## 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 MEYER & ASSOCIATES LLC 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 04/20/2009 2a Plan sponsor's name (employer, if for a single-employer plan) **Employer Identification Number** Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 13-4117202 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number MEYER & ASSOCIATES MARKETING COMMUNICATIONS LLC 212-965-1447 2d Business code (see instructions) **588 BROADWAY** 541910 **SUITE 1006** NEW YORK, NY 10012 **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. a Sponsor's name 4c PN 5a 12 5a Total number of participants at the beginning of the plan year ...... 5b 10 **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 10 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 5 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 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	rue, correct, and complete.						
31314	Filed with authorized/valid electronic signature.	05/18/2017	EDWARD HOEY				
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	name (including firm name, if applicable) and address (include	room or suite numbe	r )	Preparer's telephone number			

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann									ш
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information	•								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
a	Total plan assets	7a	1	416103					167326	3
b	Total plan liabilities	7b		0	)					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1	416103					167326	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) <sup>-</sup>	Total	
а	Contributions received or receivable from:	- 411		125019						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		41240	_					
	(3) Others (including rollovers)	8a(3)		92489						
	Other income (loss)	8b		92469					05074	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							25874	8
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1588						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0	)					
f	Administrative service providers (salaries, fees, commissions)	8f		C	)					
q	Other expenses	8g		0	)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							158	8
÷	Net income (loss) (subtract line 8h from line 8c)	8i				257160			0	
÷	Transfers to (from) the plan (see instructions)	8i	0							
	rt IV Plan Characteristics	l ol								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the ins	tructions:	
Ju	2E 2A 2G 2J 3B 2T	iodidio oc	accomon the Elector of the	ari Oria	idotori		Juco III	110 1110	ti dottorio.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
C	Was the plan covered by a fidelity bond?			10c	X					40000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	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 pla	ın?	·····	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	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 c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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 l tive 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?				Yes	s X N	lo
	If "Ye	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 brougout of the PBGC?		er the			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(3	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
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:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<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, er	nter the	date	of the m	nost rec	ent determ	ination
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	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I	Allilual Reput	t Identification Information	1					
For calend	lar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/	2016		
A This re	turn/report is for:	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.)						
	P	a one-participant plan	a foreign plan			,		
<b>B</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	nonths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	m		
		special extension (enter description						
Part II	Basic Plan Infe	ormation—enter all requested in	formation					
1a Name	Action State & Section Compare	TTC 401/EV DIAM			1b Three-digit	· 1		
MEIER «	ASSUCTATES I	LLC 401(K) PLAN			(PN) •	001		
					1c Effective d 04/20/			
Mailing	g address (include roo	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				dentification Number -4117202		
	ASSOCIATES N	nce, country, and ZIP or foreign post MARKETING COMMUN	tal code (it foreign, see insti	ructions)		telephone number 965-1447		
	ST Controller				THE PARTY AND THE PARTY COURT	code (see instructions)		
588 BROSUITE 1					541910			
NEW YOR			NY	10012	0L	e e <u></u>		
3a Plan a	dministrator's name a	and address 🏿 Same as Plan Spor	nsor.		3b Administrator's EIN			
				· ·	Administra	tor's telephone number		
					3C Administra	tor's telephone number		
name	, EIN, and the plan nι	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN	tor's telephone number		
name a Spons	, EIN, and the plan nu or's name	umber from the last return/report.			4b EIN 4c PN			
name a Spons 5a Total	, EIN, and the plan nu or's name number of participants	umber from the last return/report.			4b EIN 4c PN 5a	12		
name a Spons 5a Total i b Total i	, EIN, and the plan nu or's name number of participants number of participants	s at the beginning of the plan years			4b EIN 4c PN 5a 5b			
name a Spons 5a Total i b Total i c Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with	umber from the last return/report.	the plan year (only defined	contribution plans	4b EIN 4c PN 5a 5b 5c	12		
name a Spons 5a Total i b Total i c Numb compl	, EIN, and the plan nu or's name number of participants number of participants er of participants with lete this item)	s at the beginning of the plan years at the end of the plan year	the plan year (only defined	contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	12		
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Total	EIN, and the plan nu or's name number of participants number of participants er of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan	the plan year (only defined	contribution plans	4b EIN 4c PN 5a 5b 5c	12 10 10		
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tota e Numb than	EIN, and the plan number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the pl articipants at the end of the plan year t terminated employment during the	the plan year (only defined lan year earear with accrued be	contribution plans	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e	12 10 10 7 5		
name a Spons 5a Total a b Total a c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A	EIN, and the plan number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan year it terminated employment during the	the plan year (only defined lan yeareplan year with accrued be	enefits that were less	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is establishe	12 10 10 7 5		
name a Spons 5a Total a b Total a c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena	EIN, and the plan number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan year it terminated employment during the c or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a	the plan year (only defined lan year lan year lan year with accrued be n/report will be assessed ctions, I declare that I have	enefits that were less unless reasonable care examined this return/re	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if a	12 10 10 7 5 ed. applicable, a Schedule		
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is i	EIN, and the plan number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan year it terminated employment during the c or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a	the plan year (only defined lan year lan year lan year with accrued be n/report will be assessed ctions, I declare that I have	enefits that were less unless reasonable care examined this return/re	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if a	12 10 10 7 5 ed. applicable, a Schedule		
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is to	EIN, and the plan number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan year terminated employment during the cor incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary, an plete	the plan year (only defined lan year lan year lan year with accrued be n/report will be assessed ctions, I declare that I have	enefits that were less  unless reasonable can examined this return/repor	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if at, and to the best	12 10 10 7 5 0 d. applicable, a Schedule of my knowledge and		
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN	EIN, and the plan number of participants number of participants are of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan year terminated employment during the cor incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary, an plete	the plan year (only defined lan year	enefits that were less  unless reasonable car examined this return/re rsion of this return/repor	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if at, and to the best	12 10 10 7 5 0 d. applicable, a Schedule of my knowledge and		
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan year terminated employment during the cor incomplete filing of this return the penalties set forth in the instructional signed by an enrolled actuary, an administrator	the plan year (only defined lan year	enefits that were less  unless reasonable can examined this return/re rsion of this return/repor  EDWARD HOEY  Enter name of individual	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if at, and to the best ual signing as pla  ual signing as emulaising as emu	12 10 10 10 7 5 ed. applicable, a Schedule of my knowledge and n administrator		
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan number of participants number of participants with lete this item)	s at the beginning of the plan year s at the end of the plan year n account balances as of the end of articipants at the beginning of the plan year terminated employment during the cor incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary, an plete.	the plan year (only defined lan year	enefits that were less  unless reasonable can examined this return/re rsion of this return/repor  EDWARD HOEY  Enter name of individual	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if a t, and to the best ual signing as pla	12 10 10 10 7 5 ed. applicable, a Schedule of my knowledge and n administrator		

