## 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.

2046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit LEES INC 401K PROFIT SHARING PLAN AND TRUST plan number 001 (PN) • 1c Effective date of plan 09/01/1995 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 61-0922347 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number LEES INC 859-613-3076 2d Business code (see instructions) 620 NORTH MAIN STREET 441228 HARRODSBURG, KY 40330 **3a** Plan administrator's name and address |X| Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 8 5a Total number of participants at the beginning of the plan year ...... 5b 0 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 0 5c complete this item)..... 3 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less

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.

Dellei, it is t	ide, correct, and complete.					
31314	Filed with authorized/valid electronic signature.	03/06/2017	MARK EDWARDS			
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 individ	ual signing as employer or plan sponsor		
Preparer's i	name (including firm name, if applicable) and address (include	room or suite numbe	r )	Preparer's telephone number		

Form 5500-SF 2016 Page **2** 

6a Were all of the plan's assets during the plan year invested in elig	•	` ,						X Yes	No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
If you answered "No" to either line 6a or line 6b, the plan car	•	,							
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End o	f Year	
a Total plan assets	. 7a		984504					C	)
<b>b</b> Total plan liabilities	. 7b								
C Net plan assets (subtract line 7b from line 7a)	. 7с		984504					C	)
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
Contributions received or receivable from:     Contributions received or receivable from:	0=(4)		791						
(1) Employers			23974						
(2) Participants	<b></b>		2001 1						
b Other income (loss)			26929						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				_				51694	<u> </u>
d Benefits paid (including direct rollovers and insurance premiums	. 00								
to provide benefits)	. 8d	1	035748						
e Certain deemed and/or corrective distributions (see instructions)	. 8e								
<b>f</b> Administrative service providers (salaries, fees, commissions)	. 8f		450						
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1036198			
i Net income (loss) (subtract line 8h from line 8c)	1 1				-984504				
j Transfers to (from) the plan (see instructions)	· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension benefits and enter the applicable pension benefits are applicable pension benefits.	on feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	e feature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instrud	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	est? (Do not i	nclude transactions	10b		X				
C Was the plan covered by a fidelity bond?			10c	X					10000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan 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 the plan? (See instructions.)			10e		X				
f Has the plan failed to provide any benefit when due under the plan?			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	-	-	10g		X				
h If this is an individual account plan, was there a blackout period 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.			10i						

Page 3-	1	
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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co.  A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
<b>-</b>								
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			n-based arbor	d [	erior y test	/ear" ADP
			IП '	"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s [	No	

## 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	<del></del>	t Identification Information				
For calend	lar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	08/09/2	
A This re	turn/report is for:			plan (not multiemployer) employer information in a		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a one-participant plan	a foreign plan	. ,		,
<b>B</b> This ret	urn/report is	the first return/report	the final return/repor			
		an amended return/report		urn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program	
		special extension (enter desc	<del></del>		<del></del>	
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			<b>,</b>
1a Name LEES IN	•	T SHARING PLAN AND TR	UST		1b Three-digit plan number (PN) ▶	
					1c Effective date	te of plan
					09/01/1	
Mailin	g address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	,			entification Number
City o		nce, country, and ZIP or foreign pos	stal code (if foreign, see in	structions)	<b>2c</b> Sponsor's to (859) 61	
						de (see instructions)
620 NOR	RTH MAIN STRE	ET			441228	
UN DDODG	PIIDC		V	Y 40330		
HARRODS	<del>-</del>	and address K Same as Plan Spo		.1 40330	3b Administrato	re FIN
					, anningrate	r's telephone number
		the plan sponsor has changed since number from the last return/report.	e the last return/report filed	d for this plan, enter the	4b EIN	
	sor's name				4c PN	
<b>5a</b> Total	number of participan	ts at the beginning of the plan year			. 5a	{
		ts at the end of the plan year			. 5b	. (
	· ·	h account balances as of the end o		·	5c	(
<b>d(1)</b> To	tal number of active p	participants at the beginning of the p	plan year		5d(1)	
<b>d(2)</b> To	tal number of active	participants at the end of the plan ye	ear		5d(2)	(
than	100% vested	at terminated employment during th			5e	(
		e or incomplete filing of this retu				
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, mplete,				
SIGN	1m/	Sheep	3/6/17	MARK EDWARDS		
HERE	Signature of plar	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN						
HERE		ployer/plan sponsor	Date		<del>, , , , , , , , , , , , , , , , , , , </del>	oloyer or plan sponsor
reparer's	aname (including fim	n name, if applicable) and address (	include room or suite num	ibei )	Preparer's teleph	ione number

