DFVC progr	ram		
Part II Basic Plan In	formation—enter all requested in	formation					
1a Name of plan FAYETTE HEATING & AIR COI	NDITIONING INC 401K RETIREMEN	NT SAVINGS PLAN	p (F	hree-digit lan number PN)	001		
			1C E	ffective date of 05/0	f plan 1/1991		
Mailing address (include ro	oloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.C				fication Number 722253		
FAYETTE HEATING & AIR CON	nce, country, and ZIP or foreign post IDITIONING	al code (if foreign, see instructions)	2c S	ponsor's telep 859-2	hone number 33-0424		
B17 NANDINO BLVD LEXINGTON, KY 40511			2d Business code (see instructions) 238220				
3a Plan administrator's name	and address Same as Plan Spons	sor.	3b A	dministrator's I	ΞIN		
			3c A	dministrator's t	elephone number		
	the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b E				
a Sponsor's name			4c P	N			
	0 0 1 7		5a 5b		72 81		
C Number of participants wit	th account balances as of the end of	the plan year (defined benefit plans do not	5c		63		
d(1) Total number of active p	participants at the beginning of the pl	an year	5d(1)	53		
		ar	5d(2)	59		
e Number of participants th	at terminated employment during the	plan year with accrued benefits that were less	5e		3		
Caution: A penalty for the lat	e or incomplete filing of this return	n/report will be assessed unless reasonable cau	ıse is es	stablished.			

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.

	Filed with authorized/valid electronic signature.	06/28/2016	BRET MELROSE	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor Date Enter name of indiv			ual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not dete	ermined
Par	t III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning	•				(b) E	nd of	Year	
	Fotal plan assets	. 7a		931	947	-				982	2497
	Fotal plan liabilities	. 7b		024	947	-				000	2497
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-		941	+		/1-	\ T-4		2497
	Contributions received or receivable from:		(a) Amou	ınt				(1)) Tot	iai	
	1) Employers	. 8a(1)		26	674						
	2) Participants	. 8a(2)		107	'365						
	3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	8b		-21	632					446	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								112	2407
	o provide benefits)	. 8d		59	617						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g		2	2240						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1									1857
	Net income (loss) (subtract line 8h from line 8c)									50	0550
Par	Transfers to (from) the plan (see instructions) Plan Characteristics	8j									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amoun	t
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X					<u>- </u>
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?										500000
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c	X				—		500000
	by fraud or dishonesty?			10d		Χ					
е	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 pla			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	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	he require	d notice or one of the	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)									Ye	es X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	,	Ye	s 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), identi assets 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			
	4c Name of trustee or custodian					telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A			

