Form 550	00-SF						OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employee Retir			etirement		2015		
Department of Employee Benefits Securi Pension Benefit Guarar	ty Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			Internal	This Form is Open to Public Inspection			
		 Complete all entries in a lentification Information 		tructions to the Form 55	00-SF.		-		
		al plan year beginning 01/01/2		and ending 12	/31/2015				
A This return/repor	t is for:	a single-employer plan a one-participant plan		plan (not multiemployer) mployer information in ac		-			
B This return/report	is [the first return/report an amended return/report	the final return/report	: urn/report (less than 12 mo	onths)				
C Check box if filing under:				DFVC program					
		special extension (enter descr	iption)						
	Plan Inform	nation—enter all requested int	formation		-				
1a Name of plan DUNCAN MACHINER	RY MOVERS, I	NC 401(K) PROFIT SHARING F	PLAN		(PN	n number I) ▶	001		
					1c Effe	ective date o	f plan 1/1986		
Mailing address	(include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C			2b Em (Ell	ployer Identi	fication Number 099951		
City or town, sta		country, and ZIP or foreign post C	al code (if foreign, see ins	structions)	2c Sp	Sponsor's telephone number			
					859-233-7333 2d Business code (see instructions)				
2004 DUNCAN MACH LEXINGTON, KY 4050						2389	900		
3a Plan administrat	or's name and	address XSame as Plan Spons	sor.		3b Adr	ninistrator's	EIN		
					3c Adr	ninistrator's	elephone number		
	the plan numb	lan sponsor has changed since er from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN 4c PN				
·		the beginning of the plan year			5a		26		
		the end of the plan year		ľ	5b		26		
C Number of parti	cipants with ac	count balances as of the end of	the plan year (defined be	nefit plans do not	5c		25		
d(1) Total number	of active partic	pipants at the beginning of the pl	an year		5d(1)		17		
d(2) Total number	r of active partio	cipants at the end of the plan yea	ar		5d(2)		19		
		rminated employment during the			5e		0		
Under penalties of pe	erjury and othe completed and	incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, a te.	ctions, I declare that I hav	e examined this return/rep	oort, inclu	ding, if applic			
SIGN Filed with		lid electronic signature.	07/26/2016	THOMAS BENNINGT	ON III				
HERE Signatu	ure of plan adr	ninistrator	Date	Enter name of individu	ividual signing as plan administrator				
SIGN HERE	<u> </u>	<i>.</i>							
Signatu		r r/plan sponsor ne, if applicable) and address (ir	Date Clude room or suite num	Enter name of individu		g as employe 's telephone			
For Paparwork Poduc	tion Act Notico	and OMB Control Numbers, see th	e instructions for Form 550				Form 5500-SF (2015)		

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						Yes No	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	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 can								
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined	
Part III Financial Information	r							
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar	_		(b) End of Year	
a Total plan assets	. 7a		1796	930	_		1906434	
b Total plan liabilities	. 7b				_			
C Net plan assets (subtract line 7b from line 7a)	et plan assets (subtract line 7b from line 7a) 7c			1796930			1906434	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	unt			(b) Total		
a Contributions received or receivable from: (1) Employers	. 8a(1)		120	681				
(1) Employers	. 8a(2)			946				
	. 8a(3)			0.0				
(3) Others (including rollovers) b Other income (loss)	. 8b		-29	502				
			20	002	_		213125	
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c				_		210120	
to provide benefits)	. 8d		69	955				
e Certain deemed and/or corrective distributions (see instructions)	. 8e		28	596				
f Administrative service providers (salaries, fees, commissions)	. 8f		5	070				
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					103621		
i Net income (loss) (subtract line 8h from line 8c)	. 8i						109504	
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2E 2T 3D	n feature coo	des from the List of Pl	an Cha	racteris	stic Co	odes in	the instructions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	cterist	ic Coo	les in th	ne instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant contribution	utions within	the time period						
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)			10a		х			
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	,		10b		Х			
C Was the plan covered by a fidelity bond?			10c	х			500000	
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	her persons ne or all of t	by an insurance he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount				Х			71963	
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instru	ctions and 29 CFR	10g 10h		Х		11000	
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	the required	notice or one of the	10i					
j Did the plan trust incur unrelated business taxable income?								
Part VI Pension Funding Compliance			10j					

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	🗌 Yes X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	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

Form 5500-SF 2015

Page **3 -** 1

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	ompleted 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				
C Enter the amount contributed by the employer to the plan for this plan year								
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 negative amount)								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					No	N/A	
Part	vart VII Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou			+			
D		e PBGC?				Yes 🗙	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust		14b Trust's EIN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Yes		No	No	
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)?				Design- based safe harbor method			ADP/ACP test	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No		
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No		
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18						No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
If "Yes," enter amount								
20	20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or no retired), as required under section 401(a)(9)?					No	N/A	

