| Form 5500-SF | Short Form Annu | • | ort of Small Employ | Employee OMB N | | | | |
|--|--|---------------------------------|---|--|----------------------|--|--|--|
| Department of the Treasury Internal Revenue Service | This form is required to be fil | Benefit Pla | I N and 4065 of the Employee Retii | rement | 2015 | | | |
| Department of Labor Employee Benefits Security Administra | Income Security Act of 1974 | | 6057(b) and 6058(a) of the Int | This Form is Open to Public Inspection | | | | |
| Pension Benefit Guaranty Corporati | Complete all entries in | | nstructions to the Form 5500 | | | | | |
| Part IAnnual ReportFor calendar plan year 2015 of | ort Identification Information | | and ending 06/3 | 0/2016 | | | | |
| A This return/report is for: | x a single-employer plan | | er plan (not multiemployer)(F g employer information in acco | ilers checking this | | | | |
| B This return/report is | the first return/report | the final return/rep | ort eturn/report (less than 12 mon | ths) | | | | |
| C Check box if filing under: | Form 5558 | automatic extension | on | DFVC pro | ogram | | | |
| Part II Basic Plan I | nformation—enter all requested in | | | | | | | |
| 1a Name of plan |)., INC. PROFIT SHARING PLAN | | _ | Ib Three-digit plan number (PN) ▶ IC Effective date | 002 of plan | | | |
| • | | | | 07 | /01/1996 | | | |
| Mailing address (include City or town, state or prov | nployer, if for a single-employer plan) room, apt., suite no. and street, or P. vince, country, and ZIP or foreign pos | | instructions) | () | -3082703 | | | |
| ROWN DIESEL WORKS CO. | , INC. | | | 2c Sponsor's tele 718 | -984-0921 | | | |
| 741 ARTHUR KILL ROAD | | | 2 | 2d Business code | e (see instructions) | | | |
| TATEN ISLAND, NY 10309 | | | | 42 | 3800 | | | |
| 3a Plan administrator's nam | e and address XSame as Plan Spor | ISOT. | 3 | 3b Administrator' | s EIN | | | |
| | | | | 3c Administrator' | s telephone number | | | |
| | f the plan sponsor has changed since number from the last return/report. | the last return/report fi | ed for this plan, enter the | 1b EIN | | | | |
| a Sponsor's name | | | 2 | IC PN | | | | |
| 5a Total number of participa | ants at the beginning of the plan year. | | | 5a | 2 | | | |
| | ants at the end of the plan year | | | 5b | 2 | | | |
| · · · | vith account balances as of the end of | | | 5c | 2 | | | |
| d(1) Total number of active | e participants at the beginning of the p | lan year | | 5d(1) | 2 | | | |
| | e participants at the end of the plan ye | | | 5d(2) | 2 | | | |
| than 100% vested | that terminated employment during th | | | 5e | 0 | | | |
| Under penalties of perjury and SB or Schedule MB complete | ate or incomplete filing of this return d other penalties set forth in the instru- ed and signed by an enrolled actuary, | ctions, I declare that I h | ave examined this return/repo | rt, including, if app | | | | |
| belief, it is true, correct, and cSIGNFiled with authorized | complete. zed/valid electronic signature. | 04/11/2017 | CARL BROWN | | | | | |
| HERE | an administrator | Date | Enter name of individual | l signing as plan a | dministrator | | | |
| SIGN HERE | | | | | | | | |
| Signature of em | n ployer/plan sponsor rm name, if applicable) and address (i | Date nclude room or suite nu | Enter name of individual | l signing as emplo Preparer's telephor | | | | |
| | | | | | | | | |
| | lotice and OMB Control Numbers, see ti | | | | | | | |

