Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corpo	► Complete all entries in	accordance with the instructions to the Form 5500-	-SF.			
Part I Annual Re	eport Identification Information					
For calendar plan year 201	15 or fiscal plan year beginning 01/01/2	2015 and ending 12/31	/2015			
A This return/report is for	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (Fil list of participating employer information in accordange a foreign plan	•			
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 month	าร)			
C Check box if filing under	special extension (enter descri	. ,	DFVC pr	ogram		
Part II Basic Plar	n Information—enter all requested in	formation				
1a Name of plan UNITED CONSTRUCTION	AND DESIGN 401(K) RETIREMENT SA	VINGS PLAN	Three-digit plan number (PN)Effective date	001		
		1		1/01/2012		
Mailing address (include	(employer, if for a single-employer plan) de room, apt., suite no. and street, or P.C	D. Box)	b Employer Ide	ntification Number 2-0087688		
City or town, state or p UNITED CONSTRUCTION A	al code (if foreign, see instructions)	2c Sponsor's telephone number 502-904-0202				
31 GARDNER WAY MT. WASHINGTON, KY 400	047	20		e (see instructions) 41370		
3a Plan administrator's na	ame and address XSame as Plan Spons	sor. 3l	b Administrator	's EIN		
		30	c Administrator	's telephone number		
name, EIN, and the p	N of the plan sponsor has changed since lan number from the last return/report.		b EIN			
a Sponsor's name			C PN	4.4		
5a Total number of partic	cipants at the beginning of the plan year		5a	11		
b Total number of partic	cipants at the end of the plan year		5b	14		
	s with account balances as of the end of	1	5c	14		
d(1) Total number of act	tive participants at the beginning of the pl	an year <u>5</u>	id(1)	8		
d(2) Total number of ac	tive participants at the end of the plan year	ar5	id(2)	9		
than 100% vested		plan year with accrued benefits that were less	5e	0		
Caution: A penalty for the	e late or incomplete filing of this return	n/report will be assessed unless reasonable cause	is established.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is	true, correct, and complete.	1	· ·					
SIGN	Filed with authorized/valid electronic signature.	10/13/2016	THOMAS LUETZOW					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso					
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number				

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6a Were all of the plan's assets during the plan year invested in eligible based 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 can	f an independ and condition and use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			Yes Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC i	insurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	No	t deter	mined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning					(b) En	nd of Y		
a Total plan assets	7a		12	2030	-				100	163
b Total plan liabilities	7b		40	2030	-				100	162
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7с	(a) A		2030			4.1			103
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(D)) Total		
(1) Employers	8a(1)			400						
(2) Participants	8a(2)			200						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)				-289						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								3	311
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2	2128						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g			150						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								22	.78
i Net income (loss) (subtract line 8h from line 8c)	8i								-19	67
j Transfers to (from) the plan (see instructions)	·· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T	n feature cod	des from the List of Pl	an Cha	racteri	stic Co	des in t	the insti	ruction	S:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	tic Coc	les in th	e instru	ıctions	:	
Part V Compliance Questions										
10 During the plan year:			1	Yes	No	N/A		An	nount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interes			405		Х					
reported on line 10a.)			10b							
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					
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of the	he benefits under	10e	X						53
f Has the plan failed to provide any benefit when due under the plan					Х					
			10f					-		
g Did the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period?		·	10g		X					
2520.101-3.)	•		10h		X					
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)									Yes	No
11a Enter the unpaid minimum required contribution for all years from	n Schedule S	SB (Form 5500) line 4	0			11a				
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ection :	302 of E	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		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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 pla	·	t Identification Information				
	ın year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/	
A This return/re	eport is for:	X a single-employer plan		olan (not multiemployer) mployer information in a		
		a one-participant plan	a foreign plan			
B This return/re	port is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths)	
C Check box if	filing under:	X Form 5558	automatic extension		DFVC	program
		special extension (enter desc	. ,			
		ormation—enter all requested in	formation		AL	
1a Name of pla United Con		and Design 401(k) Re	etirement Saving	s Plan	1b Three-digi plan numb (PN) ▶	•
					1c Effective d	
Mailing add	ress (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			, , ,	dentification Number - 0 0 8 7 6 8 8
