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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

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	2/31/2015							
A This ref	turn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) mployer information in ac		-						
B This reti	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)									
C Charle	box if filing under:			. ,								
C Check	box ii iiiing under:	X Form 5558	automatic extension		∐ Ы	FVC progran	n					
		special extension (enter desc	• •									
Part II	Basic Plan Info	rmation—enter all requested in	formation									
1a Name PIER 59 ST		T SHARING PLAN & TRUST			1b Three-plan n (PN)	umber	001					
					1c Effecti	ve date of pl 01/01/2						
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C		ructions)	2b Emplo (EIN)	yer Identifica 51-036	ation Number 5187					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ART & FASHION GROUP CORP.						or's telephor 212-691-						
	JEDO DIED 60 LEVEL				2d Busine	ess code (se	e instructions)					
NEW YORK,	IERS, PIER 59, LEVEL , NY 10011	L 2				541920)					
3a Plan a	dministrator's name an	nd address XSame as Plan Spon	sor.		3b Admin	istrator's EIN	I					
							ephone number					
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	for this plan, enter the	4b EIN	13-379	5221					
a Spons	or's name PIER 59 ST	UDIO LP			4c PN	001						
5a Total	number of participants	at the beginning of the plan year.			5a		106					
		at the end of the plan year			5b		79					
	' '	account balances as of the end of	, , ,	•	5c		25					
d(1) Tot	al number of active par	rticipants at the beginning of the p	lan year		5d(1)		107					
		rticipants at the end of the plan ye			5d(2)		68					
than	100% vested	terminated employment during the			5e		0					
		or incomplete filing of this retur					la - 0-la - 1-l					
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, solete.										
SIGN	Filed with authorized/	valid electronic signature.	09/29/2016	ERIC FLEISHER								
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	s plan admin	istrator					
SIGN												
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as	s employer o	r plan sponsor					
Preparer's	name (including firm n	ame, if applicable) and address (i	nclude room or suite numb	er)	Preparer's t	elephone nu	mber					

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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 to the plan cannot be a second to	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X	Yes N
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) En	d of Ye	
a Total plan assets	. 7a		235	944					359233
b Total plan liabilities	. 7b				-				050000
C Net plan assets (subtract line 7b from line 7a)	. 7с			944					359233
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	. 8a(1)		57	026					
(2) Participants	. 8a(2)		35	142					
(3) Others (including rollovers)	. 8a(3)		27	'322					
b Other income (loss)	. 8b		5	663					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								125153
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			639					
e Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f		1	225					
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								1864
i Net income (loss) (subtract line 8h from line 8c)	. 8i								123289
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 the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan p	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instru	ctions:	
10 During the plan year:				Yes	No	N/A		Am	ount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	duciary Correction	10a	X					13
b Were there any nonexempt transactions with any party-in-interest					X				
reported on line 10a.)			10b		^				
C Was the plan covered by a fidelity bond?			10c	X					25000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ				
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.)	her persons ne or all of t	by an insurance he benefits under	10e	X					294
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period?	•	,	10g		^				
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	X					
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)									Yes N
11a Enter the unpaid minimum required contribution for all years from	Schedule S	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 3	302 of E	RISA?] 👖	Yes X N

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			☐ Yes	s X No			
		s," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP		
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	Yes No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	U p∈	Ratio Average benefit test				
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

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Department of 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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

