Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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		rt Identification Information			0/01/0010						
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016						
_		🔀 a single-employer plan		olan (not multiemployer) (
A This return/report is for:B This return/report is	a one-participant plan	_ ' ' ~	mployer information in a	ccordance with the fo	orm instructions.)						
		a one-participant plan	a foreign plan								
D This was		the first return/report	the final return/report								
D This retu	ırn/report is	H	<u> </u>	(1)							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)						
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program						
		special extension (enter desc	cription)		_						
Part II	Basic Plan Inf	formation—enter all requested in									
1a Name		omer an requested in	THO THICK OF THE PARTY OF THE P		1b Three-digit						
	W FIRM 401(K) PLA	AN			plan number						
					(PN) •	001					
					1c Effective date						
20 Dlan an					_	/01/2016					
		oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.			2b Employer Idei (EIN) 20	ntification Number -3400099					
City or	town, state or provir	nce, country, and ZIP or foreign pos		structions)	2c Sponsor's tele						
VENZON LA	W FIRM, PC					54-7888					
					2d Business code	e (see instructions)					
300 DELAWA					54	1110					
BUFFALO, N	IY 14202-1807										
20.51					26 41	- FINI					
3a Plan ad	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrator'	S EIN					
					3c Administrator'	s telephone number					
					3c Administrator	s telephone number					
					3c Administrator	s telephone number					
					3c Administrator	s telephone number					
4 If the n	name and/or EIN of t	he plan sponsor has changed since	e the last return/report filed	for this plan, enter the		s telephone number					
		the plan sponsor has changed since number from the last return/report.	e the last return/report filed	for this plan, enter the	3c Administrator	s telephone number					
	, EIN, and the plan n		e the last return/report filed	for this plan, enter the		s telephone number					
name, a Sponso	, EIN, and the plan n or's name		·		4b EIN						
a Sponso	, EIN, and the plan nor's name	number from the last return/report.	· · · · · · · · · · · · · · · · · · ·		4b EIN 4c PN	4					
name, a Sponso 5a Total r b Total r	, EIN, and the plan n or's name number of participan number of participan	ts at the beginning of the plan year			4b EIN 4c PN 5a 5b	4 5					
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan nor's name number of participan number of participan er of participants wit lete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define	d contribution plans	4b EIN 4c PN 5a 5b 5c	4 5 5					
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan nor's name number of participan number of participan er of participants wit lete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (only define	d contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	4 5 5					
name, a Sponso 5a Total r b Total r c Number comple d(1) Total	EIN, and the plan nor's name number of participan number of participan er of participants wit ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define	ed contribution plans	4b EIN 4c PN 5a 5b 5c	4 5 5					
name, a Sponso 5a Total r b Total r c Number completed (1) Total d(2) Total d(2) Total d(2) Total d(3) Total d(4) Total d(4) Total d(5) Total d	EIN, and the plan nor's name number of participan number of participans wit lete this item) al number of active p al number of active p oer of participants the	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan year earear plan year with accrued b	ed contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	4 5 5 4 8					
name, a Sponso 5a Total r b Total r c Number completed (1) Total d(2) Total d(2) Total r e Number than a	EIN, and the plan nor's name number of participan er of participants with lete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan year ear ne plan year with accrued b	ed contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	4 5 5 4 8					
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena	EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (only define plan yeareareplan year with accrued b	d contribution plans energits that were less d unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	4 5 5 0 olicable, a Schedule					
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than a Caution: A Under penass or Schel	EIN, and the plan nor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year its at the end of the plan year	plan year (only define plan yeareareplan year with accrued b	d contribution plans energits that were less d unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	4 5 5 0 olicable, a Schedule					
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nor's name number of participan number of participants wit lete this item) al number of active p al number of active p oer of participants the 100% vested penalty for the late alties of perjury and dedule MB completed true, correct, and co	ts at the beginning of the plan year at the end of the plan year	plan year (only define plan yeareareplan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic versions.	d contribution plans energits that were less d unless reasonable care examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	4 5 5 0 olicable, a Schedule					
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than a Caution: A Under penal SB or Schelebelief, it is t	EIN, and the plan nor's name number of participan number of participants wite tet this item)	ts at the beginning of the plan year its at the end of the plan year	plan year (only define plan yearear	d contribution plans energits that were less d unless reasonable ca e examined this return/report catharine venzor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	blicable, a Schedule my knowledge and					
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nor's name number of participan number of participants wit lete this item) al number of active p al number of active p oer of participants the 100% vested penalty for the late alties of perjury and dedule MB completed true, correct, and co	ts at the beginning of the plan year its at the end of the plan year	plan year (only define plan yeareareplan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic versions.	d contribution plans energits that were less d unless reasonable care examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	blicable, a Schedule my knowledge and					
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name, a Sponsor 5a Total r b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penal SB or Schebelief, it is t SIGN HERE	EIN, and the plan nor's name number of participan number of participants wite this item)	ts at the beginning of the plan year its at the end of the plan year	plan year (only define plan year	d contribution plans enefits that were less d unless reasonable ca e examined this return/re ersion of this return/repor CATHARINE VENZON Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of th	olicable, a Schedule my knowledge and administrator					
name, a Sponsor 5a Total r b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penal SB or Schebelief, it is t SIGN HERE	EIN, and the plan nor's name number of participan number of participants wite this item)	ts at the beginning of the plan year its at the end of the plan year	plan year (only define plan year	d contribution plans enefits that were less d unless reasonable ca e examined this return/re ersion of this return/repor CATHARINE VENZON Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of th	blicable, a Schedule my knowledge and administrator					
name, a Sponsor 5a Total r b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penal SB or Schebelief, it is t SIGN HERE	EIN, and the plan nor's name number of participan number of participants wite this item)	ts at the beginning of the plan year its at the end of the plan year	plan year (only define plan year	d contribution plans enefits that were less d unless reasonable ca e examined this return/re ersion of this return/repor CATHARINE VENZON Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of th	olicable, a Schedule my knowledge and administrator					
name, a Sponsor 5a Total r b Total r c Number complete d(1) Total r d(2) Total r e Number than r Caution: A Under penal SB or Schebelief, it is t SIGN HERE	EIN, and the plan nor's name number of participan number of participants wite this item)	ts at the beginning of the plan year its at the end of the plan year	plan year (only define plan year	d contribution plans enefits that were less d unless reasonable ca e examined this return/re ersion of this return/repor CATHARINE VENZON Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of th	olicable, a Schedule my knowledge and administrator					

