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 Be	enenii Guaraniy Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF.		•
Part I	Annual Report	Identification Information				
For calend	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015 and ending 12	2/31/201	15	
A This ref	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_	
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC progr	ram
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name	of plan	SSESSMENT CORPORATION 40		p (1	Three-digit blan number PN) Effective date of	001
				10		1/1997
Mailing	g address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C			mployer Identif	ication Number 958444
		e, country, and ZIP or foreign posts SESSMENT CORPORATION	al code (if foreign, see instructions)	2c S	Sponsor's telep 631-58	hone number 36-2000
	SLAND AVENUE CH, NY 11798-2928			2d B	Business code (see instructions)
3a Plan a	dministrator's name an	d address Same as Plan Spons	sor.	3b A	dministrator's I	ΞIN
				3c A	dministrator's t	elephone number
		plan sponsor has changed since other from the last return/report.	the last return/report filed for this plan, enter the	4b E	EIN	
a Spons	a Sponsor's name					
5a Total	number of participants	at the beginning of the plan year		5a		43
b Total	number of participants	at the end of the plan year		5b		44
C Numb	er of participants with a	account balances as of the end of	the plan year (defined benefit plans do not	5с		21
d(1) Tot	al number of active par	ticipants at the beginning of the pl	an year	5d(1)	40
d(2) Tot	al number of active par	ticipants at the end of the plan year	ar	5d(2	2)	42
e Numb	per of participants that the 100% vested	terminated employment during the	plan year with accrued benefits that were less	5e		0
Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assessed unless reasonable cau			
Under pena	alties of periury and oth	ner penalties set forth in the instruc	ctions. I declare that I have examined this return/re	port. inc	luding, if applic	able, 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.	09/06/2016	DAN HIRSCHBERGER				
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 individual signing as employer or plan spons				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number			

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 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 of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	. 7a		651	703			717172
b Total plan liabilities	. 7b		054	700	-		747470
C Net plan assets (subtract line 7b from line 7a)	. 7c			703			717172
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	. 8a(1)						
(2) Participants	. 8a(2)		86	287			
(3) Others (including rollovers)	. 8a(3)						
b Other income (loss)	. 8b		-11	285			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						75002
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		9	065			
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f			468			
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						9533
i Net income (loss) (subtract line 8h from line 8c)	. 8i						65469
j Transfers to (from) the plan (see instructions)	- 8j						
Part IV Plan Characteristics					•		
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructions:
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary 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?				V			
			10c	X			70000
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 t	he benefits under	10e	X			78
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			10g	X			14605
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 10h	Α	X		14003
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 required	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)							
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	nts of section 412 of t	he Cod	e or se	ction :	302 of E	RISA? Yes X No

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	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
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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OMB Nos. 1210-0110 1210-0089

