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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti		identification information										
For calend	ar plan year 2015 or fis	scal plan year beginning 01/01/	2015	and ending 12	2/31/2015							
∆ This ref	turn/report is for:	a single-employer plan			multiemployer) (Filers checking this box must attach a nformation in accordance with the form instructions)							
A IIII3 ICI	turi/report is for.	a one-participant plan	a foreign plan	improyor information in ac	ocerdance with	and reministrations,						
B This retu	B This return/report is											
		an amended return/report	onths)									
C Check	box if filing under:	X Form 5558	automatic extension		DF	VC program						
-		special extension (enter desc	1 /									
Part II	Basic Plan Info	rmation—enter all requested in	formation									
1a Name	•				1b Three-c							
THE KROG	CORPORATION 401	(K) PLAN			plan nu							
					(PN) •							
					IC Effectiv	e date of plan 01/01/1996						
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.) Box)			er Identification Number 16-1479444						
City or	town, state or provinc	e, country, and ZIP or foreign pos		structions)	(=)							
THE KROG (CORPORATION				2c Sponsor's telephone number 716-667-1234							
4 CENTRE D	DDIVE				2d Business code (see instruction							
	PARK, NY 14127					236200						
3a Plan a	dministrator's name ar	nd address XSame as Plan Spon	sor.		3b Adminis	trator's EIN						
					3c Adminis	strator's telephone number						
					JC Adminis	strator s telephone number						
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN							
	, EIN, and the plan nur or's name	mber from the last return/report.			4c PN							
		at the beginning of the plan year.				43						
b Total	number of participants	at the end of the plan year			5b	44						
		account balances as of the end of	. , ,	•	5c	38						
	,	rticipants at the beginning of the p			5d(1)	38						
		rticipants at the end of the plan ye			= 1(a)							
e Numb	per of participants that	terminated employment during the	e plan year with accrued b	enefits that were less	5e							
Caution: A	100% vested	or incomplete filing of this return	n/report will be assesse	d unless reasonable car		0 shed						
		ner penalties set forth in the instru										
SB or Sche		nd signed by an enrolled actuary,										
SIGN		valid electronic signature.	09/21/2016	SCOTT FAIRBROTH	ER	-						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	plan administrator						
SIGN												
HERE	Signature of emplo		Date			employer or plan sponsor						
Preparer's	name (including firm n	ame, if applicable) and address (i	nclude room or suite numl	per)	Preparer's te	lephone number						
I												

Form 5500-SF 2015		Page 2						
 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not d	etermined
Part III Financial Information	, ,							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Yea	
a Total plan assets	7a		2646				27	762980
b Total plan liabilities	7b		00.40	0	-		07	0
C Net plan assets (subtract line 7b from line 7a)	7c		2646	103				762980
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)		54	378				
(2) Participants	8a(2)		180	015				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-44	979				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							189414
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		62	407				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		10	130				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							72537
i Net income (loss) (subtract line 8h from line 8c)	8i						,	116877
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instructions:	
B If the plan provides welfare benefits, enter the applicable welfare for		a franciska Liat of Dia	- Chan	4: -4	:- 0	laa :a 4laa	. in a tour a tine a c	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pia	n Chara	acterist	.ic Coc	ies in the	instructions.	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amo	unt
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?			10c	Х				260000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		X			200000
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.)	ner persons ne or all of t	by an insurance he benefits under	10a	X				3362
f Has the plan failed to provide any benefit when due under the pla			10f		Χ			
								00.450
Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period?		· · · · · · · · · · · · · · · · · · ·	10g	X				93453
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.			10i					
j Did the plan trust incur unrelated business taxable income?			10i					
Part VI Pension Funding Compliance			. 0,	1	I	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes 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), 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		o
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

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).