	Short Form Ann	ual Return/Report Benefit Plan	of Small Employee	OMB Nos, 1210-0110 1210-0085	
Department of the Treasury Internal Revenue Service	This form is required to be fi	This form is required to be filed under sections 104 and 4065 of the Employee Re			
Department of Labor Employee Benefils Security Administration	Income Security Act of 197	7(b) and 6058(a) of the Internal	This Form is Open to		
Pension Benefit Guaranty Corporation	> Complete all entries ir	accordance with the instru	actions to the Form 5500-SF.	Public Inspection	
Part I Annual Repor	rt Identification Information	n			
For calendar plan year 2015 or	fiscal plan year beginning 01/01/20	/****1	and ending 12/31/2015		
A This return/report is for:	X a single-employer plan		an (not multiemployer) (Filers ch ployer information in accordance		
	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 months)		
C Check box if filing under:	Form 5558	automatic extension		DFVC program	
	special extension (enter des				
Part II Basic Plan Inf	formation—enter all requested i	nformation			
1a Name of plan			1b Th		
Ouncan Machinery Movers, Inc 4	101(k) Profit Sharing Plan			n number ↓) ▶ 001	
				ective date of plan	
	loyer, if for a single-employer plan)			01/1986 ployer Identification Number	
Mailing address (include ro City or town, state or provir	oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box) stal code (if foreign, see instru	(cfions)	N) 61-1099951	
uncan Machinery Movers, Inc			2C Sp	onsor's telephone number (859) 233-7333	
			2d Bus	iness code (see instructions)	
004 Duncan Machinery Drive			238	900	
exington, KY 40504					
3a Plan administrator's name	and address XSame as Plan Spor	nsor.	3b Adr	ninistrator's EIN	
			30.44	ninistrator's telephone number	
	the plan sponsor has changed since umber from the last refurn/report	e the last return/report filed fo	r this plan, enter the 4b EI	Į	
 If the name and/or EIN of the name, EIN, and the plan no a Sponsor's name 			4c PN		
name, EIN, and the plan n a Sponsor's name	ts at the beginning of the plan year			26	
name, EIN, and the plan m a Sponsor's name 5a Total number of participant b Total number of participant	ts at the beginning of the plan year ts at the end of the plan year		5a 5b		
name, EIN, and the plan no a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o	f the plan year (defined bene	5a 5b fit plans do not 5c	26	
name, EIN, and the plan nu a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o	f the plan year (defined bene	fit plans do not 5c	26 26	
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name, EIN, and the plan m a Sponsor's name 5a Total number of participant b Total number of participants c Number of participants with complete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the p participants at the end of the plan ye at terminated employment during th	f the plan year (defined bene plan year ear e plan year with accrued ber	5a 5b fit plans do not 5c 5d(1) 5d(2) refits that were less 5e	26 26 25 17	
name, EIN, and the plan m a Sponsor's name 5a Total number of participant b Total number of participants c Number of participants with complete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the p participants at the end of the plan ye at terminated employment during the	f the plan year (defined bene plan year ear e plan year with accrued ber	5a 5b fit plans do not 5c 5d(1) 5d(2) sefits that were less 5e	26 26 25 17 19 0	
name, EIN, and the plan m a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants tha than 100% vested Caution: A penalty for the late Under penallies of perjury and of SB or Schedule MB completed	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the p participants at the end of the plan ye at terminated employment during the e or incomplete filing of this retu other penalies set forth in the instru- and signed by an enrolled actuary,	f the plan year (defined bene plan year ear e plan year with accrued ber rn/report will be assessed i uctions, i declare that i have d	5a 5b 5c 5d(1) 5d(2) efits that were less 5e inless reasonable cause is est examined this return/report, inclu-	26 26 25 17 19 0 ablished. Jing, if applicable, a Schedule	
name, EIN, and the plan m a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that than 100% vested Gaution: A penalty for the late Under penalties of perjury and c SB or Schedule MB completed a belief, it is true, correct, and con-	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the p participants at the end of the plan ye at terminated employment during the e or incomplete filing of this retu other penalies set forth in the instru- and signed by an enrolled actuary,	f the plan year (defined bene plan year ear e plan year with accrued ber rn/report will be assessed i uctions, i declare that i have d	5a 5b 5b 5c 5d(1) 5d(2) efits that were less 5e inless reasonable cause is est examined this return/report, inclusion of this return/report, and to the set of	26 26 25 17 19 0 ablished. Jing, if applicable, a Schedule	
name, EIN, and the plan m a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that than 100% vested	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the p participants at the end of the plan ye at terminated employment during the e or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary, models.	f the plan year (defined bene plan year e plan year with accrued ber <u>rn/report will be assessed in</u> uctions, I declare that I have e as well as the electronic vers	5a 5b 5b fit plans do not 5c 5d(1) 5d(2) sefits that were less 5e inless reasonable cause is est examined this return/report, inclusion of this return/report, and to the Thomas Bennington III	26 26 25 17 19 0 ablished. ding, if applicable, a Schedule we best of my knowledge and	
name, EIN, and the plan m a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that than 100% vested Caution: A penalty for the late Under penalties of perjury and co SB or Schedule MB completed belief, it is true, correct, and correct SIGN HERE Signature of plant	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the p participants at the end of the plan ye at terminated employment during the e or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary, models.	f the plan year (defined bene plan year ear e plan year with accrued ber rn/report will be assessed i uctions, i declare that i have d	5a 5b 5b 5c 5d(1) 5d(2) efits that were less 5e inless reasonable cause is est examined this return/report, inclusion of this return/report, and to the set of	26 26 25 17 19 0 ablished. ding, if applicable, a Schedule we best of my knowledge and	
name, EIN, and the plan m a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that than 100% vested manual to the late Juder penalties of perjury and completed Seller, it is true, object, and com- seller, it is true, object, and com- true, object, and com- seller, it is true, object, and com- seller, it is true, object, and com- true, object,	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the plan ye at terminated employment during the e or incomplete filing of this retu other penalties set forth in the instru- and signed by an enrolled actuary, moter.	f the plan year (defined bene plan year e plan year with accrued ber <u>rn/report will be assessed in</u> uctions, I declare that I have e as well as the electronic vers	5a 5b fit plans do not 5c 5d(1) 5d(2) refits that were less 5e inless reasonable cause is est examined this return/report, inclusion of this return/report, and to the Thomas Bennington III Enter name of individual signing WMMM	26 26 25 17 19 0 ablished. ding, if applicable, a Schedule te best of my knowledge and g as plan administrator	
name, EIN, and the plan m a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that than 100% vested Caution: A penalty for the lated Under penalties of perjury and co SB or Schedule MB completed belief, it is true, obrect, and cor SIGN HERE Signature of plant Signature of temp	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the p participants at the end of the plan ye at terminated employment during the e or incomplete filling of this return other penalties set forth in the instru- and signed by an enrolled actuary, models.	f the plan year (defined bene plan year e plan year with accrued ber rn/report will be assessed in uctions, I declare that I have of as well as the electronic vers Date Thur its Date Thur its Date Thur its	5a 5b fit plans do not 5c 5d(1) 5d(2) efits that were less 5e inless reasonable cause is est examined this return/report, inclusion of this return/report, and to the Thomas Bennington III Enter name of individual signing Work Enter name of individual signing	26 26 25 17 19 0 ablished. ding, if applicable, a Schedule te best of my knowledge and g as plan administrator	