		ce, country, and ZIP or foreign post n and Design LLC	tal code (if foreign, see inst	tructions)	2c Sponsor's 502-90	telephone number 4 – 0 2 0 2
131 Gardner Way					2d Business of 541370	code (see instructions)
Mt. Washi		KY 40047				
3a Plan admini	strator's name a	nd address XSame as Plan Spon	sor.		3b Administra	tor's EIN
					3c Administra	tor's telephone number
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed t	for this plan, enter the	3c Administra 4b EIN	tor's telephone number
	and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the		tor's telephone number
name, EIN, a Sponsor's n	and the plan nuame		-		4b EIN 4c PN	tor's telephone number
name, EIN, a Sponsor's n 5a Total numb	and the plan nuame ame er of participants	mber from the last return/report.			4b EIN 4c PN 5a	
name, EIN, a Sponsor's n 5a Total numb b Total numb c Number of	and the plan nuame er of participants er of participants participants with	mber from the last return/report. s at the beginning of the plan year	the plan year (defined ben	efit plans do not	4b EIN 4c PN 5a 5b	11
name, EIN, a Sponsor's n 5a Total numb b Total numb c Number of complete th	and the plan nuame er of participants er of participants participants with his item)	mber from the last return/report. s at the beginning of the plan year s at the end of the plan yearaccount balances as of the end of	the plan year (defined ben	efit plans do not	4b EIN 4c PN 5a 5b 5c	11
name, EIN, a Sponsor's n 5a Total numb b Total numb c Number of complete th d(1) Total num	and the plan nuame er of participants er of participants participants with his item)	mber from the last return/report. at the beginning of the plan year at the end of the plan yearaccount balances as of the end of	the plan year (defined ben	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	1.1 1.4 1.4
name, EIN, a Sponsor's n 5a Total numbe b Total numbe c Number of complete th d(1) Total num d(2) Total num e Number of	and the plan nuame er of participants er of participants participants with his item) nber of active participants that participants that	mber from the last return/report. s at the beginning of the plan year account balances as of the end of the plan year accounts balances as of the end of the plan year tricipants at the beginning of the plan year terminated employment during the	the plan year (defined ben lan year	efit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	11 14 14 8
name, EIN, a Sponsor's n 5a Total numb b Total numb c Number of complete th d(1) Total num d(2) Total num e Number of than 100% Caution: A pena	and the plan nuame er of participants er of participants participants with his item) mber of active participants that participants that be vested alty for the late	mber from the last return/report. at the beginning of the plan year account balances as of 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 or incomplete filing of this return	the plan year (defined ben lan yearararar plan year with accrued be	efit plans do not enefits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe	11 14 14 8 9
name, EIN, a Sponsor's n 5a Total numb b Total numb c Number of complete th d(1) Total num d(2) Total num e Number of than 100% Caution: A pena	and the plan nuame er of participants er of participants participants with his item) mber of active participants that by vested alty for the late of perjury and of MB completed a	mber from the last return/report. at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary, a	the plan year (defined ben lan yearararar plan year with accrued be n/report will be assessed clions, I declare that I have	efit plans do not enefits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe aport, including, if a	11 14 14 8 9 0 d. applicable, a Schedule
name, EIN, a Sponsor's n 5a Total numb b Total numb c Number of complete th d(1) Total num d(2) Total num e Number of than 100% Caution: A pendule belief, it is true, of SIGN	and the plan nuame er of participants er of participants participants with his item) mber of active participants that by vested alty for the late of perjury and of MB completed a	mber from the last return/report. at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary, a	the plan year (defined ben lan yearararar plan year with accrued be n/report will be assessed clions, I declare that I have	efit plans do not enefits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe eport, including, if art, and to the best	11 14 14 8 9 0 d. applicable, a Schedule
name, EIN, a Sponsor's n 5a Total numb b Total numb c Number of complete th d(1) Total num d(2) Total num e Number of than 100% Caution: A pen Under penallies SB or Schedule belief, it is true, of HERE	and the plan nuame er of participants er of participants participants with his item) mber of active participants that by vested alty for the late of perjury and of MB completed a	mber from the last return/report. s at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, applete.	the plan year (defined ben lan yearar plan year with accrued be n/report will be assessed clions, I declare that I have as well as the electronic ve	efit plans do not enefits that were less unless reasonable ca examined this return/repo	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe eport, including, if art, and to the best	11 14 8 9 0 d. applicable, a Schedule of my knowledge and