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X	es 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	and condi	ions.)						XY	es No
•	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not d	etermined
	<u> </u>	isurance p	ologialii (see ERISA se	ection 4	021) !		165	Пио	□ Not d	etermined
_ <u>Pa</u>	rt III Financial Information Plan Assets and Liabilities		(a) Danimmin m	-f V	Т			(h) = ==	of Voor	
a	Total plan assets	72	(a) Beginning (or rear			((b) Ena	of Year 8499	978
	Total plan liabilities	7a 7b		0)					0
	Net plan assets (subtract line 7b from line 7a)	7c		0)				8499	78
8	Income, Expenses, and Transfers for this Plan Year	1,0	(a) Amoun	nt				(h) 1	Γotal	
	Contributions received or receivable from:		(a) Amoun					(5)	otai	
	(1) Employers	8a(1)		5216						
	(2) Participants	8a(2)		26259						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		96720						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1281	. 95
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e	0							
f	Administrative service providers (salaries, fees, commissions)	8f		7415						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				7415				↓15
ī	Net income (loss) (subtract line 8h from line 8c)	8i				120780				'80
j	Transfers to (from) the plan (see instructions)	8j		729198	3					
Pai	t IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
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		Amou	nt
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		t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ					100000
d		fidelity bo	nd, that was caused	10d		X				
е		ner persor ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
9	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	X					17418
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			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)								
		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	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)									
		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) PN(s)		
Part	VIII	Trust Information			•					
14a	Name	of trust			14b ⁻	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 What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					entage	ntage Average N/A benefit 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 Lebor mployee Benefits Security Administration

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public inspection

		nefit Guaranty Corporation		ai Revenue Code (the	•		Inspection
,			Complete all entries in accord	lance with the instru	ctions to the Form 5500	1-SF.	
	rt I		dentification Information cal plan year beginning	01/01/2016	and ending	12/31/20	16
А т	his ret		a single-employer plan a one-participant plan the first return/report	a multiple-employer p a list of participating e a foreign plan the final return/report	lan (not multiemployer) (employer information in a	Filers checking ccordance with	this box must attach
C	Check t	oox if filing under:	an amended return/report Form 5558 special extension (enter description)	automatic extension	rn/report (less than 12 m	_	program
Pa	rt II	Basic Plan Info	rmation enter all requested info	rmation			
1a		of plan ON LAW FIRM 401	(K) PLAN			1b Three-dig plan num (PN) ► 1c Effective 01/01/	date of plan
2a	Mailin City o	g Address (include roo r town, state or provinc ON LAW FIRM, PC	yer, if for a single-employer plan) m, apt., sulte no. and street, or P.O. E e, country, and ZIP or foreign postal o	Box) code (If foreign, see ins	structions)	2b Employe (EIN) 2 2c Sponsor (716) 2d Business	r Identification Number 20-3400099 Is telephone number 854-7888 Is code (see instructions)
	300	DELAWARE AVE				541110)
<u> </u>		FFALO NY 14202-1807	nd address 🔀 Same as Plan Spons			3b Adminis	
4	name	e, EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN	trator's telephone number
_a		sor's name				4c PN	4
5a			at the beginning of the plan year			EL.	5
c	Num	ber of participants with	account balances as of the end of the	plan year (only define	ed contribution plans	5c	5
d			rticipants at the beginning of the plan			5d(1)	4
,	(2) Toi	tal number of active pa	rticipants at the end of the plan year terminated employment during the plan	494304444400000000000000000000000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5
е			reminated employment during the pi			5e	0
U	nder pe B or Sc	nalties of perium and a	e or incomplete filing of this return/ other penalties set forth in the instruct and signed by an enrolled actuary, as mplete.	ions. I declare that I ha	ive examined this return/	report, including	, if applicable, a Schedule
	IGN	03/		8/22/17	Catharine Venz	on	
1000	HERE	Signature of plap ad	ministrator	Date	Enter name of individ	ual signing as p	lan administrator
	SIGN						
		Signature of employ	er/plan sponsor	Date	Enter name of Individ	ual signing as e	mployer or plan sponsor
Р	reparer		name, if applicable) and address (inc	clude room or suite nur	mber)	Preparer's to Skip this	dephone number question

