eport of Small Empl	loyee	OMB	Nos. 1210-0110 1210-0089
Plan 04 and 4065 of the Employee F	- Petirement	20	15
ons 6057(b) and 6058(a) of the he Code).		This Form Public In	is Open to
he instructions to the Form 5	500-SF.		opoolion
and ending 0	8/31/2016		
ployer plan (not multiemployer) ating employer information in a	(Filers checki	0	
/report ear return/report (less than 12 n	nonths)		
ension	DF	VC program	
	1b Three-or plan nu (PN)	imber	001
	1C Effectiv	e date of plar 02/14/197	
	2b Employ (EIN)	er Identification 16-13341	
see instructions)	2c Sponso	or's telephone 716-672-51	
	2d Busines	ss code (see i 621210	nstructions)
	3b Adminis	strator's FIN	
	3c Adminis	strator's telepl	none number
rt filed for this plan, enter the	4b EIN		
	4c PN		
			8
ned benefit plans do not	. 5b		0
ned benefit plans do not	. 5 C		0
	. 5d(1)		0
	5d(2)		0
rued benefits that were less sessed unless reasonable ca	5e	shod	0
t I have examined this return/repo	eport, including	, if applicable,	a Schedule vledge and
6 CHARLES W. HANN	IUM D.D.S.		
Enter name of individ	dual signing as	plan administ	rator
Enter name of individ	dual signing as	employer or r	lan sponsor
e number)		elephone num	
rm	5500-SF.	5500-SF.	5500-SF. Form

			9					
6a 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	ndent qualified public a tions.)	ccount	ant (IQ	PA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ction 4	021)?		Yes	No Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	. 7a		1731				0
	Total plan liabilities	7b			0			0
	Net plan assets (subtract line 7b from line 7a)	7c		1731	768			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		45	201			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			45201
	Benefits paid (including direct rollovers and insurance premiums					-		
	to provide benefits)	8d		1776	969			
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			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1776969
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1731768
j	Transfers to (from) the plan (see instructions)	8j			0			
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $3B$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V					х		
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		^		
	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			70000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	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 requirements? (If "Yes," see instructions 5500) and line 11a below)			Scheo	lule SB	(Form	Yes X	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line	40			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of	the Cod	le or se	ection 3	302 of E	RISA?	Yes X	No

Form 5500-SF 2015

Page **3** - 1

-					Т			
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling	
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter	the minimum required contribution for this plan year		12b				
С	Enter	the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			X Y	es No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0	
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0	
D		e PBGC?				X Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I				
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Dert	1/111	Truck Information						
Part		Trust Information		116	T	15.1		
14a	Name	e of trust		140	Trust's E	IN		
14c	Nam	ne of trustee or custodian		14d		's or custoo ne number	lian's	
Par	t IX	IRS Compliance Questions		1				
15a	Is th	e plan a 401(k) plan?		Y	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	e AD	PP/ACP st	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Yes			No	
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	Ratio ercentag est		verage enefit test	
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No		
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
	lf "Ye	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A	