| | Form 5500-SF 2015 | | Page 2 | | | | | | | |
|-----|---|--------------------------|---------------------------------------|------------|----------|-----------|-------------------|--|--|--|
| b | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a 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 indeper and condit | ndent qualified public acco ions.) | ountant (I | QPA) | | | | | |
| | If the plan is a defined benefit plan, is it covered under the PBGC ir | | | | _ | | No Not determined | | | |
| Pa | t III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of | Year | | | (b) End of Year | | | |
| а | Total plan assets | 7a | 1 | 464941 | | | 1387443 | | | |
| b | Total plan liabilities | 7b | | 0 | | 0 | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1 | 464941 | | | 1387443 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 18775 | | | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | |
| b | Other income (loss) | 8b | | -17918 | | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 857 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 64643 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 13712 | | | | | | |
| g | Other expenses | 8g | | 0 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 78355 | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | -77498 | | | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E | feature co | des from the List of Plan | Characte | istic Co | odes in t | the instructions: | | | |
| В | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Plan C | haracteris | stic Co | des in th | e instructions: | | | |
| Par | 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 | 0a | x | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | t? (Do not | include transactions | 0b | x | | | | | |
| С | Was the plan covered by a fidelity bond? | | | 0c X | | | 350000 | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 0d | х | | | | | |
| e | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.). | ne or all of | the benefits under | 0e | x | | | | | |

| Par | VI Pension Funding Compliance | |
|-----|--|----------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | Yes 🗙 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 Code or section 302 of ERISA?. | Yes X No |

Х

Х

Х

10f

10g

10h

10i

10j

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 exceptions to providing the notice applied under 29 CFR 2520.101-3.....

Did the plan trust incur unrelated business taxable income?

f

h

i

j

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| | | | | | 1 | | |
|---|--------|--|-------------------|-----------------|--------------|--|-----------|
| | (lf "` | es," 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 ru Year | ling |
| lf | you c | ompleted 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 | | | |
| - | | 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 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? | | | Ye | es X No | |
| | | es," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | |
| h | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou | | | | | |
| | of th | e PBGC? | - | | | Yes X | No |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.) | fy the plan(s) to | | | | |
| 1 | 13c(1) | Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) | PN(s) |
| | | | | | | | |
| Part | VIII | Trust Information | - | | | | |
| 14a | Name | of trust | | 14b | Trusťs E | IN | |
| | | | | | | | |
| 14c | Nam | e of trustee or custodian | | 14d | | 's or custodi ne number | an's |
| Par | t IX | IRS Compliance Questions | | | | | |
| 15a | Is th | e plan a 401(k) plan? | | Ye | es | No | |
| 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | | | | | Design- based safe ADP harbor test method | |
| 15c | testir | ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))? | | Y | es No | | |
| 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | | | | | | atio ercentage Avera benefi | |
| 16b | | the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules? | 0 | Ye | es | No | |
| 17a | Has | he plan been timely amended for all required tax law changes? | | Ye | es | No | N/A |
| | for ta | the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes). | • | | | | tructions |
| 17c | | plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r | | t to a f | avorable | IRS opinion | or |
| 17d | | plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/ | nter the date of | the pla | in's last fa | 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 | | Ye | S | No | |
| 19 | Were | in-service distributions made during the plan year? | | Ye | es | No | |
| | lf "Y€ | es," enter amount | | 19 | | | |
| 20 | Were | required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)? | | Y | es | No | N/A |