2015

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

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	eport Identification Information							
For calendar plan year 20	015 or fiscal plan year beginning	01/01/2015	and ending	12/31/2	015			
A This return/report is fo	a single-employer plan		an (not multiemployer) ployer information in ac	•				
	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 m	ionths)				
C Check box if filing und	 ler:	automatic extension	n DFVC program					
	special extension (enter desc			О.	3			
Part II Basic Pla	n Information—enter all requested in	nformation						
1a Name of plan			1111411111	1b Three-digit				
American Environ	nmental Assessment			plan numbei (PN) ▶	001			
Corporation 401	(k) Profit Sharing Plan			1c Effective dat				
20 20 20 20 20 20 20 20				03/01/1	997			
Mailing address (incl	 (employer, if for a single-employer plan) ude room, apt., suite no. and street, or P.C province, country, and ZIP or foreign pos 	O. Box)	uctions)	(EIN) 11-				
	nmental Assessment	tal code (ii loreigh, see histo	3000013)	2c Sponsor's te (631) 5				
-				2d Business co 562000	de (see instructions)			
188 Long Island	Avenue							
Wyandanch 32 Plan administrator's	name and address XSame as Plan Spon	NY	11798-2928	3b Administrato	r's EIN			
Ja Flati autilitiistratoi S i	Tame and address Asame as Flan Spon	1501.		OD Administrate	II S LIIV			
				3c Administrato	r's telephone number			
	IN of the plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN				
	IN of the plan sponsor has changed since plan number from the last return/report.	the last return/report filed fo	or this plan, enter the					
name, EIN, and the a Sponsor's name	plan number from the last return/report.			4b EIN 4c PN				
name, EIN, and the a Sponsor's name 5a Total number of part				4b EIN 4c PN 5a				
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		Page 2					
 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can 	of an indeper y and condit	ndent qualified public adions.)	ccounta	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	ction 40	021)?.		Yes [No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ır			(b) End of Year
a Total plan assets	7a		651	L,70.	3		
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7с		651	L,70	3		0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total
Contributions received or receivable from: (1) Employers	8a(1)						
(2) Participants					100		
(3) Others (including rollovers)							
b Other income (loss)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					1		0
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
e Certain deemed and/or corrective distributions (see instructions).					Ne		
f Administrative service providers (salaries, fees, commissions)					TO THE		
g Other expenses	8g				100		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				3		0
i Net income (loss) (subtract line 8h from line 8c)	8i		Ų.				0
j Transfers to (from) the plan (see instructions)	8i						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension	on feature co	odes from the List of Pla	an Chai	racteri	stic Co	odes in 1	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare	<i>F</i>	Land Committee Control of Discount	- 01			t ! 4l-	
B If the plan provides welfare benefits, enter the applicable welfare	e teature cod	ies from the list of Plan	i Criara	iciensi	ic Coc	148 111 11	
Part V Compliance Questions							ic manachons.
•							ic itsudenous.
10 During the plan year:				Yes	No	N/A	Amount
During the plan year: Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	: Voluntary F	iduciary Correction	10a	Yes	No X		
Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interest.	Voluntary F	iduciary Correction include transactions		Yes	Х		
a Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interereported on line 10a.)	Voluntary F	include transactions	10a 10b	Yes			
a Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interereported on line 10a.). C Was the plan covered by a fidelity bond?	Voluntary F	include transactions		Yes	Х		
a Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	est? (Do not	include transactions nd, that was caused	10b		Х		Amount
a Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	est? (Do not est? (Do not est? fidelity bo other person	include transactions include transactions ind, that was caused s by an insurance the benefits under	10b 10c		X		Amount
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Part VII Plan Terminations and Transfers of Assets 13a lass a resolution to terminate the plan been adopted in any plan year? 13a	Form 5500-SF 2015 Page 3 -]			
granting the valuer Doy Year If you completed line 12a, complete tines 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 in on-12c from the amount in line 12b. Enter the result (enter a minus sign) to the left of a negative amount) 12d d Subtract the amount in lon-12c from the amount in line 12b. Enter the result (enter a minus sign) to the left of a negative amount) 12d e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No No No No No No No N	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
b Enter the minimum required contribution for this plan year	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver.	r, see instructions, and e			ruling
C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12b from the amount in line 12b. Enter the result (enter a minus sign to the left of a regetive amount) e Will the minimum funding amount reported on line 12b the met by the funding deadline? e Will the minimum funding amount reported on line 12b the met by the funding deadline? e Will the minimum funding amount reported on line 12b the met by the funding deadline? e Will the minimum funding amount reported on line 12b the met by the funding deadline? Part VIII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If Yes, "enter the amount of any plan assets that reverted to the employer this year. 13a Has a resolution to terminate the plan sests of sitiative to participants or beneficiaries, transferred to another plan, or brought under the control of the PEGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(e), identify the plan(e) to which assets or liabilities were transferred (See instructions.) 13c(1) Name of plan(e): 13c(2) EIN(e) 13c(2) EIN(e) 13c(3) PN(s) 13c(1) Name of flustes or custodian 14d Truster's or custodian's telephone number. 14c Name of truste or custodian 14d Truster's or custodian's telephone number. 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer based safe bas	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.	r		
d Subract the amount in line 12b from the amount in line 12b. Enter the result (enter a minus sign to the left of a e Will be minimum funding amount reported on line 12d be met by the funding deadline? e Will be minimum funding amount reported on line 12d be met by the funding deadline? e Will be minimum funding amount reported on line 12d be met by the funding deadline? e Will be minimum funding amount reported on line 12d be met by the funding deadline? e Will be minimum funding amount reported on line 12d be met by the funding deadline? If Yes I No I Ni Part Will Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the pan been adopted in any plan year? If Yes I No I Ni Were all the plan sasets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? c If during this plan is a section of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? c If during this plan a 401 (N) plan astisty the nondiscrimination requirements for employee deferrals and employer inches or custodian's telephone number another brought and the plan and the plan year using the "current year telephone number of the plan search of the ADPACP test is used, did the 401 (N) plan perform ADPACP testing for the plan year using the "current year testing method" or nonlinghy comp	b Enter the minimum required contribution for this plan year		12b		