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	an indeper and condi not use Fo	indent qualified public itions.) orm 5500-SF and mus	accoun t inste	tant (IC ad use	QPA) e Form	 5500.	·············	Yes No Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in the time of the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan.	nsurance	orogram (see ERISA s	ection 4	1021)?		] Yes	∐No ∐	Not determined
	Plan Assets and Liabilities		(a) Beginning	of Year	.			(b) End of \	 'ear
	Total plan assets	. 7a		416,				(b) End of t	1,673,263
	Total plan liabilities	. 7b	<u> </u>		0				
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,	416,	103				1,673,263
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour					(b) Total	
	Contributions received or receivable from:				22.0				
	(1) Employers	8a(1)		125,				· · · · · · · · · · · · · · · · · · ·	
	(2) Participants	8a(2)		41,	$\rightarrow$			*****	
	(3) Others (including rollovers)	8a(3)	1		- 0				
	Other income (loss)	8b		92,	489	<u></u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		·	-				258,748
	to provide benefits)to	8d		1,	588				
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							1,588
i	Net income (loss) (subtract line 8h from line 8c)	8i	ı					257,160	
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 2A 2G 2J 3B 2T	feature co	odes from the List of Pl	lan Cha	racteri	stic Co	des in	the instructi	ons:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Char	acteris	tic Cod	des in t	he instructio	ns:
Parl	V Compliance Questions							<del></del>	···
10	During the plan year:				Yes	No	N/A	А	mount
а	Was there a failure to transmit to the plan any participant contribu							-	<del>-</del>
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions		<u></u>			_	
	reported on line 10a.)			10b 10c	Х	Х			40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused		Λ				40,000
	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 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		***************************************	10f		Х			···
g	Did the plan have any participant loans? (If "Yes," enter amount a	•		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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					

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Part	VI Pension Funding Compliance					
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)	omplete Sch	edule S	В		res 🛛 No
11a	Enter the unpaid minimum required contributions 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 Co					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 ins granting the waiver	lonth	enter t Day		of the lette Year	r ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line $^{\prime}$	13.				
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 I negative 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?			Yes	5	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 broug control of the PBGC?				Yes X	No
С						
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	) PN(s)
Fac. 55- a.						
	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
Раг	IRS Compliance Questions				•	
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		[	No	•
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	Design safe h	n-based arbor		"Prior ye test	ar" ADP
	To the plan year. Oncot all that apply.	"Curre	nt year est	' [	N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test			verage enefit test	□ N/A
16b	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?	Yes			No	
17a	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		or advi	sory lett	er, enter th	e date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter	nter the date	of the m	ost rece	ent determi	nation
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 sepa service?		Yes	<u> </u>	No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	••••••	Yes	\$	No	