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

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

For calenda	ar plan year 2015 or	rt Identification Information rfiscal plan year beginning 01/01/20	J15	and ending 12/	/31/2015				
		X a single-employer plan		plan (not multiemployer)		this box must attach a			
A This retu	urn/report is for:	list of participating employer information			л accordance with the form instructions)				
	T-	Tasasa kernekeri kinis	a foreign plan			*			
B This retu	rn/report is	the first return/report	the final return/report	i ,					
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)				
C Check b	ox if filing under:	X Form 5558	automatic extension		∏ DEVO	program			
		special extension (enter desc	L-il		Пыля	program			
Part II	Basic Plan Inf	formation—enter all requested in	1. B. C. a. a. 20 (2011)						
1a Name o	of plan	9 34	The Table 1		1b Three-digi	To:			
The Krog Cor	rporation 401(k) Pla	in°			plan numb				
salma da ta	P .		•		1c Effective d 01/01/199				
2a Plan spo	onsor's name (empl	loyer, if for a single-employer plan) om, apt., suite no, and street, or P.C	TO DAVIN		2b Employer I	dentification Number			
City or t	lown, state or provin	nce, country, and ZIP or foreign post	ז, box) ial code (if foreign, see insl	tructions)	(EIN) 16-1				
The Krog Cor	poration	ang pangang ang panggangganggangganggangganggangganggang	and a figure of the contraction of the	en e		telephone number /16) 667-1234			
	es 	in the second se		:		ode (see instructions)			
Centre Drive	5	**		4 8	236200				
	Strander of the second of the			- A-1	1				
			4		·	* **** **** ****			
		and address Same as Plan Spons	şor.		3b Administrat 3c Administrat	or's EIN			
3a Plan adı	ministrator's name a				4.1 1 g 4.1	THE TREE TO SERVICE STATE OF THE SERVICE STATE OF T			
3a Plan adr 4 If the na	ministrator's name a me and/or EIN of the EIN, and the plan nu	and address Same as Plan Spons ne plan sponsor has changed since to the plan sponsor has changed since to the plan sponsor has return/report.		or this plan, enter the	3c Administrat	THE TREE TO SERVICE STATE OF THE SERVICE STATE OF T			
3a Plan adr 4 If the na name, E a Sponsor	ministrator's name a nme and/or EIN of th EIN, and the plan nu 's name	ne plan sponsor has changed since t umber from the last return/report.	the last return/report filed f		3c Administrat 4b EIN 4c PN	or's telephone number			
4 If the na name, E a Sponsor	ministrator's name a ame and/or EIN of th EIN, and the plan nu i's name imber of participants	ne plan sponsor has changed since t umber from the last return/report. s at the beginning of the plan year	the last return/report filed f	annamananan kanganya	3c Administrat 4b EIN 4c PN 5a	or's telephone number			
4 If the na name, E a Sponsor 5a Total nu 6 Number	ministrator's name a ame and/or EIN of th EIN, and the plan nu is name imber of participants of participants with	ne plan sponsor has changed since to umber from the last return/report. s at the beginning of the plan year s at the end of the plan year	the last return/report filed f	efit plans do not	3c Administrat 4b EIN 4c PN	or's telephone number			
4 If the na name, E a Sponsor 5a Total nu 6 Number complet	ministrator's name a me and/or EIN of the EIN, and the plan nu is name imber of participants imber of participants of participants with te this item)	ne plan sponsor has changed since to the plan sponsor has return/report. In at the beginning of the plan year	the last return/report filed f	efit plans do not	3c Administrat 4b EIN 4c PN 5a 5b 5c	or's telephone number 43 44 38			
4 If the na name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total	ministrator's name a me and/or EIN of the EIN, and the plan nur's name Imber of participants Imber of participants of participants with te this item)	ne plan sponsor has changed since to the plan sponsor has return/report. s at the beginning of the plan year	the last return/report filed f	efit plans do not	3c Administrat 4b EIN 4c PN 5a 5b 5c 5d(1)	or's telephone number 43 44 38 38			
4 If the na name, E a Sponsor 5a Total nu C Number complet d(1) Total d(2) Total e Number	ministrator's name a me and/or EIN of the EIN, and the plan nurs is mber of participants mber of participants of participants with the this item) number of active participants that	ne plan sponsor has changed since to the plan sponsor has changed since to the plan years at the beginning of the plan years at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year to the plan year to the plan year to the plan year to the plan year the terminated employment during the	the last return/report filed for the plan year (defined beneated an year (defined beneated be	effit plans do not	3c Administrat 4b EIN 4c PN 5a 5b 5c	or's telephone number 43 44 38			