| Form 5500-5F | Snort Form Annua | I Return/Report of Benefit Plan | f Small Employe | e | OMB Nos. 1210-0110 1210-0089 | | |
|---|---|--|---|----------------------------------|--|--|--|
| Department of the Treasury Internal Revenue Service | Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo | | | | | | |
| Department of Labor Employee Benefits Security Administration | Retirement Income Security | Act of 1974 (ERISA), and senternal Revenue Code (the C | ction 6057(b) and 6058(a) | of | is Open to Public | | |
| Pension Benefit Guaranty Corporation | Complete all entries in ac | CONTRACTOR CONTRACTOR AND A CONTRACTOR A | PORDE (Production) | 1 | ispection | | |
| Part I Annual Report Ic | dentification information | | tions to the Form 5500-5 | F.] | | | |
| For calendar plan year 2015 or fisca | al plan year beginning | 07/01/2015 | and ending | 06/30/2016 | | | |
| A This return/report is for: | x a single-employer plan | a multiple-employer pla a list of participating en a foreign plan | an (not multiemployer) (File oployer information in acco | ers checking this bo | ox must attach m instructions) | | |
| 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 mont | hs) | | | |
| C Check box if filing under: | x Form 5558 special extension (enter descr | automatic extension | | DFVC progra | am | | |
| Part II Basic Plan Inform | mation enter all requested | | The second s | | | | |
| 1a Name of plan | | | | b Three-digit | <u> </u> | | |
| BROWN DIESEL WORKS C | O., INC. PROFIT SHARI | NG PLAN | | plan number | 000 | | |
| | | | - | (PN) ► Ic Effective date of | 002 | | |
| 22 Dise second (| | | | 07/01/1996 | | | |
| 2a Plan sponsor's name (employe Mailing Address (include room City or town, state or province, | er, if for a single-employer plan) , apt., suite no. and street or P.O , country, and ZIP or foreign post |). Box) al code (if foreign, see instru | (ctions) | 2b Employer Ident (EIN) 13-30 | ification Number | | |
| BROWN DIESEL WORKS C | 0., INC. | | | C Sponsor's telep (718) 984- | hone number 0921 | | |
| 4741 ARTHUR KILL ROA | D | | 2 | 2d Business code 423800 | and the second | | |
| US STATEN ISLAND NY 10309 | | | | | | | |
| 3a Plan administrator's name and | address X Same as Plan Spo | onsor Name | 3 | b Administrator's | EIN | | |
| | | | 3 | C Administrator's | telephone number | | |
| thanno, end, and the plan numb | plan sponsor has changed since the from the last return/report. | the last return/report filed for | this plan, enter the | b ein | | | |
| a Sponsor's name | | | | C PN | | | |
| 5a Total number of participants at b Total number of participants at | the beginning of the plan year | | | 5a | 2 | | |
| Number of participants at Number of participants with accession | the end of the plan year | | | 5b | 2 | | |
| complete this item) | | ******* | t plans do not | 5c | 2 | | |
| u(1) Total number of active partic | ipants at the beginning of the pla | in year | | 5d(1) | 2 | | |
| d(2) Total number of active partic | ipants at the end of the plan year | r | | 5d(2) | 2 | | |
| ieeo tildii 100 % vested | minated employment during the p | *************************************** | | 5e | 0 | | |
| Caution: A penalty for the late or | incomplete filing of this return | n/report will be assessed u | nless reasonable cause | is established. | | | |
| Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed | er penalties set forth in the instruct d signed by an enrolled actuary a | allowed by the state of the state | Contraction of the second s | | cable, a Schedule / knowledge and | | |
| SIGN HERE Signature of stan admin | from | - 4-11-17 | CarlE | Brown | | | |
| | Istrator | Date E | Enter name of individual si | gning as plan admi | nistrator | | |
| SIGN Signature of amployor/n | | 4-11-17 | CarlE | Brown | | | |
| HERE Signature of employer/p Preparer's name (including firm name) | lan sponsor . | Date | Enter name of individual si | | | | |
| | no, il applicable) and address, in | iciuae room or suite number | Pr | eparer's telephone | number | | |
| | | | | | | | |
| For Paperwork Reduction Act No | tice and OMB Control Number | s, see the instructions for | Form 5500-SE | | OFT EE00 SE (2040) | | |

| For Paperwork Reduction Act Notice and | OMB Control Numbers | , see the instructions for Form | 5500-SF. |
|--|---------------------|---------------------------------|----------|
| | | | |