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

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 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 ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC instructions 	n independe nd condition: t use Form	nt qualified public accouns.) 5.)5500-SF and must inste	tant (IQPA)	rm 55	00.	X	Yes No Yes No No	
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of \	/ear			(b) End of Y	'ear	
a Total plan assets	7a			0				849,978	
b Total plan liabilities	7b			0				0	
C Net plan assets (subtract line 7b from line 7a)	7c			0				849,978	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tota		
a Contributions received or receivable from:	7-3-1-31-1/					1115			
(1) Employers	8a(1)		,21					ere e de la composición della	
(2) Participants	8a(2)	26	, 25	9			9-2-6		
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b	9 (5,72	0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							128,195	
d Benefits paid (including direct rollovers and insurance premiums	8d			0					
to provide benefits)	1			0					
e Certain deemed and/or corrective distributions (see instructions)			7,41						
f Administrative service providers (salaries, fees, commissions)	. 8f		7,42	0					
g Other expenses			2.00	10000	-	7,415			
h Total expenses (add lines 8d, 8e, 8f, and 8g)					-			120,780	
i Net income (loss) (subtract line 8h from line 8c)	1	70	0.10	. 0	(0) (0)			120,700	
Transfers to (from) the plan (see instructions)	. 8)	12	9,19	, B	1.57				
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Ch	narac	teristic	c Cod	es in the	instructio	ns:	
2A 2E 2F 2G 2J 2R 3D									
b If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Cha	aracle	ristic	Code	s in the	Instruction	3:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Α	mount	
a Was there a fallure to transmit to the plan any participant contrib	utions withli	n the time period							
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-interes	st? (Do not i	nclude transactions			J.				
reported on line 10a.)			10b		X			100.000	
C Was the plan covered by a fidelity bond?			10c	X	-			100,000	
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	************	****************	10d		х				
e Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		x				
f Has the plan failed to provide any benefit when due under the p	lan?	**************************	10f		х				
g Did the plan have any participant loans? (If "Yes," enter amount			10g	х				17,418	
h If this is an individual account plan, was there a blackout period 2520.101-3.)	? (See instr	uctions and 29 CFR	101		х				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520."	the require	d notice or one of the	101						

Part \	/1	Pension Funding Compliance		A.o.a				
		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500 and line 11a below)				□ Y	es X	No
11a E	nter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	******	11a				
E	RISAT	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code				□ Y	es X	No
a II	f a wai	ver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver and the	ctions, a	and ente		of the le	etter ruli	ng
		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b E	Enter th	ne minimum required contribution for this plan year	400151057	12b				
C E	Enter ti	ne amount contributed by the employer to the plan for the plan year	*********	12c				
		of the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left e amount)		12d				
e \	VIII the	minimum funding amount reported on line 12d be met by the funding deadline?	*******		Yes [No	□ N/	Α
Part '	VII	Plan Terminations and Transfers of Assets						
13a	Has a	esolution to terminate the plan been adopted in any plan year?			Yes	X	No	
	f "Yes	"enter the amount of any plan assets that reverted to the employer this year	********	13a				
		ill the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?				Yes [X No	
		ng this plan year, any assets or liabilitles were transferred from this plan to another plan(s), identify tassets or liabilities were transferred. (See instructions.)	the plar	n(s) to		,		
13	c(1) Na	ame of plan(s);	13c(2) I	EIN(s)		130	(3) PN(s)
Part	VIII	Trust Information - Skip These Questions	· · · · · · · · · · · · · · · · · · ·					
		of trust		14b	Trust's I	EIN		
14c	Name	of trustee or custodian		14d		or custo ne numb		
Part	IX	IRS Compliance Questions - Skip These Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b.		Yes			No	
15b	How 6 401 (k	lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Design- safe har "Curren ADP tes	bor t year"		"Prior y test N/A	ear" ADF
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percent test	age _	Avera	ige It test	□ N/.
16b	Did the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the submitter plan tha						
17t	letter		iter the	date of t	he most	recent d	etermin	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		any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			☐ Ye	s 🔲	No	

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