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	•	Identification Information					
For calend	lar plan year 2015 or fis	scal plan year beginning 01/01/2	2015	and ending 12/	31/2015		
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer)(mployer information in acc	_		
71 1111010	turin opera io ior.	a one-participant plan	a foreign plan			,	
B This ret	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	nths)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program	
		special extension (enter desc	· · ·				
Part II	Basic Plan Info	rmation—enter all requested in	formation				
1a Name	•				1b Three-digit		
BAUER & K	(ELLER, PLLC 401(K)	PLAN			plan numb (PN) ▶	er 001	
				-	1c Effective d		
					TC Ellective d	01/01/1997	
		yer, if for a single-employer plan)			2b Employer l	dentification Number	
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		tructions)	(EIN)	20-5999232	
	ELLER CPAS PLLC		, 5	,		telephone number 212-398-0192	
04 WEST 20	OTH CTDEET				2d Business c	ode (see instructions)	
21 WEST 38TH STREET 9TH FLOOR			541211				
NEW YORK	, NY 10018						
3a Plan a	administrator's name ar	nd address XSame as Plan Spons	sor.		3b Administrat	tor's EIN	
				-	3c Administrat	tor's telephone number	
					7 tarrimotra	tor o toropriorio nambor	
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN		
	sor's name	noci nom the last return/report.			4c PN		
5a Total	number of participants	at the beginning of the plan year			5a	3	
b Total	number of participants	at the end of the plan year			5b	3	
		account balances as of the end of			5c	2	
		rticipants at the beginning of the pl			5d(1)	2	
d(2) Tot	tal number of active pa	rticipants at the end of the plan year	ar		5d(2)	2	
		terminated employment during the			5e		
		or incomplete filing of this return					
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.					
SIGN		valid electronic signature.	10/13/2016	DOUGLAS J. BAUER			
HERE	Signature of plan a	dministrator	Date	Enter name of individua	al signing as pla	n administrator	
SIGN							
HERE	Signature of emplo		Date	Enter name of individua			
Preparer's	name (including firm n	name, if applicable) and address (in	nclude room or suite numb	per)	Preparer's telep	hone number	

	Form 5500-SF 2015		Page 2								
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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	<u></u>	lot dete	rmined
Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning			-		(b) Eı	nd of		
	Total plan assets	7a		1056						969)417
	Total plan liabilities	7b		1056	0	+				060)417
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	(a) Ama-		0121	+		/ -	\ Ta4		1417
	Contributions received or receivable from:		(a) Amou	ını				<u>a)</u>) Tot	aı	
	(1) Employers	8a(1)			0						
	2) Participants	8a(2)		24	000						
	3) Others (including rollovers)	8a(3)			0						
	Other income (loss)	8b		-51	679						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-27	'679
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		59	625						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f ,	Administrative service providers (salaries, fees, commissions)	. 8f			0						
g	Other expenses	. 8g			0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								59	625
	Net income (loss) (subtract line 8h from line 8c)									-87	304
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			0						
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	he inst	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uctior	ns:	
Part	V Compliance Questions					1	1	1			
10	During the plan year:				Yes	No	N/A			Mount	t
а	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 F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	······		10d		X					
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		X					
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		Χ					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X					
ī	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	10ii							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part	VI Pension Funding Compliance			,		1	<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									☐ Ye	s 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	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	·	Ye	s 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) 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			
						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	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)?					Design- based safe ADP/ACP harbor test method					
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.

