| Form 5500-SF | ort of Small Emplo | oyee | OMB Nos. 1210-0110 1210-0089 | | |
|--|--|---|---|----------------------------------|---|
| Department of the Treasury Internal Revenue Service | This form is required to be file | Benefit Plai | | tirement | 2015 |
| Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Income Security Act of 1974 | | 6057(b) and 6058(a) of the | | This Form is Open to Public Inspection |
| | Complete all entries in t Identification Information | | structions to the Form 55 | 00-SF. | • |
| For calendar plan year 2015 or | | | and ending 08 | /18/2016 | |
| A This return/report is for: | X a single-employer plan | a multiple-employe | er plan (not multiemployer) employer information in ac | ` | 0 |
| B This return/report is | the first return/report | \times the final return/report \times a short plan year re | ort eturn/report (less than 12 mo | onths) | |
| C Check box if filing under: | Form 5558 | automatic extensio | on | DF\ | /C program |
| Part II Basic Plan Inf | ormation—enter all requested ir | | | | |
| 1a Name of plan BASSINI & CO. , LLC 401(K) PL | | | | 1b Three-d plan nur (PN) ▶ | mber 002 |
| | | | | 1C Effective | e date of plan 01/01/1996 |
| Mailing address (include ro | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 | | notructions) | 2b Employe (EIN) | er Identification Number 13-3856246 |
| BASSINI & CO., LLC | ce, country, and ZIP or foreign pos | tal code (il foreign, see i | nstructions) | 2c Sponso | r's telephone number 212-218-3900 |
| 83 MADISON AVENUE, SUITE | 504 | | | 2d Busines | s code (see instructions) |
| NEW YORK, NY 10016 | | | | | 523120 |
| 3a Plan administrator's name a | and address XSame as Plan Spor | sor. | | 3b Adminis | trator's EIN |
| | | | | | trator's telephone number |
| | ne plan sponsor has changed since umber from the last return/report. | the last return/report file | ed for this plan, enter the | 4b EIN | |
| a Sponsor's name | | | | 4c PN | |
| 5a Total number of participant | s at the beginning of the plan year. | | | 5a | 14 |
| | s at the end of the plan year | | 1 | 5b | 0 |
| | account balances as of the end of | | - | 5c | 0 |
| d(1) Total number of active p | articipants at the beginning of the p | lan year | | 5d(1) | 3 |
| | articipants at the end of the plan ye | | Part and a second se | 5d(2) | 0 |
| than 100% vested | t terminated employment during the second seco | | | 5e | 0 |
| Under penalties of perjury and o | other penalties set forth in the instru and signed by an enrolled actuary, | ctions, I declare that I ha | ave examined this return/rep | ort, including, | if applicable, a Schedule |
| SIGN Filed with authorize | d/valid electronic signature. | 09/15/2016 | EMILIO BASSINI | | |
| HERE Signature of plan | administrator | Date | Enter name of individu | ıal signing as p | olan administrator |
| SIGN HERE Signature of emp | loyer/plan sponsor | Date | Enter name of individu | ual signing as (| employer or plan sponsor |
| | name, if applicable) and address (i | | | | ephone number |
| For Paperwork Reduction Act Not | ice and OMB Control Numbers, see th | ne instructions for Form 5 | | | Form 5500-SF (2015) |

| | | | - 3 - | | | | | | | | |
|-----|---|-------------|--------------------------|---------|----------|---------|-----------------|-------------------|----|--|--|
| | 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) Yes No Ves No 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 in | | | | | | | No Not determined | | | |
| | | isurance p | | | 021): . | | 163 | | | | |
| | rt III Financial Information | | | | | 1 | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | | | | (b) End of Year | | | | |
| - | Total plan assets | 7a | | 1477 | | | 0 | | | | |
| b | Total plan liabilities | 7b | | | 0 | | 0 | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | | 1477 | 942 | | | 0 | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | (a) Amou | unt | | | | (b) Total | | | | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | | | 0 | | | | | | |
| | (2) Participants | 8a(2) | | | 0 | | | | | | |
| | (3) Others (including rollovers) | | | 0 | | | | | | | |
| b | Other income (loss) | | 40 | 117 | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 40117 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 1518 | 059 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | | 0 | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | | | | |
| g | Other expenses | 8g | | | 0 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 1518059 | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | -14779 | | | | | | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | 0 | | | | | | |
| Pa | t IV Plan Characteristics | | • | | | • | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D | feature co | odes from the List of Pl | an Cha | racteris | stic Co | des in | the instructions: | | | |
| В | If the plan provides welfare benefits, enter the applicable welfare for | eature coo | des from the List of Pla | n Chara | acterist | ic Coc | les in th | ne instructions: | | | |
| Par | t V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | Amount | | | |
| а | 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 | | | | | х | | | | | |
| h | Program) Were there any nonexempt transactions with any party-in-interest | | | 10a | | ~ | | | | | |
| | reported on line 10a.) | | | 10b | | Х | | | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | X | | | 100000 | 00 | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bo | nd, that was caused | 10d | | Х | | | | | |
| e | • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under | | | | | X | | | | | |
| f | | | | | | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | Х | | | | | |
| h | If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | x | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | he require | d notice or one of the | 10i | | L | | | | | |
| j | Did the plan trust incur unrelated business taxable income? | | | 10j | | Х | | | | | |