4 If the na name, E a Sponsor 5a Total nu C Number complet d(1) Total d(2) Total e Number than 10 Caution: A p	ministrator's name a ministrator's name a me and/or EIN of the EIN, and the plan nur's name imber of participants of participants with te this item) number of active participants that now vested	ne plan sponsor has changed since tumber from the last return/report. s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the	the last return/report filed for the plan year (defined beneat year year year year year year with accrued beneat year year with accrued beneat year year year year year year year year	efit plans do not	3c Administrat 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	43 44 38 38 38 34			
4 If the na name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Numbe than 10 Caution: A p Under penalt SB or Schedo	ministrator's name and/or EIN of the EIN, and the plan number of participants of participants with the this item) number of active participants with the this item) number of active participants that you wasted no participants that you wasted	ne plan sponsor has changed since to the plan sponsor has return/report. It is at the beginning of the plan year	the last return/report filed for the last return/report filed for the last return/report filed for the last return/report will be assessed the last have	efit plans do not nefits that were less unless reasonable cau	3c Administrat 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established	43 44 38 38 38 34 0			
4 If the na name, E a Sponsor 5a Total nu C Number complet d(1) Total d(2) Total e Numbe than 10 Caution: A p Under penalt SB or Schedubelief, it is true	ministrator's name and/or EIN of the EIN, and the plan number of participants with te this item) number of active per number of active	ne plan sponsor has changed since to the plan sponsor has return/report. It is at the beginning of the plan year	the last return/report filed for the last return/report filed for the last return/report filed for the last return/report will be assessed the last have	efit plans do not nefits that were less unless reasonable cau	3c Administrat 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established	43 44 38 38 34 0			
4. If the na name, E a Sponsor 5a Total nu b Total nu C Number complet d(1) Total d (2) Total e Numbe than 10 Caution: A number penalt SB or Schedubelief, it is trusted.	ministrator's name and/or EIN of the EIN, and the plan number of participants amber of participants with te this item) number of active participants with the this item) number of active participants that 10% vested benalty for the late also one of perjury and of the completed also of perjury and of the correct, and completed also of perjury and of the correct, and completed also of perjury and of the correct, and completed also of perjury and of the correct, and correct.	ne plan sponsor has changed since to the plan sponsor has return/report. Is at the beginning of the plan year	the last return/report filed for the plan year (defined beneated an year with accrued beneated beneate	efit plans do not nefits that were less unless reasonable cau examined this return/rep sion of this return/report,	3c Administrat 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ort, including, if ar and to the best or	43 44 38 38 34 0 plicable, a Schedule my knowledge and			
4 If the na name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total d(2) Total e Numbe than 10 Caution: A p Under penalt SB or Schedubelief, it is trustical significant sign	ministrator's name and/or EIN of the EIN, and the plan number of participants with te this item) number of active per number of active	ne plan sponsor has changed since to the plan sponsor has return/report. Is at the beginning of the plan year	the last return/report filed for the last return/report filed for the last return/report filed for the last return/report will be assessed the last have	efit plans do not nefits that were less unless reasonable cau examined this return/report,	3c Administrat 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ort, including, if ar and to the best or	43 44 38 38 34 0 plicable, a Schedule my knowledge and			