OMB Nos, 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part Annual Rep	ort Identification Information	1							
For calendar plan year 2015	or fiscal plan year beginning	01/01/2015	and ending	12/31/2	015				
A This return/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer) (nployer information in acc	Filers checking this cordance with the fo	s box must attach 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 retui	n/report (less than 12 mo	nths)					
C Check box if filling under:	Form 5558	automatic extension		DFVC pr	ogram				
Part II Basic Plan I	special extension (enter desc								
Part II Basic Plan II 1a Name of plan	nformation—enter all requested in	formation		41 m n n					
BAUER & KELLER, PI	ת אום (עו) אוד.			1b Three-digit plan number					
Divolit & Republity 11	THE TOT (N) PLAN			(PN)	001				
				1c Effective date 01/01/19	e of plan				
Mailing address (include	ployer, if for a single-employer plan) room, apt., suite no. and street, or P.0	O. Box)			ntification Number				
City or town, state or prov	vince, country, and ZIP or foreign pos	tal code (if foreign, see inst	ructions)	2c Sponsor's tel					
BAUER & KELLER CPA	S PLLC		L	(212) 39	8-0192				
				2d Business code (see instructions					
21 WEST 38TH STREE 9TH FLOOR	T			541211					
NEW YORK 3a Plan administrator's name	e and address XSame as Plan Spon		10018	2h **	2- CIN				
TO THE PROPERTY OF THE PROPERT	and address Moanie as Flan Short	501.		3b Administrator	'S EIN				
			-	3c Administrator	's telephone number				
4 If the name and/or EIN of	the plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN					
name, EIN, and the plan a Sponsor's name	number from the last return/report.	·	-	4c PN					
5a Total number of participa	nts at the beginning of the plan year			5a	3				
	nts at the end of the plan year			5b	3				
 C Number of participants w 	ith account balances as of the end of	the plan year (defined bene	efit plans do not	5c					
	participants at the beginning of the pl			5d(1)	2				
	participants at the end of the plan ye			5d(1)	2				
e Number of participants the	nat terminated employment during the	are plan year with accrued he	nefits that were less	<u> </u>					
inan 100% vested	>+++++++++++++++++++++++++++++++++++++			5e					
Caution: A penalty for the la	te or incomplete filing of this return other penalties set forth in the instru-	n/report will be assessed	uniess reasonable caus	e is established.					
SB or Schedule MB completed belief, it is true, correct, and co	d and signed by an enrolled actuary. :	as well as the electronic ver	sion of this return/report,	and to the best of	my knowledge and				
SIGN SIGN		10/10/14	DOUGLAS J. BAU	JER					
Signature of pla	n administrator	Date	Enter name of individua	al signing as plan a	dministrator				
SIGN									
Signature of em	ployer/plan sponsor	Date	Enter name of individua	al signing as emplo	yer or plan sponsor				
Preparer's name (including fin	n name, if applicable) and address (Ir	nclude room or suite numbe		Preparer's telephor					
			1						
•			<u> </u> -						
			l ·						

Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) 7c 1, Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f Other expenses (add lines 8d, 8e, 8f, and 8g) 8h	of Year , 056, tt	(IQPA) (I	m 5500. Yes	X Yes No Not determined No Not determined No Par 969,417 969,417 (b) Total -27,679	
Plan Assets and Liabilities (a) Beginning of Total plan assets. 7a 1.7 Total plan liabilities 7b 7b Net plan assets (subtract line 7b from line 7a) 7c 1.7 Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f Other expenses 8d lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j	of Year , 056, , 056, , 056, nt 24,0	721 0 721 0 000 0 0 579 525 0		(b) End of Year 969, 417 969, 417 (b) Total -27, 679	
Plan Assets and Liabilities 7a 1, Total plan assets	.,056, .,056, nt 24,0	0 721 0 000 0 579 525 0		969,417 969,417 (b) Total -27,679	
Total plan assets 7a 1, Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) 7c 1, Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8c Administrative service providers (salaries, fees, commissions) 8f Other expenses 8d Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j	.,056, .,056, nt 24,0	0 721 0 000 0 579 525 0		969,417 969,417 (b) Total -27,679	
Total plan assets 7a 1, Total plan liabilities 7b from line 7a) 7c 1, Income, Expenses, and Transfers for this Plan Year (a) Amount Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8c Administrative service providers (salaries, fees, commissions) 8f Other expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j	.,056, .,056, nt 24,0	0 721 0 000 0 579 525 0		969,417 969,417 (b) Total -27,679	
Total plan liabilities	24,0	0 0 0 0 579 525 0		(b) Total -27, 679	
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	24,0	0 0 0 0 579 525 0		(b) Total -27, 679	
Contributions received or receivable from: (1) Employers	24,(-51,	000 0 579 525 0		(b) Total -27, 679	
Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j	24,(-51,	000 0 579 525 0		-27,679	