For calendar p		dentification Information							
	olan year 2015 or fisc	cal plan year beginning	01/01/2015	and ending	12/31/20	015			
A This return	/report is for:	an (not multiemployer) ployer information in a							
		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	n/report (less than 12 n	nonths)				
C Check box	if filing under:		DFVC pr	ogram					
Dowt II F	Dania Dian Info	special extension (enter descript							
		mation—enter all requested infor	mation		41				
1a Name of p Pier 59 S		c) Profit Sharing Plan	n & Trust		1b Three-digit plan number (PN) ▶	001			
					1c Effective date 01/01/20				
Mailing ad	Idress (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O. E			2b Employer Ide (EIN) 51-0				
	vn, state or province, ashion Group	country, and ZIP or foreign postal Corp.	code (if foreign, see instr	uctions)	2c Sponsor's tel 212-691-	•			
Chelsea	Piers, Pier			e (see instructions)					
New York		NY 10011							
3a Plan admi	inistrator's name and	l address XSame as Plan Sponsor	:		3b Administrator's EIN				
					Jo / Initiation	's telephone number			
name, El	N, and the plan num	plan sponsor has changed since the ber from the last return/report.		or this plan, enter the	4b EIN 13-37	95221			
name, El a Sponsor's	N, and the plan num name	ber from the last return/report. Pier 59 S	Studio LP		4c PN 001	95221			
name, El a Sponsor's	N, and the plan num name	ber from the last return/report.	Studio LP		4c PN 001	95221			
name, Ell a Sponsor's 5a Total num b Total num	N, and the plan numiname name hber of participants anaber of participants a	ber from the last return/report. Pier 59 S t the beginning of the plan year t the end of the plan year	Studio LP		4c PN 001				
name, El a Sponsor's 5a Total num b Total num c Number o	N, and the plan number name name nber of participants and participants and participants and participants with accordance with accordance name of participants with accordance name name name name name name name nam	ber from the last return/report. Pier 59 S t the beginning of the plan year	e plan year (defined bene	fit plans do not	4c PN 001	106			
name, El a Sponsor's 5a Total num b Total num c Number o complete	N, and the plan number name name name nber of participants a properticipants and participants with act this item)	ber from the last return/report. Pier 59 S t the beginning of the plan year t the end of the plan year count balances as of the end of the	Studio LP	fit plans do not	4c PN 001 5a 5b 5c	106			
name, Eli a Sponsor's 5a Total num b Total num c Number of complete d(1) Total n	N, and the plan number name The name of participants and participants and participants with active participants and this item)	ber from the last return/report. Pier 59 S t the beginning of the plan year t the end of the plan year count balances as of the end of the	e plan year (defined bene	fit plans do not	4c PN 001 5a 5b 5c 5d(1)	106 - 79 25			
name, Eli a Sponsor's 5a Total num b Total num c Number of complete d(1) Total n d(2) Total n e Number of than 100	N, and the plan number name The of participants and participants with active participants with active participants and participants of active participants that telew vested	t the beginning of the plan year t the end of the plan year count balances as of the end of the plan year as or the end of the plan year as or the end of the plan year	e plan year (defined bene year	fit plans do not nefits that were less	4c PN 001 5a 5b 5c 5d(1) 5d(2) 5e	106 - 79 25 107			
name, Eli a Sponsor's 5a Total num b Total num c Number of complete d(1) Total n d(2) Total n e Number of than 100 Caution: A pe	N, and the plan number name The of participants and participants with active participants with active participants of active participants and participants with active participants that the wested	t the beginning of the plan year t the end of the plan year count balances as of the end of the plan year as of the end of the plan year as of the end of the plan year cipants at the beginning of the plan year. criminated employment during the plan incomplete filing of this return/reports.	e plan year (defined bene year	fit plans do not nefits that were less unless reasonable ca	4c PN 001 . 5a . 5b . 5c . 5d(1) . 5d(2) . 5e . use is established.	106 - 79 25 107 68			
name, Ella Sponsor's 5a Total num b Total num c Number of complete d(1) Total num d(2) Total num e Number of than 1000 Caution: A per Under penaltie SB or Schedul	N, and the plan number of participants and their of participants and participants with activities item)	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan year. criminated employment during the plan icipants at the end of the plan year. criminated employment during the plan icipants at the end of the plan year. criminated employment during the plan icipants at the end of the plan year.	e plan year (defined bene year	fit plans do not nefits that were less unless reasonable ca	4c PN 001 . 5a . 5b . 5c . 5d(1) . 5d(2) . 5e . use is established.	106 - 79 25 107 68 0			
name, Elia Sponsor's 5a Total num b Total num c Number of complete d(1) Total num d(2) Total num e Number of than 100 Caution: A per Under penaltie SB or Schedul belief, it is true	N, and the plan number name There of participants a suber of participants with a completed and this item) There of active participants that the subset of active participants that the subset of participants are subset of participants and the subset of participants are subset of participants and the subset of participants are subset of participants and subset of participants are subset	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan year. criminated employment during the plan icipants at the end of the plan year. criminated employment during the plan icipants at the end of the plan year. criminated employment during the plan icipants at the end of the plan year.	e plan year (defined bene year	fit plans do not nefits that were less unless reasonable ca	4c PN 001 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of the second se	106 - 79 25 107 68 0			
name, Elia Sponsor's 5a Total num b Total num c Number of complete d(1) Total num d(2) Total num e Number of than 100 Caution: A per Under penaltie SB or Schedul belief, it is true	N, and the plan number name There of participants a suber of participants with a completed and this item) There of active participants that the subset of active participants that the subset of participants are subset of participants and the subset of participants are subset of participants and the subset of participants are subset of participants and subset of participants are subset	t the beginning of the plan year t the end of the plan year count balances as of the end of the plan year cipants at the beginning of the plan year. cipants at the end of the plan year.	e plan year (defined bene year	fit plans do not nefits that were less unless reasonable ca examined this return/repo	4c PN 001 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of the second se	106 79 25 107 68 0 blicable, a Schedule my knowledge and			
name, Elia Sponsor's 5a Total num b Total num c Number of complete d(1) Total n d(2) Total n e Number of than 100 Caution: A per Under penaltie SB or Schedul belief, it is true SIGN HERE SIGN	N, and the plan number of participants and the participants and this item)	t the beginning of the plan year t the end of the plan year count balances as of the end of the plan year cipants at the beginning of the plan year. cipants at the end of the plan year.	e plan year (defined bene year	fit plans do not nefits that were less unless reasonable ca examined this return/repo	4c PN 001 5a 5b 5c 5d(1) 5d(2) 5e buse is established. sport, including, if apprit, and to the best of the stable of the	106 79 25 107 68 0 blicable, a Schedule my knowledge and			
name, Elia Sponsor's 5a Total num b Total num c Number of complete d(1) Total num e Number of than 100 Caution: A per Under penaltie SB or Schedul belief, it is true SIGN HERE SIGN HERE S	N, and the plan number of participants and the participants and this item)	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the cipants at the beginning of the plan year. criminated employment during the plan incomplete filing of this return/rear penalties set forth in the instruction is signed by an enrolled actuary, as rete.	a plan year (defined beneward) year	fit plans do not nefits that were less unless reasonable ca examined this return/repo Fric Fi Enter name of individ	4c PN 001 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of a complete the	106 79 25 107 68 0 olicable, a Schedule my knowledge and edministrator			
name, Elia Sponsor's 5a Total num b Total num c Number of complete d(1) Total num e Number of than 100 Caution: A per Under penaltie SB or Schedul belief, it is true SIGN HERE SIGN HERE S	N, and the plan number of participants and the participants and this item)	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the plan year cipants at the beginning of the plan year. cipants at the end of the plan year.	a plan year (defined beneward) year	fit plans do not nefits that were less unless reasonable ca examined this return/repo Fric Fi Enter name of individ	4c PN 001 5a 5b 5c 5d(1) 5d(2) 5e sport, including, if apprt, and to the best of a control of the best of a contro	106 79 25 107 68 0 olicable, a Schedule my knowledge and edministrator			