Form 5500-SF					
Department of the Treasury Internal Revenue Service	Short Form Annu	al Return/Report of	Small Employ	ee	OMB Nos. 1210-0110 1210-0089
Departmente Service	This form is required to be file	Denerit Plan			2015
Company and Dements Security Administration	Income Security Act of 1974		and 6058(a) of the Inte	ement	This Form is Open to
Penaion Benefit Guaranty Corporation		Gode (life Code).			Public Inspection
or calendar plan year 2015 per	t Identification Information	I I I I I I I I I I I I I I I I I I I	ons to the Form 5500	-SF.	
2013 011	iscal plan year beginning 01/01/20	16	and ending 08/31/2		an a
A This return/report is for:	X a single-employer plan	a multiple-employer plan (list of participating employ a foreign plan	not multiemployer) (Fi ver information in acco	ilers checkir rdance with	ng this box must attach a the form instructions)
B This return/report is		_			
	the first return/report an amended return/report	X the final return/report X a short plan year return/re	not lies than 12 mon	****	
Check box if filing under:	Form 5558	automatic extension	portioos man az mon	<u> </u>	VC program
and the second	special extension (enter desc				Fredram
Part II Basic Plan Inf	ormation-enter all requested in		<u>a na seconda da cida a seconda composita da composita da composita da composita da composita da composita da c</u>		
a Name of plan			in the second	1b Three-	digit
harles W. Hannum, DDS 401(k)) Profit Sharing Plan		·	plan ni (PN)	1 8891
		1. 1. <u>6.</u> 9.		1c Effecti 02/14/	ve date of plan
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P			2b Emplo	yer Identification Number 16-1334108
	nce, country, and ZIP or foreign po		tions)		sor's telephone number (716) 672-5191
				2d Busin	ess code (see instructions)
1 Martha's Vineyard Drive				62121	
redonia, NY 14063	and address XSame as Plan Spo				nistrator's EIN
4 If the name and/or EIN of t	the plan sponsor has changed sind number from the last return/report.	e the last return/report filed for	this plan, enter the	4b EIN	
a Sponsor's name				4C PN	
5a Total number of participan	nts at the beginning of the plan yea	ſ		5a	8
and the second	in a star and of the plan year.			5b	
D INTAL NUMBER OF DALIUDAL	to at the other of the part of		aanaan ay ahaa ahaa ahaa ahaa ahaa ahaa		
				5c	0
C Number of participants will	th account balances as of the end	or the plan year (demied borlow		5c	
C Number of participants will complete this item)	th account balances as of the end participants at the beginning of the	plan year		5c 5d(1)	0
C Number of participants will complete this item) d(1) Total number of active d(2) Total number of active	th account balances as of the end participants at the beginning of the participants at the end of the plan	plan year	efits that were less	5c 5d(1) 5d(2) 5e	0
C Number of participants with complete this item) (1) Total number of active (1) Total number of active (12) Total number of active (13) Number of participants the	th account balances as of the end participants at the beginning of the participants at the end of the plan hat terminated employment during	plan year year the plan year with accrued ben	efits that were less	5c 5d(1) 5d(2) 5e	0 0 0 0
C Number of participants will complete this item) d(1) Total number of active (d(2) Total number of active Number of participants the than 100% vested	th account balances as of the end participants at the beginning of the participants at the end of the plan hat terminated employment during	plan year year the plan year with accrued ben urn/report will be assessed t	efiis that were less unless reasonable ca	5c 5d(1) 5d(2) 5e uuse is esta	0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 C Number of participants with complete this item) d(1) Total number of active in the second sec	th account balances as of the end participants at the beginning of the participants at the end of the plan nat terminated employment during te or incomplete filing of this ref other penalties set forth in the ins d and signed by an enrolled actuar	plan year year the plan year with accrued ben urn/report will be assessed i tructions, I declare that I have y, as well as the electronic vers	efits that were less unless reasonable ca examined this return/re sion of this return/repo Charles W. Hannum,	5c 5d(1) 5d(2) 5e use is esta aport, includ rt, and to th D.D.S.	0 0 0 0 blished. Ing, if applicable, a Schedule e best of my knowledge and
C Number of participants with complete this item) d(1) Total number of active (d(2) Total number of active Number of participants the than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co SIGN	th account balances as of the end participants at the beginning of the participants at the end of the plan hat terminated employment during te or incomplete filing of this ref other penalties set forth in the ins d and signed by an enrolled actuar omplete.	plan year year the plan year with accrued ben urn/report will be assessed t	efits that were less unless reasonable ca examined this return/re sion of this return/repo Charles W. Hannum,	5c 5d(1) 5d(2) 5e use is esta aport, includ rt, and to th D.D.S.	0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C Number of participants with complete this item) d(1) Total number of active (d(2) Total number of active Number of participants the than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co belief, it is true, correct, and co SIGN HERE Signature of pla	th account balances as of the end participants at the beginning of the participants at the end of the plan hat terminated employment during te or incomplete filing of this ref other penalties set forth in the ins d and signed by an enrolled actuar omplete.	the plan year	efits that were less intess reasonable ca examined this return/re sion of this return/repo Charles W. Hannum, Enter name of indivi	5c 5d(1) 5d(2) 5e use is esta aport, includ it, and to th D.D.S. dual signing	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
C Number of participants with complete this item) d(1) Total number of active d(2) Total number of active Number of participants the than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co belief, it is true, correct, and co SIGN HERE Signature of pla	th account balances as of the end participants at the beginning of the participants at the end of the plan hat terminated employment during te or incomplete filing of this ref other penalties set forth in the ins d and signed by an enrolled actuar omplete.	plan year year the plan year with accrued ben urn/report will be assessed in tructions, I declare that I have y, as well as the electronic vers 10/17/2016 Date	efits that were less unless reasonable ca axamined this return/re sion of this return/repo Charles W. Hannum, Enter name of indivi Enter name of indivi	5c 5d(1) 5d(2) 5e use is esta aport, includ rt, and to th D.D.S. dual signing	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
C Number of participants with complete this item) d(1) Total number of active f d(2) Total number of active Number of participants the than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and correct SIGN HERE Signature of pla	th account balances as of the end participants at the beginning of the participants at the end of the plan hat terminated employment during te or incomplete filing of this ref other penalties set forth in the ins d and signed by an enrolled actuar omplete.	plan year year the plan year with accrued ben urn/report will be assessed in tructions, I declare that I have y, as well as the electronic vers 10/17/2016 Date	efits that were less unless reasonable ca axamined this return/re sion of this return/repo Charles W. Hannum, Enter name of indivi Enter name of indivi	5c 5d(1) 5d(2) 5e use is esta aport, includ rt, and to th D.D.S. dual signing	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
C Number of participants with complete this item) d(1) Total number of active f d(2) Total number of active e Number of participants the than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co SIGN HERE Signature of pla	th account balances as of the end participants at the beginning of the participants at the end of the plan hat terminated employment during te or incomplete filing of this ref other penalties set forth in the ins d and signed by an enrolled actuar omplete.	plan year year the plan year with accrued ben urn/report will be assessed in tructions, I declare that I have y, as well as the electronic vers 10/17/2016 Date	efits that were less unless reasonable ca axamined this return/re sion of this return/repo Charles W. Hannum, Enter name of indivi Enter name of indivi	5c 5d(1) 5d(2) 5e use is esta aport, includ rt, and to th D.D.S. dual signing	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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Page	2