	Form 5500-SF 2016		Page 2						
b	Were all of the plan's assets during the plan year invested in eligit 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 cannot the plan is a defined benefit plan, is it covered under the PBGC is	f an indeper and cond not use F	endent qualified public litions.)orm 5500-SF and mus	accoun	tant (IC ad use	QPA)  Form	n 5500.	X Yes No	
	rt III Financial Information							The Ther determined	
7	Plan Assets and Liabilities		(a) Beginning	of Year	, T			(b) End of Year	
a	Total plan assets	7a	(a) Dogiming	984,	-			0	
b	Total plan liabilities	. 7b				-		<del></del>	
C	Net plan assets (subtract line 7b from line 7a)	. 7c		984,	504			0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	
_a	Contributions received or receivable from: (1) Employers	8a(1)			791				
	(2) Participants	8a(2)		23,	974	ÇIRLE			
	(3) Others (including rollovers)	. 8a(3)							
<u>b</u>	Other income (loss)	. 8b		26,	929				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				- 1 a. Safs 4	51,694		
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1,	1,035,748		}			
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		450		ha I			
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1,036,198		
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i				-984			
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature c	odes from the List of P	lan Cha	racteri	istic Co	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare t	feature co	des from the List of Pla	n Char	acteris	tic Co	des 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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	Voluntary	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			100,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		,	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all o	f the benefits under	10e		Х			