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b	 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 ac under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						*************		X Y	es No	
C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?	Г	Yes	No [Not det	ermined	
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginnin	of Ye	ar			(b) End	of Year		
а	Total plan assets	7a			5,94	4		()		359,233	
b	Total plan liabilities	7b								· · ·	
	Net plan assets (subtract line 7b from line 7a)	7c		23	5,94	4			3	359,233	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amor	unt		\top		(b) T		· · ·	
	Contributions received or receivable from: (1) Employers	8a(1)			7,02	6					
	(2) Participants	8a(2)		3	5,14	2					
	(3) Others (including rollovers)	8a(3)		2	7,32	2					
b ·	Other income (loss)	8b			5,66	3					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	25,153	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			63	9					
е	Certain deemed and/or corrective distributions (see instructions)	8e				┸					
f,	Administrative service providers (salaries, fees, commissions)	8f			1,22	5					
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,86			
	Net income (loss) (subtract line 8h from line 8c)	8i							1	.23,289	
<u>j</u> .	Transfers to (from) the plan (see instructions)	8j									
	2E 2F 2G 2J 2K 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	ic Coc	tes in th	e instruct	ions:		
Part											
10_	During the plan year:				Yes	No	N/A		Amoun	t	
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 Program)	oluntary F	iduciary Correction	10a	x					138	
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions			х					
С	reported on line 10a.)			10b	х	<u> </u> ^				250,00	
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10c	 	x				230,00	
	by fraud or dishonesty?			10d		├					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	х					2,94	
f				10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and.)	10g		х			_		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	х						
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 require	d notice or one of the	10i	х						
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	s 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	requirem	ents of section 412 of t	he Cod	e or se	ction	302 of E	RISA?	Ye	s X No	

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, argranting the waiver	nd enter th	e date of t	the letter ru Year	ling		
If	you 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					
c	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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?		Yes	s X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	1				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)						
	3c(1) Name of plan(s): 13c	2) EIN(s)		13c(3) F	PN(s)		
Part	VIII Trust Information						
14a	Name of trust	14b 1	Trust's EIN				
14c	Name of trustee or custodian	14d	Trustee's or custodian's telephone number				
Par	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	Te	S No				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba	esign- ised safe irbor ethod	safe ADP/ACP test			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "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))?	Ye		s []No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	111	atio ercentage st	Average benefit test			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye	s	∏No			
17a	Has the plan been timely amended for all required tax law changes?	[] Ye	S	No	□N/A		
17b	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).	ne applicat	ole code _	(See in	nstructions		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subadvisory letter, enter the date of that favorable letter and the letter's serial number	ject to a fa	vorable IF	RS opinion	or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter	of the plan	n's last fav	vorable			
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)?		3	□ No			
19	Were in-service distributions made during the plan year?	Ye	s	No			
	If "Yes," enter amount	19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or no retired), as required under section 401(a)(9)?		s	No	□ N/A		