negative amount) Part VIII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? By Yes, "only plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBCC? If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBCC? If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control verifies and the plan selection of the PBCC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13a (1) Name of plan(s): 13a (1) Name of plan(s): 14b Trusts EIN 14c Name of trustee or custodian 14d Trustse's or custodian's telephone number of the plan and trust information 14d Trustse's or custodian's telephone number of the plan and trust information and trustse's or custodian's telephone number of the plan and trustse's or custodian's telephone number of the plan and trustse's or custodian's telephone number of the plan and trustse's or custodian's telephone number of the plan and trustse's or custodian's telephone number of the plan and trustse's or custodian's telephone number of the plan and trustse's or custodian's telephone number of the plan and trustse's or custodian's telephone number of the plan and trustse's or custodian's telephone number of the plan and trustse's or custodian's telephone			12c		
Part VII Plan Terminations and Transfers of Assets 13a las a resolution to terminate the plan been adopted in any plan year? 13a 13a	negative amount)		12d		
13a Has a resolution to terminate the plan been adopted in any plan year?		***************************************	Y	es No	N/A
If "Yes." enter the amount of any plan assets that reverted to the employer this year			, 		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes No No PROF. c if during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 14c Name of trust information 14d Trust's EIN 15b If 'Yes,'' how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 4.01(k)-2(a)(2)(g))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Pes No 17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the applicable code Gee instruct for tax law changes and codes). Yes No No Total Has the plan been timely ammended for all required tax law changes was adopted Enter the applicable code Gee instruct for tax law changes and codes). Yes No Total Has the plan been timely ammended for all required tax law changes was adopted Enter the date of the plan's last favorable letter and the letter's serial number Yes No No Has the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter and the letter's serial number Yes No No Has plan ammendment/restatement for the required tax law changes was adopted Enter the date of the plan's last favorable determination letter and the letter's serial nu				Yes 🛭 No	
of the PBGC? C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(2) EIN(s) 13c(2) EIN(s) 13c(3) PN(s) Part VIII. Trust Information 14a Name of trustee or custodian 14d Trustee's or custodian's telephone number telephone number set plan a 401(k) plan? 15b If Yes. "how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k).2(a)(2)(ii) and 1.401(m). 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): lest list plan with any other plans under the permissive aggregation rules? 17b Date the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining has been linely amended for all required tax law changes? 17b Date the plan sonors is an adopter of a pre-approved matter and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or and the letter's serial number 17b Date the plan sonors is an adopter of a pre-approved matter and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or and the letter's serial number 17b Date the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter. 18 is the Plan maritained in a U.S. territory (i.e., Puerto Ricc (if no election under ERISA section 102.2(i)(2) has been maded, Annetican Samoa, Quam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 19 Were in-service distri					
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information 14a Name of trust 14b Trust's EIN 14d Truste's or custodian's telephone number Part IX IRS Compliance Questions 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k).2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 17b Date the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining which any other plans under the permissive aggregation rules? 17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the applicable code (See instruct for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and line letter's serial number 17d If the plan as an adolydately-designed plan and received a tavorable determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands? 19 Were in-service distributions made during the plan year? 19 Were in-service distributions made d	of the PBGC?		<u></u>	Yes	No
Part VIII Trust Information 14a Name of trustee or custodian 14d Trustee's or custodian's telephone number 15a Is the plan a 401(k) plan? 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii) and 1.401(m)-2(a)(2)(iii) and 1.401(m)-2(a)(2)(iii) and 1.401(m)-2(a)(2)(iii) and 1.401(m)-2(a)(2)(iii) and 1.401(m)-2(a)(a)(a)(a) the plan to satisfy the coverage requirements under section 410(b): 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining which any other plans under the permissive aggregation rules? 17a Has the plan been timely amended for all required tax law changes was adopted for lax law changes and codes). 17b Date the last plan amendment/restatement for the required tax law changes was adopted for lax law changes and codes). 17c If the plan sponsors is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or and the letter's serial number. 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable eletermation letter from the IRS, enter the date of the plan's last favorable eletermation in a up S. territory (i.e., Puerto Rec (if no election under ERISA section 1022(1/2) has been made). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 19 Were in-service distributions made during the plan year? 19 Were in-service distributions made du	which assets or liabilities were transferred. (See instructions.)				
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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?					***
14d Trustee's or custodian's telephone number			14h T	et's CINI	
Part IX IRS Compliance Questions Yes No	14d Name of trust		140 mus	STS EIN	
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15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii) and 1.401(m)-2(a)(2)(iii)? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 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? 17a Has the plan been timely amended for all required tax law changes? 17b Date the last plan amendment/restatement for the required tax law changes was adopted 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 19 Were in-service distributions made during the plan year? 19 Were in-service distributions made during the plan year? 19 Were in-service minimum distributions made during the plan year? 19 Were required minimum distributions made of the plan year?	Part IX IRS Compliance Questions				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	15a Is the plan a 401(k) plan?		Yes	No	
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))?			base harbo	d safe	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii)	and 1.401(m)-	Yes	No	
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17b Date the last plan amendment/restatement for the required tax law changes was adopted			Yes	No	
for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 19 Were in-service distributions made during the plan year? 19 If "Yes," enter amount. 19	17a Has the plan been timely amended for all required tax law changes?		Yes	No	N/A
advisory letter, enter the date of that favorable letter and the letter's serial number 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	for tax law changes and codes).				
determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	advisory letter, enter the date of that favorable letter and the letter's	serial number		-	n or
made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	determination letter	e IRS, enter the date of	the plan's	last favorable	
If "Yes," enter amount		022(i)(2) has been S. Virgin Islands)?	Yes	No	
20 Were required minimum distributions made to 5% surpose who have attained ago 70.1/ (regardless of whether or not	19 Were in-service distributions made during the plan year?		Yes	No	
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not	If "Yes," enter amount		19		
retired), as required under section 401(a)(9)?	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardle retired), as required under section 401(a)(9)?		Yes	No	□ N/A