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

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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 MALONE & TATE BUILDERS, INC. RETIREMENT SAVINGS PLAN plan number 002 (PN) • 1c Effective date of plan 01/01/1997 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) 14-1664194 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number MALONE & TATE BUILDERS, INC. 518-370-0044 2d Business code (see instructions) 2217 CENTRAL AVENUE 236200 SCHENECTADY, NY 12304 **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 43 5a Total number of participants at the beginning of the plan year 5b 46 **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 40 5c complete this item)..... 17 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 24 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 than 100% vested Caution: A penalty for the late or incomplete filing of this return/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

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.

belief, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	03/23/2017	MICHAEL J. MALONE				
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 spo				
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number			

Form 5500-SF 2016 Page **2**

b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IOPA) under 28 CFR 5293.014-64.5 (See instructions on walver eligibility and conditions.)	62	Word all of the plan's coasts during the plan year invested in cligib	lo conoto?	(See instructions)						X Ye	s No
under 29 CFR 2520.104-467 (See instructions on waker eighbility and conditions.)		, , , ,		`							3 🔲 110
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)						× Ye	s No
Part III Financial Information (a) Beginning of Year (b) End of Year 2519828 2955344 D Total plan liabilities 7b 7c 2519828 2955344 D Total plan liabilities 7b 7c 2519828 2955344 D Total plan liabilities 7b 7c 2519828 2955344 D Total plan sasets (subtract line 7b from line 7a) 7c 2519828 2955344 D Total plan liabilities 7b 7c 2519828 2955344 D Total plan liabilities 7b 7c 2519828 2955344 D Total plan liabilities 7b 7c 2519828 2955344 D Total plan liabilities 7c 7c 2519828 2955344 D Total line 7c 7c 7c 7c 2519828 2955344 D Total line 7c 7c 7c 7c 7c 7c 7c 7							_	_	_		
7 Plan Assets and Liabilities 7a 2519629 2296344 a Total plan assets 7a 2519629 2296344 b Total plan liabilities 7b from line 7a) 7c 2519629 2295344 c Net plan assets (subtract line 7b from line 7a) 7c 2519629 2295344 a Contributions received or receivable from: (1) Employers 8a(1) 254787 (2) Participants (3) Others (including rollovers) 8a(2) 56718 (3) Others (including rollovers) 8a(3) 56718 (3) Others (including rollovers) 8a(3) 56718 (4) Derived benefits) 8a(1), 8a(2), 8a(3), and 8b) 8b 179912 b Other income (loss) 8b 179912 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 179912 d Barrelfis paid (including direct rollovers and insurance premiums to provide benefits) 9c 17655 e Certain deemed and/or corrective distributions (see instructions) 8c 17965 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8d 17965 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net income (loss) (subtract line 8h from line 8c) 8f 179611 i Net incom			nsurance p	rogram (see ERISA se	ection 4	.021)?		Yes	∐No	Not de	termined
a Total plan labilities. 7b Total plan labilities. 7c	Par	t III Financial Information	1								
b Total plan isobilities	_7	Plan Assets and Liabilities							(b) End		
C Net plan assats (subtract line 7b from line 7a)		•	7a	2	519828	3				295534	14
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 254797 (2) Participants. (3) Others (including rollovers). 8a(2) 58718 (3) Others (including rollovers). 8a(3) 5 179012 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 492527 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8c 492527 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 7985 e Cartain deemed and/or corrective distributions (see instructions). 8e 6 7 4 48046 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8g 1 48046 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8g 1 7 17011 i Net income (ioss) (subtract line 8h from line 8c) 8g 1 7 17012 j Transfers to (from) the plan (see instructions) 8g 1 8h 57011 i Net income (ioss) (subtract line 8h from line 8c) 8g 1 8h 435516 j Transfers to (from) the plan (see instructions) 8g 1			7b		540000					00550	
a Contributions received or receivable from: (1) Employers (2) Participants		Net plan assets (subtract line 7b from line 7a)	7c	2	519828	3				295534	14
(1) Employers 8a(1) 254/9/ (2) Participants 8a(2) 58718 (3) Others (including rollovers) 8a(3) b Others (including rollovers) 8a(3) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 178012 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 492527 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 9c 492527 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 9c 492527 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 9c 492527 d Cartain deemed and/or corrective distributions (see instructions) 8e 9c 49046 g Other expenses 9c 49046				(a) Amour	nt				(b) T	otal	
(2) Participants			8a(1)		254797	,					
(3) Others (including rollovers)					58718	3					
b Other income (loss)											
C Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·			179012	2					
d Benefits paid (including direct rollovers and insurance premiums by provide benefits)		• • •								49252	27
e Certain deemed and/or corrective distributions (see instructions). 8											
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	8d		7965	5					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		49046	5					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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 Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				435516			6	
9a	<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Par										
Part V Compliance Questions 10 During the plan year: a 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 Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) 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.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
10 During the plan year: a 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 Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) 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.) 10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
10 During the plan year: a 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 Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) 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.) 10	Part	t V Compliance Questions									
a 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 Program)	10					Yes	No	N/A		Amount	t
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а		itions withir	n the time period							
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			-		100		X				
reported on line 10a.)					Tua						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			•		10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X				
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	•	•	·	10d		X				
the plan? (See instructions.) 10e f Has the plan failed to provide any benefit when due under the plan? 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	е										
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		the plan? (See instructions.)									
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the					10f	V					
2520.101-3.)	g		-		10g	X					8833
	h	2520.101-3.)	`		10h		X				
	i				10i						