4 If the na name, E a Sponsor 5a Total nu b Total nu c Number complet d(1) Total e Numbe than 10 Caution: A p Under penalti belief, it is trussign HERE	ministrator's name and/or EIN of the EIN, and the plan number of participants amber of participants with te this item) number of active participants with the this item) number of active participants that 10% vested benalty for the late also one of perjury and of the completed also of perjury and of the correct, and completed also of perjury and of the correct, and completed also of perjury and of the correct, and completed also of perjury and of the correct, and correct.	ne plan sponsor has changed since to the plan sponsor has return/report. Is at the beginning of the plan year	the last return/report filed for the plan year (defined beneated an year with accrued beneated beneate	efit plans do not nefits that were less unless reasonable cau examined this return/rep sion of this return/report,	3c Administrat 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established ort, including, if ar and to the best or all signing as plan	43 44 38 38 34 0 pilicable, a Schedule my knowledge and			

		W. mi							
Form 5500-SF 2015		Page 2		V.		_			
6a 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 ounder 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan car C. If the plan is a defined benefit plan, is it covered under the PBGC	of an Indep y and cond inot use F	endent qualified public itions.) orm 5500-SF and mu	accou	ntant (I ad us	QPA) e For	m 550(
Part III Financial Information	20,000,11,100	addition for the section of Market and the section of the section					Second Co.		
7 Plan Assets and Liabilities		(a) Beginnin	ıg of Y	ear			(b) End of Year		
a Total plan assets	7a	2646103				2762980			
b Total plan liabilities			************	0	1 A	0			
C Net plan assets (subtract line 7b from line 7a)	., 7c		2646103			2762980			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	(a) Amount			(b) Total			
Contributions received or receivable from: (1) Employers	8a(1)		543	78					
(2) Participants			1800	MANAGEMENT OF STREET					
(3) Others (including rollovers)									
b Other income (loss)		4	-449	79		(II. (II.			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			West !			189414		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	The state of the s	62407						
Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	8f		101	30					
g Other expenses						Αğı, E			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1						72537		
i Net income (loss) (subtract line 8h from line 8c)	8i						116877		
Transfers to (from) the plan (see instructions)	8)								
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D 3H If the plan provides welfare benefits, enter the applicable welfare to the applicable welfare.		A CONTRACTOR OF THE CONTRACTOR	n a History	, a mananana			. See 115 see total 11 may 11		
	<u> Antonio de la companya de la compa</u>		5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -		ic Co	des in t	he instructions:		
Part V. Compliance Questions				#15.796 <u>.</u> 1					
 During the plan year: Was there a failure to transmit to the plan any participant contributes of the plan and policy of the plan and p	oluntary F	Iduciary Correction	10a	Yes	No X	N/A	he instructions: Amount		
During the plan year:Was there a failure to transmit to the plan any participant contribution.	oluntary F	duciary Correction	10a 10b	#15.796 <u>.</u> 1	No				
During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	oluntary F	Iduciary Correction	10b	#15.796 <u>.</u> 1	No X				
During the plan year: Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	oluntary F	Iductory Correction Include transactions		Yes	No X		Amount		
During the plan year: Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som	(oluntary F ? (Do not i fidelity bor let persons le or all of	Iduciary Correction Include transactions Id, that was caused Include transactions Id, that was caused Include transactions	10b 10c 10d	Yes	No X		Amount		
 During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.) 	(Ountary F (Do not I fidelity bor ler persons e or all of	Iduciary Correction Include transactions Id, that was caused Include transactions Id, that was caused Include transactions	10b 10c 10d	Yes	No X X		Amount 26000		
 During the plan year: Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan 	(oluntary F (Do not i fidelity bor er persons e or all of	Iduciary Correction nclude transactions ad, that was caused by an insurance he benefits under	10b 10c 10d 10d	Yes X	No X		Amount 26000		
 During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plangual or the plan have any participant loans? (If "Yes," enter amount a harmonic servicular plan, was there a blackout period? 	? (Do not I fidelity bore per persons e or all of n? s of year e	Iduciary Correction Include transactions Include tr	10b 10c 10d 10e 10f 10g	Yes	No X X		Amount 26000		
 During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the planged to plan have any participant loans? (If "Yes," enter amount a 	(Ountary F (Do not I fidelity bore ner persons e or all of s of year e	Iduciary Correction Include transactions Include tr	10b 10c 10d 10d	Yes X	X X X		Amount 26000		