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Department of Labor

Pension Benefit Guaranty Corporation

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

OMB Nos. 1210-0110 1210-0089

2015

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3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year. 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 C Number of participants with account balances as of the end of the plan year. 5 C 6 63 6 (1) Total number of active participants at the beginning of the plan year. 5 C 6 63 6 C 10 Total number of participants at the end of the plan year. 5 C 6 63 6 C 7 C 63 6 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C	Part I Annual Re	port Identification Information											
A This return/report is for:	For calendar plan year 201	5 or fiscal plan year beginning 01/01/2015		and ending 12/3	31/2015								
B This rotum/report is	A This water to be a set in Same	h-mi											
an amended return/report a short plan year return/report (less than 12 months)	A This return/report is for:	a one-participant plan		npioyer information in ad	ccordance with the	ionn insulictions)							
C Check box if filing under:	B This return/report is	the first return/report	the final return/report	the final return/report									
Part II Basic Plan Information enter all requested information Tax Name of plan	·	an amended return/report	a short plan year return/report (less than 12 months)										
Part II Basic Plan Information - enter all requested information 1a Name of plan 1b Three-digit plan number 201 1c 201	C Check box if filing under	r: Form 5558	automatic extension		DFVC F	program							
14 Name of plan FAYETTE HEATING & AIR CONDITIONING INC 401K RETIREMENT SAVINGS PLAN 28 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 27 AYETTE HEATING & AIR CONDITIONING 28 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 28 Employer Identification Number (1809) 433-0424 26 Employer Identification Number (1809) 433-0424 27 Employer Identification Number (1809) 433-0424 28 Business code (see instructions) 28 Zin Administrator's name and address (Same as Plan Sponsor. 39 Administrator's telephone number (1809) 433-0424 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's telephone number (1809) 44 EIN 3 C Administrator's telephone number (1809) 45 EIN 4 EIN (1809) 45		special extension (enter descrip	otion)										
Pinn number Q01	Part II Basic Plan Information—enter all requested information												
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, site or province, country, and ZIP or foreign postal code (if foreign, see instructions) AVETTE HEATING & AIR CONDITIONING 25 Employer (leftellification Number (left)) 61-0722258 26 Sponsor's telephone number (809) 233-0424 27 Business code (see instructions) 2817 NANDINO BLVD EXINGTON. KY 40511 3a Plan administrator's name and address (Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Total number of participants at the end of the plan year. 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this larm) 5 Complete this larm 5 Complete this larm 5 Complete this larm) 5 Complete this larm 5 Com	1a Name of plan				1b Three-digit								
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Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AYETTE HEATING & AIR CONDITIONING 20 Sponsor's telephone number (869) 233-0424 2d Business code (see instructions) 238220 EXINGTON. KY 40511 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 8 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 8 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5b 10 Total number of participants at the end of the plan year. 5c 0 Sa 72 b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 0 Sa 3 d(2) Total number of active participants at the end of the plan year. 5c 0 Sa 3 d(2) Total number of active participants at the end of the plan year. 5c 0 Sa 3 d(2) Total number of active participants at the end of the plan year. 5c 0 Sa 3 d(2) Total number of active participants at the end of the plan year. 5c 0 Sa 3 d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. 5c 0 Sa 3 Caution: A ponalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is catablished. Caution: A ponalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is catablished. Caution: A ponalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is catablished. Caution: A ponalty for the late or incomplete				te of plan									
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a Sponsor's name 5a Total number of participants at the beginning of the plan year			e last return/report filed fo	or this plan, enter the	4b EIN								
b Total number of participants at the end of the plan year	•	an number from the tast returniveport.			4c PN								
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5a Total number of partici	pants at the beginning of the plan year			5 a 72								
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5b	81							
d(1) Total number of active participants at the beginning of the plan year	C Number of participants	with account balances as of the end of the	e plan year (defined bene	fit plans do not	5c	63							
d(2) Total number of active participants at the end of the plan year	•				5d(1)	53							
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						59							
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 fittle correct, and complete. SIGN Bret Melrose Signature of plan administrator Date 6-28-14 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 room or suite number) Preparer's telephone number	e Number of participants	s that terminated employment during the pl	lan year with accrued ber	nefits that were less		3							
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. SIGN Bret Melrose Signature of plan administrator Date 6-28-14 SIGN 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 room or suite number) Preparer's telephone number					ıse is established.								
SIGN Bret Meirose HERE Signature of plan administrator Date b - 28 - 1¢ 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 room or suite number) Preparer's telephone number	SB or Schedule MB comple	ted and signed by an enrolled actuary, as t	ons, I declare that I have well as the electronic ver	examined this return/report sion of this return/report	port, including, if ap i, and to the best of	plicable, a Schedule my knowledge and							
Signature of plan administrator Date 6-28-14 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 room or suite number) Preparer's telephone number				Bret Melrose									
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 room or suite number) Preparer's telephone number	HERE	olan administrator	Date 6-28-(#	Enter name of individu	ual signing as plan	administrator							
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 room or suite number) Preparer's telephone number	CONTROL SERVICE												
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	HERE	emplover/plan sponsor	Date	Enter name of individu	ual signing as empl	over or plan sponsor							
Ferre and the second of the se	Preparer's name (including	firm name, if applicable) and address (inclu											
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Ferre and the second of the se													
						100 (4 d) 4 d) 10 (4 d) 4 d) 1 d (4 d) 1 d (4 d) 1 d							