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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 constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the 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	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		Identification Information				······································
For calend	lar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/20	
A This re	turn/report is for:	X a single-employer plan □	a multiple-employer pl	lan (not multiemployer) : nployer information in a		
		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 retur	n/report (less than 12 m	ionths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter desc	ription)			
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name	•				1b Three-digit	
	& Tate Builde				plan number	000
Retirem	ent Savings P	Lan			(PN) 1C Effective date	002
					01/01/19	
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C		w.otiona)	2b Employer Ide (EIN) 14-1	
· -	& Tate Builde	e, country, and ZIP or foreign post rs, Inc.	tal code (il loreign, see inst	ructions)	2c Sponsor's tel (518) 370	
					2d Business cod	e (see instructions)
2217 Ce	ntral Avenue	•			236200	
Schenec			NY	12304		
3a Plan a	dministrator's name ar	nd address 🏿 Same las Plan Spoi	nsor.		3b Administrator	's EIN
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
	, EIN, and the plan nui or's name	mber from the last return/report.			4c PN	
		at the beginning of the plan year.	· ·		5a	43
_	· · · · · ·	at the end of the plan year			5b	46
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	40.
		rticipants at the beginning of the pl			5d(1)	17
	·	rticipants at the end of the plan ye	•	•	5d(2)	24
e Numb	er of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	uniess reasonable ca	use is established.	
Under pena SB or Sche	alties of perjury and otl	ner penalties set forth in the instruc nd signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, including, if app	olicable, a Schedule my knowledge and
SIGN			3:20.17	Michael J. Ma	lone	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan a	dministrator
SIGN			3.20.17	Michael J. Ma	lone	
HERE	Signature of emplo		Date	Enter name of individ		
reparers i	name (including firm h	ame, if applicable) and address (ir	iciuae room or suite numbe	# <i>)</i>	Preparer's telepho	ne number
				*		

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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 be a second to the plan cannot be a secon	an indepe and cond not use Fe	endent qualified public itions.) orm 5500-SF and mus	accour	tant (le	QPA) e Forn	n 5500).		
	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance	program (see ERISA s	ection	4021)?	·	Yes	∐No	Not determine	d
∐ Pa	rt III Financial Information	ls Nasaulaine			Y					
	Plan Assets and Liabilities	es es escits	(a) Beginning					(b) End	of Year	
		7a	2,	519,	828				2,955,3	44
<u>b</u>		7b								
_	Net plan assets (subtract line 7b from line 7a)	7c	2,	519,	828				2,955,3	44
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt				(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		254,	797					
	(2) Participants	8a(2)			718					1000
				50,	110			10 P. A. 1 1000 100		980
<u>_</u>	(3) Others (including rollovers)	8a(3)		120	010					(800) 2000)
	Other income (loss)	8b	101 K000 (200 k0 SS 200 200 S 22 (0 2 S 2	179,	017	- introduction	- Transferi	(1817001917199)		200
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	nd transvillageligtej leg (Sli) I	History (1811)	444048	hvijanski			492,52	<u>27</u>
u	to provide benefits)	8d		7,	965					
e	Certain deemed and/or corrective distributions (see instructions)	8e		<u> </u>						
f	Administrative service providers (salaries, fees, commissions)	8f		49.	046					
g	Other expenses	8g								110 10 11001 110001
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		SS STORES		57,01			1 1	
T	Net income (loss) (subtract line 8h from line 8c)	8i				435,51				
Ť	Transfers to (from) the plan (see instructions)	Ì						6.66088.03	433,3	T 0
Pai	t IV Plan Characteristics	8j			<u> </u>		N.N., N.N., A.			<u> 1978</u>
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of P	lan Cha	racteri	istic C	odes ir	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Co	des in 1	the instr	uctions:	
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 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.)	? (Do not	include transactions	10b		Х				
С	Was the plan covered by a fidelity bond?	**************		10c		х				
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	Tag tag			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	Х		10,710		8,83	33
h	2520.101-3.)		***************************************	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10i						

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sc	hedule S	В		′es 🗌 No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?	Code or secti	on 302 o	f 	Y	′es 🛚 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	atrustiana a			-641-44-	
	granting the waiver	Month	Day		Year_	r ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Т	ı		
b	Enter the minimum required contribution for this plan year	•••••	12b			
	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 negative amount)	left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>. </u>	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 N	0
	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 broucontrol of the PBGC?	ght under th	9		Yes X	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)					
	13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
TO HELY DO						
Part	VIII Trust Information					
14a	Name of trust		14b 1	Trust's E	EIN	
14c	Name of trustee or custodian				s or custodi ne number	an's
Par	IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		. [No	
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:	III cofo	gn-based harbor] "Prior ye test	ar" ADP
	·	☐ "Curr ADP	ent year test		N/A	
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ration	o entage		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?			-] No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number					
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the date	of the m	ost rece	nt determin	ation
	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 sep service?	arated from	Yes] No	
19	Was any plan participant a 5% owner who had attained at least age 70 $1\!\!2$ during the prior plan year?		Yes		No	

 $\mathcal{A}_{k} = \mathbb{R}^{\frac{k}{2}} = \mathbb{R}^{\frac{k}{2}}$