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|--|---|--|---|--|----------|--|----------------|--|---------------|---|
| | ere all of the plan's assets during the plan year invested in eligible e you claiming a waiver of the annual examination and report of a | | | | | | ••••• | | XYes | No |
| und lf y | der 29 CFR 2520.104-46? (See instructions on waiver eligibility a rou answered "No" to either line 6a or line 6b, the plan canno | nd conditi t use For | ons.) m 5500-SF and must ins | tead | use F | orm 5 | 500. | | XYes | |
| 行动的人们的过去时是一些外的 | he plan is a defined benefit plan, is it covered under the PBGC ins | surance p | rogram (see ERISA sectio | on 402 | 1)? | | Yes | ∐ No | Not d | letermine |
| Part | | | 1 | - | | | | | | |
| | n Assets and Liabilities | 1. States and the | | (a) Beginning of Year | | | | (b) End | of Year | |
| - | tal plan assets | 7a | 1,4 | 1,464,941 | | | | | 1,387 | ,443 |
| | tal plan liabilities t plan assets (subtract line 7b from line 7a) | 7b | | | 0 | | | | | 0 |
| | ome, Expenses, and Transfers for this Plan Year | 7c | | 64,9 | 41 | | | | 1,387 | ,443 |
| | ntributions received or receivable from: | 制設行相關和影響 | (a) Amount | | | 1000 | 1798 St. 1713 | (b) T | otal | THE REAL PROPERTY OF |
| | Employers | 8a(1) | | 18,7 | 75 | | | | | |
| | Participants | 8a(2) | | | 0 | | | | | |
| - | Others (including rollovers) | 8a(3) | | | 0 | | | | | |
| | ner income (loss) | 8b | (1 | 7,91 | 8) | | | | | |
| c Tot | tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 利公認 | | | | | | 857 |
| to p | provide benefits) | 8d | | 64,6 | 43 | | | | | |
| | rtain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | | |
| f Ad | ministrative service providers (salaries, fees, commissions) | 8f | | 13,7 | 12 | | | | | |
| | ner expenses | 8g | | | 0 | GCA(ca) | | $\frac{1}{2} \int \frac{d^2 \mathbf{x}}{d\mathbf{x}} = \frac{1}{2} \int \frac{d^2 \mathbf{x}}{d\mathbf{x}} $ | | AND |
| h Tot | al expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | Met following | and successful | to to de la deserva | 78 | , 355 |
| i Ne | t income (loss) (subtract line 8h from line 8c) | 8i | | Altera | | | | | (77,4 | |
| j Tra | insfers to (from) the plan (see instructions) | 8j | | CONTRACTOR IN | 0 | | | | | William States |
| | ne plan provides pension benefits, enter the applicable pension fe 2E | | | | | | | | | |
| 9a If th b If th | ne plan provides pension benefits, enter the applicable pension fe 2E ne plan provides welfare benefits, enter the applicable welfare fea | | | | | | | | | |
| 9a If th b If th Part | Plan provides pension benefits, enter the applicable pension fe 2E Plan provides welfare benefits, enter the applicable welfare fea V Compliance Questions | | | | ristic | Codes | | | | |
| 9a if th b if th Part ' 10 [| The plan provides pension benefits, enter the applicable pension fe 2E The plan provides welfare benefits, enter the applicable welfare fea W Compliance Questions During the plan year: | ture code | s from the List of Plan Ch | | | Codes | | | | |
| 9a If th b If th Part.' 10 c a V | The plan provides pension benefits, enter the applicable pension fer 2E The plan provides welfare benefits, enter the applicable welfare fea The plan provides welfare benefits, enter the applicable welfare fea The plan provides welfare benefits, enter the applicable welfare fea The plan provides welfare benefits, enter the applicable welfare fea During the plan year: Was there a failure to transmit to the plan any participant contributilescribed in 29 CFR 2510.3-102? (See instructions and DOL's Vol | ture code ions within | s from the List of Plan Chan chan chan chan chan chan chan chan c | | ristic | Codes | in the i | | ns: | |
| 9a If th b If th Part ' 10 C a V d F b V | Are plan provides pension benefits, enter the applicable pension ference of the plan provides welfare benefits, enter the applicable welfare feat Compliance Questions During the plan year: Vas there a failure to transmit to the plan any participant contribute lescribed in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Vere there any nonexempt transactions with any party-in-interest? | ture code ions within luntary Fio | s from the List of Plan Chan chan chan chan chan chan chan chan c | | ristic | Codes | in the i | | ns: | |
| 9a If the b If the Part If the 10 C a V dd F b V r V | An provides pension benefits, enter the applicable pension ference of the plan provides welfare benefits, enter the applicable welfare feat Compliance Questions During the plan year: Vas there a failure to transmit to the plan any participant contributilescribed in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Vere there any nonexempt transactions with any party-in-interest? | ture code ions within luntary Fie | s from the List of Plan Chan n the time period duciary Correction nclude transactions | | ristic | Codes | in the i | | ns: | |