 During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plangual or dishonesty? If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the 	fidelity bor er persons e or all of See instru	Iductory Correction Include transactions Include tr	10b 10c 10d 10e 10f 10g 10h	Yes X	X X X		Amount 26000		
 During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the planguate of the plan have any participant loans? (If "Yes," enter amount a harmonic in the plan have any participant loans? (If "Yes," enter amount a bif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income? 	fidelity bor er persons e or all of See instru	Iductory Correction Include transactions Include tr	10b 10c 10d 10e 10f 10g	Yes X	X X X		Amount 26000		
 During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program). Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.). Has the plan failed to provide any benefit when due under the planguidate of the plan have any participant loans? (If "Yes," enter amount a high this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	? (Do not i	iduciary Correction include transactions id, that was caused by an insurance he benefits under ind.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i 10j	X X	No X X X X	N/A	26000 336:		
 During the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program). Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the planguid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income? 	(oluntary F (Do not i (idelity bor ner persons te or all of s of year e See instru te required i-3	iduciary Correction include transactions ad, that was caused by an insurance he benefits under ind.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i 10j	X X	X X X X Siched	N/A	26000 336:		

	Form 5500-SF 2015 Page 3 - 1					
Total Const	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
ا خیکت:	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 Month	enter the Day	date of t	he letter i Year	uling
	if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				2 1802 101
-	b Enter the minimum required contribution for this plan year		12b	r prominence (see). P	ger and a presentati	
	Enter the amount contributed by the employer to the plan for this plan year	***************	12c	:		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d		Market de la companya de la company	Comment Second
0353875	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Par	VII Plan Terminations and Transfers of Assets					s v ev garage
13	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	7		100 to
b	of the PBGC?		Verrani.		Yes 🏻	No
Ç		fy the plan(s) to);			
·	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Par	(VIII) Trust Information		American (B) (B) (m) Climater of the Color (B)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Name of trust		14b Tr	ust's EIN		**************************************
) & 428 KM	ngi planka		
44.		المنافع المستنبذ	72-24-5	·	· · · · · · · · · · · · · · · · · · ·	
140	Name of trustee or custodian	é		rustee's d elephone i		an's
		1	•	opriono.	(IGINDO)	
Par	t IX IRS Compliance Questions	ravana asam ah pilipingin sang sakis da d		ر: پدیند بنت خوسستنام	Arlandrassa,	· · · · · · · · · · · · · · · · · · ·
15a	1 is the plan a 401(k) plan?		☐ Yes	e year and the gap to the end	Пио	
363-		****************	: Ramal	ign-	<u>П,,,,,,,</u>	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	l employer		ed safe oor	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 "cu	rrent year	Yes		No	
agramma a je	testing method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(li) and 1.40 (a)(2)(li))?	01(m)-			السا	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	1.0000000000000000000000000000000000000	dental second	entage	Ave	rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comithis plan with any other plans under the permissive aggregation rules?	olning	test		∏No	
17a	Has the plan been timely amended for all required tax law changes?		☐ Yes	***************************************	Пло	Пиа
******	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap		code		structions
4445	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial n	umber	- Aller Son			or and
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, en determination letter	ter the date of t	he plan's	last favor	rable:	
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 I	slands)?	Yes		∏No	
19	Were in-service distributions made during the plan year?		Yes		No	
	If "Yes," enter amount		19	***************************************		- Langer Colo
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whitelired), as required under section 401(a)(9)?	ether or not	Yes		No	□N/A
	3.13.13.13.13.13.13.13.13.13.13.13.13.13		14 4 1 1 1 1 1 1			