- 6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)						Yes No
	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public a	account	ant (IC	(PA			Yes 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan canr							······ 신	
с	If the plan is a defined benefit plan, is it covered under the PBGC in								determined
	TIII Financial Information	· · · ·			,				
7	Plan Assets and Liabilities		(a) Beginning	n of Vo	ar			(b) End of Ye	
_ <u>.</u>	Total plan assets	CONSISTENCES OF THE OWNER	(a) beginning	173176			·		0
	Total plan liabilities	. 7b			0				0
	Net plan assets (subtract line 7b from line 7a)	· · ·		173176	58				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total	
<u> </u>	Contributions received or receivable from:	References and the		4116					
	(1) Employers	. 8a(1)			0				
	(2) Participants	. 8a(2)			0				
	(3) Others (including rollovers)	. 8a(3)			0				
b	Other income (loss)	. 8b		4520)1				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						4	5201
d	Benefits paid (including direct rollovers and insurance premiums			177696	20				
	to provide benefits)	. 8d			0				
-	Certain deemed and/or corrective distributions (see instructions)	. 8e			0				
	Administrative service providers (salaries, fees, commissions)	. 8f			-				
	Other expenses	. 8g		16-267 TERM	0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)								6969
<u>_</u>	Net income (loss) (subtract line 8h from line 8c)							-173	1768
	Transfers to (from) the plan (see instructions)	· 8j			0				
34331386-0.0	t IV Plan Characteristics	· · · · ·							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in f	the instructions:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	ic Cor	les in th	e instructions:	
	······································								
Par	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	•		10a		х			
b	Program) Were there any nonexempt transactions with any party-in-interest		····	10a					
	reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	х				70000
d				100					
	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.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the pla			10f		х			
g	· · · · ·					x		<u> </u>	-
	If this is an individual account plan, was there a blackout period?			10g					
	2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the	he required	I notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Parl									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes 🕅 No
<u>11a</u>	Enter the unpaid minimum required contribution for all years from	Schedule	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 th	ne Code	e or se	ction	302 of E	RISA?	Yes X No