| Part | VI Pension Funding Compliance | | |
|------|---|---------------|------------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedu 5500) and line 11a below) | ule SB (Form | 🗌 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 30 | 302 of ERISA? | Yes X No |

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| - | | | | | Т | | | | |
|------|--------|--|--------------------|--|---|----------------------|----------------------|--|--|
| | | Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| a | | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver. | | enter th Day | e date of | the letter r Year | uling | | |
| lf | you c | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | | | | | | |
| b | Enter | the minimum required contribution for this plan year | | 12b | | | | | |
| С | Enter | the amount contributed by the employer to the plan for this plan year | | 12c | | | | | |
| d | | tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount) | | 12d | | | | | |
| е | 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? | | | X Y | es No | | | |
| | | es," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | 0 | | |
| h | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou | | | | | 0 | | |
| D | | e PBGC? | | | | X 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.) | ify the plan(s) to | I | | | | | |
| 1 | 13c(1) | Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) | PN(s) | | |
| | | | | | | | | | |
| Dert | 1/111 | Truck Information | | | | | | | |
| Part | | Trust Information | | | | | | | |
| 14a | Name | e of trust | | 140 | Trust's E | IN | | | |
| 14c | Nam | ne of trustee or custodian | | 14d Trustee's or custodian's telephone number | | | | | |
| Par | t IX | IRS Compliance Questions | | 1 | | | | | |
| 15a | Is th | e plan a 401(k) plan? | | Y | es | No | No | | |
| 15b | | es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | | Design- ased safe arbor nethod | L1 | 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 "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))? | | Υ | es | No | No | | |
| 16a | Cheo | sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect | ion 410(b): | Цp | Ratio ercentag est | | Average benefit test | | |
| 16b | | s 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 | ΓY | es | No | | | |
| 17a | Hast | 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//// | • | | | | structions | | |
| 17c | | plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r | | t to a f | avorable | IRS opinio | n or | | |
| 17d | | plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/ | nter the date of | the pla | an's last f | avorable | | | |
| 18 | | e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir | | ∏ Y€ | es | No | | | |
| 19 | Were | in-service distributions made during the plan year? | | Y | es | No | | | |
| | lf "Ye | es," enter amount | | 19 | | | | | |
| 20 | | e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)? | | [] Y | es | No | N/A | | |