The second second second

the second statements

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Page 2 Form 5500-SF 2015 X Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) b X 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. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Part III Financial Information (b) End of Year Plan Assets and Liabilities (a) Beginning of Year 7 1796930 1906434 7a a Total plan assets b Total plan liabilities 7b 1906434 1796930 C Net plan assets (subtract line 7b from line 7a) 7c (b) Total (a) Amount 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 120681 8a(1) (1) Employers 121946 8a(2) (2) Participants (3) Others (including rollovers) 8a(3) -29502 8b b Other income (loss) 213125 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums 69955 8d to provide benefits). 28596 e Certain deemed and/or corrective distributions (see instructions). 8e 5070 Administrative service providers (salaries, fees, commissions) 8f f g Other expenses 8g 103621 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 109504 Net income (loss) (subtract line 8h from line 8c) .. 8i i. Transfers to (from) the plan (see instructions) i. 8i Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2K 2E 2T 3D 2F 2G 2J If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: в Part V Compliance Questions Yes No N/A Amount 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction х 10a Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions х 10b reported on line 10a.) х 500000 Was the plan covered by a fidelity bond?..... C 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х 10d by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance х carrier, insurance service, or other organization that provides some or all of the benefits under 10e the plan? (See instructions.).... Has the plan failed to provide any benefit when due under the plan? Х f 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) х 71963 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h х 10h 2520.101-3.)..... 1000 If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10ì Did the plan trust incur unrelated business taxable income? 10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 Yes X No 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... 11a X No

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

	Form 5500-SF 2015 Page 3 - 1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	structions, and e Aonth	nter th Day		e letter ruli Year	ng
lf	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			
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d		eft of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 📋	N/A
Part	VI 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 broug of the PBGC?		ontrol		Yes 🛛 I	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) P	N(s)
- 100 BA . 72	VIII Trust Information		AAb	Truelle Miki		
14a	Name of trust		140	Trust's EIN		
14c	Name of trustee or custodian		14d	Trustee's telephone		เก'ร
Par	IRS Compliance Questions					
15a	Is the plan a 401(k) plan?			esign-	No	
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)?				ADP/ACP 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))?	101(m)-	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect		Ratio percentage test		Average benefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?		Y	95	[]No	
	Has the plan been timely amended for all required tax law changes?			es	No No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a				structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter and the letter's serial	number		·		or
<u></u>	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter		the pla	un'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 1 Islands)?	∏Y∉	s	No	
19	Were in-service distributions made during the plan year?		[] Y	Yes No		
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		∏ Y	es	No	N/A

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