(2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j	-51,6	0 % 579 3 525 3 0 3		-27,679	
(3) Others (including rollovers) 8a(3) Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j	de Prij	525 0		-27,679	
Other income (loss)	de Prij	525 0		-27,679	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	de Prij	525 0		-27,679	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	59,6	0			
Certain deemed and/or corrective distributions (see instructions)		0			
Administrative service providers (salaries, fees, commissions)					
Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j		0			
Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j		U L			
Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions) 8j	77 - 54 se torono como			59,625	
Transfers to (from) the plan (see instructions)				-87,304	
5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0				
AND THE REPORT OF THE PROPERTY		7 ()44	C	4. 18 - 1924 - 1914 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015	
2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	Characte	ristic Co	odes in t	he instructions:	
Val Compliance Questions					
During the plan year:	Ye	s No	N/A	Amount	
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	40.	x			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	10a	X	11		
Was the plan amount by a fidelity hand?	10c	$\frac{1}{x}$			
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	x			
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			-1		
Has the plan failed to provide any benefit when due under the plan?	10e	X X			
Did the star have a star have			1		
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g	<u> </u>			
If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10h	X			
Old the plan trust incur uprelated business tayable income?	10i		; .		
and the state of t	10j				
Pension Funding Compliance Is this a defined benefit plan subject to minimum funding regularments? (If "Yes " see instructions and	10j	te Sche	edule SB	B (Form Yes V No	
VI⊱ Pension Funding Compliance	10j		11a	Yes X No	

Form 5500-	SF 2015 Page 3 -					
(If "Yes," comple	te line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	minimum funding standard for a prior year is being amortized in this plan year, see inser		enter th Day	e date of	the letter ru Year	ling
If you completed lis	ne 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	12b	1		
b Enter the minimum required contribution for this plan year						
C Enter the amount	contributed by the employer to the plan for this plan year	***************************************	12c			
d Subtract the amo		12d				
e Will the minimum	••••••		Yes	No	N/A	
Part VII Plan Ter	minations and Transfers of Assets					
13a Has a resolution to	terminate the plan been adopted in any plan year?			Ye	s X No	
If "Yes," enter the	amount of any plan assets that reverted to the employer this year		13a			-
b Were all the plan of the PBGC?	assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co	ontrol] Yes ⊠	No
C If during this plan which assets or it	year, any assets or liabilities were transferred from this plan to another plan(s), identi abilities were transferred. (See instructions.)	fy the plan(s) to				
13c(1) Name of pla	n(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part VIII Trust In	formation					
14a Name of trust			14b ⁻	Trust's Ell	N	
14c Name of trustee of	14d Trustee's or custodian's telephone number					
Part IX IRS Co.	mpliance Questions					
15a Is the plan a 401(k) plan?	-440	Ye	: \$	∏No	
matching contribu	the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals antions (as applicable) under sections 401(k)(3) and 401(m)(2)?	•••••••	∏ ba	esign- esed safe erbor ethod	ADF test	
testing method" fo	st is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c r nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	01(m)-	Ye	us	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				atio ercentage st		erage vefit test
16b Does the plan sali this plan with any	sfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comother plans under the permissive aggregation rules?	bining	Ye	S	∏No	
17a Has the plan beer	timely amended for all required tax law changes?	•••••	Ye	es	∏ No	∏ N/A
17b Date the last plan for tax law change	n amendment/restatement for the required tax law changes was adopteds and codes).	Enter the ap	plicable	code	(See ins	tructions
advisory letter, en	is an adopter of a pre-approved master and prototype (M&P) or volume submitter plater the date of that favorable letter and the letter's serial nu	mber				or
determination lette			the pla	n's last fa	vorable	
18 Is the Plan mainta made), American	ined in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin) has been Islands)?	Ye	S	No	
19 Were in-service di	stributions made during the plan year?	••••••	Ye	.s	No	
If "Yes," enter amo	ount		19			-
20 Were required mir retired), as require	almum distributions made to 5% owners who have attained age 70 ½ (regardless of winder section 401(a)(9)?	hether or not	Ye	ıs	No	□N/A