| | rtm 5500-SF | Short Form Annu | al Return/Report Benefit Plan | of Small Emplo | oyee | OMB Nos. 1210-0110 1210-0089 | | | |
|--|--|--|--|---|----------------|--|--|--|--|
| Inter De | rnal Revenue Service | This form is required to be file Income Security Act of 1974 | ed under sections 104 and 4 4 (ERISA), and sections 605 | 065 of the Employee Re 7(b) and 6058(a) of the I | etirement | 2015 | | | |
| | enefits Security Administration enefit Guaranty Corporation | - | Revenue Code (the Code |). | | This Form is Open to Public Inspection | | | |
| Part I | Annual Papart | Identification Information | accordance with the instr | uctions to the Form 55 | 00-SF. | | | | |
| | ar plan year 2015 or fi | scal plan year beginning | 01/01/2016 | and and in a | | | | | |
| | | X a single-employer plan | | and ending | | 18/2016 | | | |
| A This ret | turn/report is for: | a one-participant plan | list of participating em | an (not multiemployer) (ployer information in acc | | king this box must attach a the form instructions) | | | |
| - | | | a foreign plan | | | | | | |
| B This retu | urn/report is | the first return/report | ∐ the final return/report | | | | | | |
| | | an amended return/report | 🛛 a short plan year returr | n/report (less than 12 mc | onths) | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | | FVC program | | | |
| | | special extension (enter desc | | | | | | | |
| Part II | | rmation-enter all requested ir | formation | | | | | | |
| 1a Name | Second and Southers | | | | 1b Three | e-digit | | | |
| Bassini | & Co., LLC | | plan r (PN) | ▶ 002 | | | | | |
| | | | | - | | tive date of plan | | | |
| 22 Dian a | | | | | 01/0 | 01/1996 | | | |
| Mailing | g address (include rooi | yer, if for a single-employer plan) m, apt., suite no. and street, or P. | D. Box) | | | byer Identification Number 13-3856246 | | | |
| | & Co., LLC | e, country, and ZIP or foreign pos | tal code (if foreign, see instr | uctions) | 2c Spon | sor's telephone number | | | |
| | | | | - | (212) 218-3900 | | | | |
| 183 Mad | lison Avenue, | Suite 504 | | | 523: | ess code (see instructions) | | | |
| New Yor | k | | NV | 10016 | | | | | |
| 3a Plan a | dministrator's name ar | nd address XSame as Plan Spon | | 10010 | 3b Admir | nistrator's EIN | | | |
| | | | | - | 20 01. | | | | |
| | | | | | JC Admir | nistrator's telephone number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If the r | name and/or EIN of the | e plan sponsor has changed since | the last return/report filed for | or this plan, enter the | 4b EIN | | | | |
| | , EIN, and the plan nui or's name | mber from the last return/report. | | | 4c PN | | | | |
| | | at the beginning of the plan year. | | | 5a | 14 | | | |
| | | at the end of the plan year | | | 5b | 1- | | | |
| C Numb | er of participants with | account balances as of the end of | the plan year (defined bene | fit plans do not | 5c | (| | | |
| | | rticipants at the beginning of the p | | | 5d(1) | 3 | | | |
| | | rticipants at the end of the plan ye | | | 5d(2) | (| | | |
| e Numb | per of participants that | terminated employment during the | e plan year with accrued ber | nefits that were less | 5e | | | | |
| than Caution: A | 100% vested | or incomplete filing of this rate | | | 1000 m 1 | (| | | |
| Under pena | alties of perjury and ot | or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, | ctions. I declare that I have | examined this return/rep | ort includin | g if applicable a Schedule | | | |
| Deller, it is t | true, correct, and com | olete. | | | | and and and and and | | | |
| SIGN | - Cr | for | | Emilio Bassin: | i | | | | |
| | Signature of plan a | dministrator | Date 9/12/16 | Enter name of individu | al signing a | s plan administrator | | | |
| SIGN | | | | | | | | | |
| The state of the s | Signature of emplo | yer/plan sponsor ame, if applicable) and address (i | Date | | | s employer or plan sponsor | | | |
| rieparers | | | nclude room or suite numbe | r) | Preparer's | telephone number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| For Paperwo | ork Reduction Act Notic | e and OMB Control Numbers, see th | e instructions for Form 5500- | SF. | | Form 5500-SF (2015) v. 150123 | | | |

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| 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in | an indepen and conditi ot use For | dent qualified public a ons.) rm 5500-SF and mus | t instea | ant (IC ad use | PA) Form | 5500. | | X Yes | s 🗌 No | |
|---|--|---|--|-----------|-------------------|-------------|-----------|-----------|---------|--------|--|
| the second se | rt III Financial Information | | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Ye | ar | | | (b) End | of Year | | |
| a | Total plan assets | 7a | | 1,47 | 7,94 | 2 | | (10) 1110 | orrour | 0 | |
| | Total plan liabilities | 7b | | | | 0 | | | | 0 | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | | 1,47 | 7,94 | 2 | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amou | unt | | | (b) Total | | | | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | | | | 0 | | () | | | |
| | (2) Participants | 8a(2) | | | | 0 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | 0 | | | | | |
| b | Other income (loss) | 8b | | 40,117 | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | | 40,117 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 1,518,059 | | | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | | | | |
| g | Other expenses | 8g | | 0 | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | San Star Star | | | | | | 1,5 | 18,059 | |
| <u> i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | -1,4 | 77,942 | |
| 1 | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | | |
| | t IV Plan Characteristics | | | | | | | 100 | | | |
| 9a B Par | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | | | |
| a | Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). | oluntary Fi | duciary Correction | 10a | 165 | X | N/A | | Amount | | |
| D | 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? | | | 10c | Х | | | | 1,0 | 00,000 | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bor | nd, that was caused | 10d | | X | | | | | |
| e | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som | ner persons ne or all of t | s by an insurance | 10e | | X | | | | | |
| f | the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? | | | | | Х | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | nd.) | 10g | | X | | | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | (See instru | ctions 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 | ne required | notice or one of the | 10i | | | | | | | |
| j | Did the plan trust incur unrelated business taxable income? | | the second s | 10j | | X | | | | | |
| Part | | | | 10] | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | ents? (If "Y | es," see instructions : | and cor | nplete | Scheo | lule SB | (Form | T Yes | s 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?