Frank 6700 07 00/7								
Form 5500-SF 2015		Page 3 - 1						
(If "Yes," complete line 12a or lines 12b,					L			
a If a waiver of the minimum funding stand granting the waiver.				enter th Day	e date o	of the lette Year	er rulir	ng
If you completed line 12a, complete lines								
b Enter the minimum required contribution f	for this plan year			12b				
c Enter the amount contributed by the emplo	oyer to the plan for this plan year	·····		12c				
d Subtract the amount in line 12c from the negative amount)	12d							
e Will the minimum funding amount reporte		deadline?			Yes	No		N/A
rt VII Plan Terminations and Tra	ansfers of Assets							
3a Has a resolution to terminate the plan been	adopted in any plan year?	·			X Y	'es 🗌 No	0	
If "Yes," enter the amount of any plan assets that reverted to the employer this year								0
of the PBGC?	e plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the C?					X Yes	N	0
C If during this plan year, any assets or liab which assets or liabilities were transferre	pilities were transferred from this plan ed. (See instructions.)	to another plan(s), identify	the plan(s) to	I				
13c(1) Name of plan(s):		·.	13c(2)	EIN(s)		13c	(3) PN	l(s)
						•		
rt VIII Trust Information		•						
a Name of trust		•••••••		14h 7	rust's E			
				140				
· · · · · · · · · · · · · · · · · · ·								
1C Name of trustee or custodian						's or cust ne numbe		's
art IX IRS Compliance Questio								
art IX IRS Compliance Questio	ns							
5a Is the plan a 401(k) plan?		·		Ye	3		10	
5b if "Yes," how does the 401(k) plan satisfy matching contributions (as applicable) un				ba ba	sign- sed saf rbor sthod	ليبيا	ADP/A test	ACP
5c If the ADP/ACP test is used, did the 401(k testing method" for nonhighly compensate 2(a)(2)(ii))?	ed employees (Treas. Reg sections 1	.401(k)-2(a)(2)(ii) and 1.40	1(m)-	[] Ye			10	
5a Check the box to indicate the method use		·	.,,		tio rcentag t	e Average benefit test		
5b Does the plan satisfy the coverage and no this plan with any other plans under the plans	ondiscrimination tests of sections 410 ermissive aggregation rules?	(b) and 401(a)(4) by comb	ining	Ye:		<u> </u>		
7a Has the plan been timely amended for all				Ye		N	lo	N/A
7b Date the last plan amendment/restatemer for tax law changes and codes).					_	`		ructions
	approved master and prototype (M&F rable letter	and the letter's serial nu	umber				ion or	
advisory letter, enter the date of that favor		an ottor trong the IDC and	er the date of	the plar	's last fa	avorable		
advisory letter, enter the date of that favor d If the plan is an individually-designed plar determination letter	n and received a favorable determinat	·	no horr	_				
advisory letter, enter the date of that favor d If the plan is an individually-designed plar determination letter Is the Plan maintained in a U.S. territory (made), American Samoa, Guam, the Con	n and received a favorable determinat (i.e., Puerto Rico (if no election under nmonwealth of the Northern Mariana	ERISA section 1022(i)(2) h Islands or the U.S. Virgin Is	slands)?	Yes	·			
advisory letter, enter the date of that favor 7d If the plan is an individually-designed plan determination letter 8 Is the Plan maintained in a U.S. territory (made), American Samoa, Guam, the Con	n and received a favorable determinat (i.e., Puerto Rico (if no election under nmonwealth of the Northern Mariana	ERISA section 1022(i)(2) h Islands or the U.S. Virgin Is	slands)?	Yes	·	No		
advisory letter, enter the date of that favor 7d If the plan is an individually-designed plar determination letter 8 Is the Plan maintained in a U.S. territory (n and received a favorable determinat (i.e., Puerto Rico (if no election under nmonwealth of the Northern Mariana the plan year?	ERISA section 1022(i)(2) h Islands or the U.S. Virgin Is	slands)?		·			
advisory letter, enter the date of that favor 7d If the plan is an individually-designed plar determination letter 8 Is the Plan maintained in a U.S. territory (made), American Samoa, Guam, the Con 9 Were in-service distributions made during	n and received a favorable determinat (i.e., Puerto Rico (if no election under nmonwealth of the Northern Mariana) the plan year? de to 5% owners who have attained ag	ERISA section 1022(i)(2) t Islands or the U.S. Virgin Is ge 70 ½ (regardless of whe	slands)?		; ;)] N/A