10f

10g

10h

10i

X

Χ

f Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

Form	EEOO	CE.	2016

Page 3	3-	]
raye	J-	

11 is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB   yes   ves   11a. Either the unpeid minimum required contributions for all years from Schodule SB (Form 5500) line 40.	Part '	Pension Funding Compliance						
12   Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of	11						Yes	☐ No
ERISA? (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, and enter the date of the letter ruling granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13.  b Enter the minimum required contribution for this plan year.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13.  b Enter the memount in line 12a, torm the amount in line 12b be met by the finding deadline?	11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
a if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13.  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.  d Subtract the amount of the 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).  Part VIII. Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan fore the mount of any plan assets that reverted to the employer this year.  13a   Yes   No   No   No   No   No   No   No   N	12	ERISA?		on 302 of	f 		Yes	X No
granting the waiver.								
b Enter the minimum required contribution for this plan year		granting the waiver	fonth					ling
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   12d    e Will the minimum funding amount reported on line 12d be met by the funding deadline?   Yes   No   NA    Part VII   Plan Terminations and Transfers of Assets    13a	lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	<del></del>				
d Subtract the amount in line 12c from the amount in line 12c. Enter the result (enter a minus sign to the left of a negative amount).  e Will the minimum funding amount reported on line 12c be met by the funding deadline?  Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?  By Yes No No MY Yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year.  13a Ware all the plan asset distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred (See instructions.)  13c(1) Name of plan(s):  13c(1) Name of plan(s):  14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  15a is the plan a 401(k) plan? If "No," skip b.  15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section \$\frac{1}{2}\$ Design-based \$\frac{1}{2}\$ Pirior year' AD \$\frac{1}{2}\$ ADP test \$\frac{1}{2}\$ NAD \$\frac{1}{2}\$ ADP test \$\frac{1}{2}\$ NAD \$\frac{1}{2}\$ Average percentage \$\frac{1}{2}\$ Pirior year' AD \$\frac{1}{2}\$ bit the plan satisfy the nondiscrimination requirements of sections 410(b) and 401(a)(4) \$\frac{1}{2}\$ Yes \$\frac{1}{2}\$ NAD \$\frac{1}{2}\$ New \$\frac{1}{2}\$ NAD \$\frac{1}{2}\$ Pirior year' AD \$\frac{1}{2}\$ bit the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) \$\frac{1}{2}\$ Yes \$\frac{1}{2}\$ No \$\frac{1}{2}\$ No \$\frac{1}{2}\$ the plan is a master and prototype plan (M&P) or volume submitter plan under the permissive aggregation rules?  17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable letter from the IRS, erter the date of the most recent determination letter from the IRS, erter the date of the most recent determination letter from the I	b	Enter the minimum required contribution for this plan year		12b				
negative amount).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?	с	Enter the amount contributed by the employer to the plan for this plan year		12c				
Part VII   Plan Terminations and Transfers of Assets	d	· · · · · · · · · · · · · · · · · · ·		12d				
13a Has a resolution to terminate the pian been adopted in any plan year?	е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	Part '	VII Plan Terminations and Transfers of Assets						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  C If. during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(2) EIN(s)  13c(3) PN(s)  Part VIII  Trust Information  14d Trustee's or custodian's telephone number  14d Trustee's or custodian's telephone number  Part IX IRS Compliance Questions  15a is the plan a 401(k) plan? If "No," skip b.  15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:  16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) percentage benefit test est.  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) percentage benefit test est.  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) percentage benefit test est.  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) percentage benefit test est.  17b If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date the letter and the serial number.  17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter.  18 Defined Benefit Plan or Money Purchase Pension Plan Only.  Were any distributions made during the plan year to an employee who attained age 62 and had not separated from Percentage from Service?	13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes		No	
control of the PBGC?  C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)  Part VIII Trust Information  14a Name of trustee or custodian  14c Name of trustee or custodian  14d Trustses or custodian's telephone number  Part IX IRS Compliance Questions  15a is the plan a 401(k) plan? If "No," skip b.  15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:  16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)  17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date the letter  17b If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date the letter  17b If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date the letter  18 Defined Benefit Plan or Money Purchase Pension Plan Only;  Were any distributions made during the plan year to an employee who attained age 62 and had not separated from Person Plan Only;  Were any distributions made during the plan year to an employee who attained age 62 and had not separated from Person Plan Only;		If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)  Part VIII Trust Information  14d Trustee's or custodian's telephone number  14d Trustee's or custodian's telephone number  Part IX IRS Compliance Questions  15a is the plan a 401(k) plan? If "No," skip b	b	, , ,	•	e 		Yes		lo
Part VIII Trust Information  14a Name of trust  14b Trust's EIN  14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  Part IX IRS Compliance Questions  15a Is the plan a 401(k) plan? If "No," skip b	С		ify the plan(	s) to				
14c Name of trustee or custodian  14d Trustee's or custodian's telephone number  15a Is the plan a 401(k) plan? If "No," skip b	1	3c(1) Name of plan(s):	13c(2	) EIN(s)		130	<b>(3)</b> P	N(s)
Part IX IRS Compliance Questions  15a is the plan a 401(k) plan? If "No," skip b				14b	Trust's E	IN		
15a Is the plan a 401(k) plan? If "No," skip b	14c	Name of trustee or custodian		ĺ.				s
15a Is the plan a 401(k) plan? If "No," skip b	Par	IX IRS Compliance Questions		ــــــــــــــــــــــــــــــــــــــ				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) percentage test  16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) yes No  17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date the letter and the serial number  17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter.  18 Defined Benefit Plan or Money Purchase Pension Plan Only:  Were any distributions made during the plan year to an employee who attained age 62 and had not separated from Yes No service?		•	Yes			] No		
year? Check all that apply:	15b			harbor rent year	L	test	year*	ADP
for the plan year by combining this plan with any other plan under the permissive aggregation rules?	16a		per	centage			st [	N/A
the letter and the serial number  17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter  18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	16b		Yes			] No		
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinion lette	er or adv	isory lette	er, enter	the d	ate of
Were any distributions made during the plan year to an employee who attained age 62 and had not separated from Service?	17b	,	enter the date	e of the r	nost rece	nt deter	minat	ion
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	18	Were any distributions made during the plan year to an employee who attained age 62 and had not sep		Ye	es [	] No		
	19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	es	No		

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