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

Yes X No

11a

| | Form 5500- | SF 2015 | | | Page 3 - | | | | | | |
|--|--------------------------------------|---|--|--|-----------------------------|----------------------------|-------------------------------|-----------------|--|-----------------------|--------------------|
| (If | "Yes," comple | te line 12a or lines | 12b, 12c, 12d, and 12e l | pelow, as applicab | le.) | | | | | | |
| a If a gra | a waiver of the anting the waiv | minimum funding s /er. | standard for a prior year | is being amortized | l in this plan | | . Month | enter th Day | | ie letter rul Year | ling |
| lf you | completed li | ne 12a, complete | lines 3, 9, and 10 of Scl | hedule MB (Form | 5500), and | skip to lin | ie 13. | | - | | |
| b Ent | ter the minimu | n required contribu | tion for this plan year | | | | | 12b | | | |
| | | | employer to the plan for | | | | | 12c | | | |
| d Su neg | btract the amo gative amount | ount in line 12c from) | the amount in line 12b. | Enter the result (e | nter a minu | s sign to th | e left of a | 12d | | | |
| e Wi | ill the minimum | funding amount re | ported on line 12d be m | et by the funding d | leadline? | | | | Yes | No | N/A |
| Part VII | Plan Ter | minations and | Transfers of Asse | ets | | | | | | | |
| 13a Ha | as a resolution t | o terminate the plan | been adopted in any plan | year? | | | | | X Yes | No | |
| lf " | "Yes," enter the | e amount of any pla | an assets that reverted to | the employer this | year | | | 13a | | | |
| b We | ere all the plan the PBGC? | assets distributed | to participants or benefic | ciaries, transferred | to another | olan, or bro | ought under the co | ontrol | X | Yes | No |
| C If o wh | during this plar nich assets or l | n year, any assets o iabilities were trans | or liabilities were transfer oferred. (See instructions | red from this plan | to another p | lan(s), idei | ntify the plan(s) to |) | | | |
| 13c(| 1) Name of pla | an(s): | | | | | 13c(2) | EIN(s) | | 13c(3) F | N(s) |
| Part VII | ll Trust Ir | formation | | | | | | | | | |
| and the second | ne of trust | lonnation | | | e dimension in the state | alle ditte the second | | 14h | Trust's EIN | | |
| | | | | | | | | 140 | ITUSES EIN | | |
| 14c Na | ame of trustee | or custodian | | | | | | 14d | Trustee's telephone | | an's |
| Part IX | IRS Co | mpliance Que | stions | | | | | 1 | | | |
| 15a Is t | the plan a 401 | (k) plan? | | | | | | . 🗌 Ye | es | No | |
| 15b If ") ma | Yes," how doe atching contribu | s the 401(k) plan sa tions (as applicabl | atisfy the nondiscriminati e) under sections 401(k) | on requirements fo (3) and 401(m)(2)′ | or employee ? | deferrals a | and employer | bi | esign- ased safe arbor lethod | ADP test | P/ACP |
| test | sting method" f | or nonhighly compe | 401(k) plan perform ADF ensated employees (Trea | as. Reg sections 1 | .401(k)-2(a) | (2)(ii) and 1 | 1.401(m)- | Ye | | No | |
| | | | d used by the plan to sat | | | | | Ц р | atio ercentage est | | erage efit test |
| 16b Doe this | es the plan sa s plan with any | tisfy the coverage a other plans under | and nondiscrimination test the permissive aggregat | sts of sections 410 ion rules? | (b) and 401 | (a)(4) by co | ombining | Ye | es | No | |
| 17a Ha | is the plan bee | n timely amended t | for all required tax law ch | anges? | | | | Y | es | No | N/A |
| 17b Da for | ate the last pla tax law chang | n amendment/resta es and codes). | atement for the required | tax law changes w | as adopted | | Enter the ap | plicable | e code | _ (See inst | ructions |
| adv | visory letter, er | ter the date of that | | | and the let | er's serial | number | | | | or |
| det | termination lett | er | d plan and received a fav | | ion letter fro | m the IRS, | enter the date of | the pla | n's last fav | orable | |
| 18 Is t ma | the Plan maint ade), American | ained in a U.S. terr Samoa, Guam, the | itory (i.e., Puerto Rico (if e Commonwealth of the | no election under Northern Mariana | ERISA sect Islands or th | ion 1022(i) e U.S. Virg | (2) has been gin Islands)? | Ye | S | No | |
| 19 We | ere in-service d | istributions made d | luring the plan year? | | | | | . 🗌 Ye | es | No | |
| If " | Yes," enter am | ount | | | | | | . 19 | | | |
| 20 We reti | ere required mi ired), as requir | nimum distributions ed under section 4 | s made to 5% owners wh 01(a)(9)? | no have attained a | ge 70 ½ (reg | ardless of | whether or not | Ye | es | No | N/A |
| | | | | | | | | | | | |