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Were all of the plan's assets during the plan year investe Are you claiming a waiver of the annual examination and under 29 CFR 2520.104-46? (See instructions on waiver	report of an indep eligibility and cond	endent qualified public a	accouni	tant (IC	(PA)			<u> </u>	-	No No		
If you answered "No" to either line 6a or line 6b, the p C If the plan is a defined benefit plan, is it covered under the							Пио	П №	t determ	nined		
Part III Financial Information	. I BOO RIOUIGIO	program (add Ermorra		· · · · · · ·		, ,	<u> П</u>	<u> </u>				
7 Plan Assets and Liabilities	EU 4,4	(a) Beginnin	σ of Vo	ar			(h) E	nd of Y	ear			
a Total plan assets	7a	(a) Deginiin	9319		\top		(b) L		982497			
b Total plan liabilities		···			\dashv							
C Net plan assets (subtract line 7b from line 7a)			9319	47	1				82497			
8 Income, Expenses, and Transfers for this Plan Year	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Amo	unt		1		(b) Total					
a Contributions received or receivable from:		(4/74)10			74			Va Dellas				
(1) Employers	8a(1)		2667		97.3. 32.7							
(2) Participants	8a(2)		107365									
(3) Others (including rollovers)	8a(3)					Na simi Na simi		ا از		neskubilite Leta santa		
b Other income (loss)		n na sa	-2163	32			At Link		40407			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				iti ku K		e de la companyon, en		1 15-4-5-1	12407	-0		
d Benefits paid (including direct rollovers and insurance pre- to provide benefits)			5961	17			MEN			ÀTH.		
e Certain deemed and/or corrective distributions (see instru					100				9-15-45. 1-45.			
f Administrative service providers (salaries, fees, commissi	ons) 8f				:5							
g Other expenses	8g		224	10								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								61857			
i Net income (loss) (subtract line 8h from line 8c)	8i							1 les les 2	50550			
j Transfers to (from) the plan (see instructions)	8j						Territor					
9a If the plan provides pension benefits, enter the applicable 2E 2F 2G 2J 2K 3D B If the plan provides welfare benefits, enter the applicable												
Part V Compliance Questions	e ui			1	г	1						
10 During the plan year:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1. D. 4	1	Yes	No	N/A		An	ount			
Was there a failure to transmit to the plan any participan described in 29 CFR 2510.3-102? (See instructions and Program)	I DOL's Voluntary	Fiduciary Correction	10a		х							
b Were there any nonexempt transactions with any party-in reported on line 10a.)			10b		х							
C Was the plan covered by a fidelity bond?			10c	Х					5(00000		
d Did the plan have a loss, whether or not reimbursed by to by fraud or dishonesty?			10d		х							
Were any fees or commissions paid to any brokers, ager carrier, insurance service, or other organization that prov the plan? (See instructions.)	ides some or all o	f the benefits under	10e		х							
f Has the plan failed to provide any benefit when due under	er the plan?		10f		Х							
g Did the plan have any participant loans? (If "Yes," enter			10g		Х							
h If this is an individual account plan, was there a blackout 2520.101-3.)	***************************************		10h		Х							
i If 10h was answered "Yes," check the box if you either p exceptions to providing the notice applied under 29 CFR	2520.101-3		10i									
j Did the plan trust incur unrelated business taxable incom	ne?	***************************************	10j									
Part VI Pension Funding Compliance												
11 Is this a defined benefit plan subject to minimum funding 5500) and line 11a below)	requirements? (If	"Yes," see instructions	and cor	nplete	Sched	lule SB	(Form	<u> [</u>	Yes	X No		

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

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and e Month	enter the Day_	e date of th	ne letter ru Year	ling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						
b Enter the minimum required contribution for this plan year		12b	_			
C Enter the amount contributed by the employer to the plan for this plan year		12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	************************		Yes	No	N/A	
Part VII Plan Terminations and Transfers of Assets					-	
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought from the PBGC?				Yes X	No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part VIII Trust Information						
14a Name of trust		14b ⊺	rust's EIN	!		
14c Name of trustee or custodian			14d Trustee's or custodian's telephone number			
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan?	*******	Ye	s	∏No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	∐ ba ha	esign- sed safe irbor ethod	ADF test		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	·01(m)-	Ye	8	∏No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio rcentage st	ш.	erage efit test	
16b 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?	bining	Ye	s	No		
17a Has the plan been timely amended for all required tax law changes?		Ye		N₀	∏ N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a			``	struction	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plantage and sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plantage and the letter's serial	number				or 	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter		the plar	n's last fav	orable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No		
19 Were in-service distributions made during the plan year?		Ye	5	No		
If "Yes," enter amount		19				
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wiretired), as required under section 401(a)(9)?		Ye	s	No	∏ N/A	
Totalog), do requisida descentira (IdAM), minimum manarente de la contraction de la						