| 9a If the b If the Part If the 10 C a V dd F b V red red c V | Are plan provides pension benefits, enter the applicable pension fe ZE The plan provides welfare benefits, enter the applicable welfare fea V Compliance Questions During the plan year: Vas there a failure to transmit to the plan any participant contributilescribed in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Vere there any nonexempt transactions with any party-in-interest? eported on line 10a.) Vas the plan covered by a fidelity bond? | ture code ions within luntary Fid | s from the List of Plan Chan n the time period duciary Correction nclude transactions | aracte | Yes | No x | in the i | | ns: Amount | 150,000 |
| 9a If the second s | Are plan provides pension benefits, enter the applicable pension ference plan provides welfare benefits, enter the applicable welfare feating of the plan provides welfare benefits, enter the applicable welfare feating of the plan provides welfare benefits, enter the applicable welfare feating of the plan provides welfare benefits, enter the applicable welfare feating of the plan provides welfare benefits, enter the applicable welfare feating of the plan provides welfare benefits, enter the applicable welfare feating of the plan provides welfare benefits, enter the applicable welfare feating of the plan provides welfare benefits, enter the applicable welfare feating of the plan year: Vere there a failure to transmit to the plan any participant contributions and DOL's Voltes of the plan provides of the plan's for the plan have a loss, whether or not reimbursed by the plan's for the plan or dishonesty? | ture code ions within luntary Fid (Do not i idelity bor | s from the List of Plan Chan n the time period duciary Correction nclude transactions | aracte | Yes | No x | in the i | | ns: Amount | 50,000 |
| 9a If the second s | The plan provides pension benefits, enter the applicable pension ference 2E The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan year: The plan year: The plan applicable of the plan any participant contributions and DOL's Voltes (See instructions and DOL's Voltes) The plan the plan year: The plan provides applicable of the plan any party-in-interest? The plan covered by a fidelity bond? The plan have a loss, whether or not reimbursed by the plan's fight or dishonesty? The plan the plan year is plated to any brokers, agents, or other arrier, insurance service, or other organization that provides some arrier. | ture code ions within luntary Fid (Do not i idelity bor idelity bor | s from the List of Plan Chan n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under | 10a 10b 10c 10d | Yes | No x x x | in the i | | ns: Amount | 350,000 |
| 9a If the b If the Part If the 10 E a V d F b V c V c V c V c V c V c V c V c V c V | The plan provides pension benefits, enter the applicable pension ference 2E The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan provides welfare benefits, enter the applicable welfare feat The plan year: The plan year: The plan applicable plan any participant contribute The plan applicable plan applicable plan any participant contribute The plan applicable plan | ture code ions within luntary Fie delity bor idelity bor er persons | s from the List of Plan Chan n the time period duciary Correction Include transactions Ind, that was caused Is by an insurance the benefits under | aracte | Yes | No x x x x | in the i | | ns: Amount | 350,000 |
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| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | enter the d | ate of the lotter ruling |
|---|------------------------------------|---------------------------------|
| a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver. MonthD If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | enter the d | ate of the lotter ruling |
| | | Year |
| 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 | |
| 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 negative amount) | 12d | |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline? | 🗆 Ye | es 🗌 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 under the co 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 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 trust | 14b Trust | 's EIN |
| 14c Name of trustee or custodian | | tee or custodian's ne number |
| Part IX IRS Compliance Questions | | |
| 15a Is the plan a 401(k) plan: | T Yes | N |
| | | No |
| 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | Desigr based harbor metho | safe ADP/ACP |
| 15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? | 🗌 Yes | No No |
| 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | Ratio Percer Test | ntage Average Benefit 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 | No No |
| 17a Has the Plan been timely amended for all required law changes? | Yes | No N/A |
| instructions for lax law changes and codes) | | e code (See |
| 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject to advisory letter, enter the date of that favorable letter / / . and the letter's serial number. 17d If the plan is an individually designed plan and resigned a second plan and the letter's serial number. | | |
| 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the date determination letter / / | e of plan's la | ast favorable |
| 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? | Yes | No No |
| 19 Were in-service distributions made during the plan year? | 🗌 Yes | No No |
| If Yes, enter amount | 19 | |
| 20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)? | Yes | □ No □ N/A |