name, EIN, a Sponsor's n 5a Total numb b Total numb c Number of complete th d(1) Total num d(2) Total num e Number of than 100% Caution: A pen Under penallies SB or Schedule belief, it is true, of SIGN HERE	and the plan nuame er of participants er of participants participants with his item) mber of active participants that participants that vested alty for the late of perjury and of MB completed a correct, and com	mber from the last return/report. s at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, applete.	the plan year (defined ben lan year	enefits that were less unless reasonable case examined this return/repo THOMAS LUETZO	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if art, and to the best of the b	11 14 8 9 0 d. applicable, a Schedule of my knowledge and
name, EIN, a Sponsor's n 5a Total numb b Total numb c Number of complete th d(1) Total num d(2) Total num e Number of than 100% Caution: A pend Under penallities SB or Schedule belief, it is true, of Sign HERE Sig	and the plan nuame er of participants er of participants participants with his item) mber of active participants that be vested alty for the late of perjury and of MB completed a correct, and com mature of plan a	mber from the last return/report. s at the beginning of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, applete.	the plan year (defined ben lan year	enefits that were less unless reasonable case examined this return/reportion of this return are of individual control of this return of this retur	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if art, and to the best DW dual signing as place.	11 14 8 9 0 d. applicable, a Schedule of my knowledge and

	Form 5500-SF 2015		Page Z					
	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	an indeper	ndent qualified public a	ccount	ant (IC	PA)		Fr)
	If you answered "No" to either line 6a or line 6b, the plan cann							
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ction 4	021)?	<u> </u>	Yes	No Not determined
Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End of Year
a	Total plan assets	7a		1	2,03	0		10,063
<u>d</u>	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c		1	2,03	0		10,063
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoı	ınt				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)			40	0		
	(2) Participants	8a(2)	***************************************		20	0		
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b			-28	9		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				\dashv		311
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			2,12	8		
	Certain deemed and/or corrective distributions (see instructions)	8e					•	
	Administrative service providers (salaries, fees, commissions)	8f				1		
g	Other expenses	8g			15	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		····	***************************************			2,278
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1,967
j	Transfers to (from) the plan (see instructions)	8i						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in	the instructions:
	2E 2F 2G 2J 2K 2T				,			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Unara	acterist	ic Coc	ies in tr	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
	Was the plan covered by a fidelity bond?					X		
d				10c	<u> </u>			- MARIE - MARI
	by fraud or dishonesty?	*************		10d		Х		
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 I	the benefits under	10e	х			5
f	Has the plan failed to provide any benefit when due under the plan			10f		Х		
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X		
	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			X	***************************************	
i	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	ne required	I notice or one of the	10h 10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part			<u></u>	1			l	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	Yes," see instructions a	and con	nplete	Sched	lule SB	(Form Yes No
11a	Enter the unpaid minimum required contribution for all years from							
12	Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No

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(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Azartan Azartan da ang ang ang ang ang ang ang ang ang an				
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	-	enter the Day	date of t	he letter ru Year	ıling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·		
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		17		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)		12d			
e 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	X No	
If "Yes," 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 brought u of the PBGC?				Yes X	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) to				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b ⊤	rust's EIN	1	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?		Yes	5	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and em matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	sign- sed safe rbor ethod	ADF tes	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(n) 2(a)(2)(ii))?		Yes	3	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	10(b):	Ra per tes	rcentage		erage nefit 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?		Yes	S	No	
17a Has the plan been timely amended for all required tax law changes?	,,	Yes	5	∐No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicab	le code _	(See i	nstructions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan the advisory letter, enter the date of that favorable letter and the letter's serial number of the letter's	er				Of
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter t determination letter		-		rorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	been nds)?	Yes		No	
19 Were in-service distributions made during the plan year?		Yes	3	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether					