Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

	ort Identification Information				
For calendar plan year 2016 of		2016	and ending 1	2/31/2016	
	🛚 a single-employer plan		lan (not multiemployer)		
A This return/report is for:	a one-participant plan	_ ' ' <u>`</u>	mployer information in a	ccordance with the	form instructions.)
		a foreign plan			
B This return/report is	the first return/report	the final return/report			
- This retain, report to	an amended return/report	H	rn/report (less than 12 n	nonths)	
•				_	
C Check box if filing under:	Form 5558	automatic extension		DFVC program	1
	special extension (enter desc				
	nformation—enter all requested in	nformation		T 44	
1a Name of plan KANTU 401(K) TRUST				1b Three-digit plan number	ar .
NANTO 401(K) TROST				(PN) ▶	004
				1c Effective da	ite of plan
				(06/01/2003
	nployer, if for a single-employer plan)	0 D)			lentification Number
	room, apt., suite no. and street, or P. vince, country, and ZIP or foreign pos		tructions)	(E114)	1-3515454
	, THROAT, SINUS & ALLERGY, LLC			2c Sponsor's t	elephone number -646-3776
					ode (see instructions)
2204 VOORHIES AVE	2204 VO	ORHIES AVE			621111
BROOKLYN, NY 11235-2820	BROOKL	.YN, NY 11235-2820			21111
3a Plan administrator's nam	e and address 🔀 Same as Plan Spo	onsor.		3b Administrate	or's EIN
				3c Administrate	or's telephone number
4 If the name and/or EIN o	f the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
•	number from the last return/report.			4	
a Sponsor's name				4c PN	
5a Total number of participa	ants at the beginning of the plan year			5a	36
	ants at the end of the plan year			5b	30
	vith account balances as of the end of	, , ,	•	5c	30
•	e participants at the beginning of the p			5d(1)	24
				5d(1)	2
	e participants at the end of the plan ye that terminated employment during th				
				5e	
	ate or incomplete filing of this return				
	d other penalties set forth in the instrued and signed by an enrolled actuary,				
belief, it is true, correct, and c	complete.		· -		,
0.0.0	zed/valid electronic signature.	09/12/2017	SANJAY KANTU		
HERE Signature of pla	an administrator	Date	Enter name of individ	dual signing as plar	administrator
SIGN					
HERE	nployer/plan sponsor	Date	Enter name of individ	dual signing as emr	oloyer or plan sponsor
	m name, if applicable) and address (i			Preparer's teleph	
, , ,	, ,		,		

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b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								X Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	Not dete	rmined
Par			()5							
	Plan Assets and Liabilities	70	(a) Beginning (ot Year 020984			((b) End	of Year 9572733	
	Total plan assets Total plan liabilities	7a 7b		0		0				
	Net plan assets (subtract line 7b from line 7a)	7c	9	020984					9572733	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt .		(b) Total				
	Contributions received or receivable from:		(a) Amoun					(5)	otai	
	(1) Employers	8a(1)		97703						
	(2) Participants	8a(2)		160968						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b		583219	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							841890	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		280555						
	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		9586						
	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					290141			
i	Net income (loss) (subtract line 8h from line 8c)	8i				551749				
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 $$ 2F $$ 2G $$ 2J $$ 2R $$ 2T $$ 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Cc	des in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	cteris	tic Coc	les in t	he instr	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period		100	110	14/7		Amount	
_	described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		Х				
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					11352
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 to 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)					\	∕es X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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 "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 brougout of the PBGC?		r 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.)	fy the p	lan(s)	to				
	13c(1)	Name of plan(s):	1	3c(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			14d Trustee's or custodian's telephone number				
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:	L		n-based arbor	d [Prior ye test	ear" ADP	
				Curre	ent year est	<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 Average N/A benefit test N/A			□ 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?						os 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 rece	ent determi	nation	
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?		om	Ye	s [No		
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury Informal Revenue Service

Department of Labor Employee Bendille 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

CMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Ben	nem Guaranty Corporation		accordance with the instru	otions to the Form 55	00-8F.							
Part I		Identification Information				· · · · · · · · · · · · · · · · · · ·						
For calenda	r plan year 2016 of f	Iscal plan year beginning 01/01/2			/31/2016							
A This retu	ım/report la for:	🗵 a single-employer plan	a multiple-employer plan list of participating emp			g this box must attach a the form instructions.)						
		a one-participant plan	a foreign plan									
B This retur	m/repart is	the first return/report	the final return/report									
C Objects	a 18 811	an amended return/report	a short plan year return/report (less than 12 months)									
C Check b	ox if filing under:	☐ Special extension (enter desc	automatic extension		∐ DFVC prog	gram						
Part II	Pacie Blan Infe	ormation—enter all requested in	<u> </u>	<u> </u>								
1a Name o		ormanon-enter an requested in	iternation	· 	1b Three-c	(init						
KANTU 401(F					un asiq	mber						
				i	(PN) [:]	004.						
					1c Effectiv	e date of plan 06/01/2003						
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O Boy)			er Identification Number 11-3515454						
City or	town, state or provin	ce, country, and ZIP or foreign pos HROAT, SINUS & ALLERGY, LLC	tal code (if foreign, see instru	ctions)	2c Sponso	or's telephone number						
W OF WILL	POR EAR, NOOE, 1		•		2d Busines	718-646-3776 as code (see instructions)						
2204 VOORH	IIES AVE	2204 VO	ORHIES AVE		Ed Dustilo.	621111						
BROOKLYN,	NY 11235-2820	BROOKL	YN, NY 11235-2820			-						
3a Plan so	iministrator's name a	and address X Same as Plan Spo	onsor.		3b Administrator's EIN							
	•				3C Adminis	strator's telephone number						
		•										
4 If the n	ame and/or EIN of the	ne plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN							
name,	EIN, and the plan no	umber from the last return/report.	•		4c PN							
a Sponso				·	5a	36						
	•	s at the beginning of the plan year			5b	36						
		s at the end of the plan year										
		account balances as of the end o			5c	36						
		articipants at the beginning of the p			5d(1)	24						
d(2) Tota	el number of active p	articipants at the end of the plan year terminated employment during the	e olso year with accrued her	effis that were less	5d(2)	0						
than 1	100% vested				5e							
Caution: A	penalty for the late	or incomplete filing of this retu other penalties set forth in the instr	rn/report will be assessed the	inless reasonable car examined this return/re	cort, including	a, if applicable, a Schedule						
SB or Sche	dule MB completed :	and signed by an entolled actuary,	as well as the electronic ven	sion of this return/repor	t, and to the b	est of my knowledge and						
SIGN	rue, correct, and con	7.6	9-12-17	SANJAU	ILAN	TU						
HERE	Signature of plan		Date	Enter name of individ		olan administrator						
SIGN	Signature orpian	11/12	9-12-17	SANJAU								
HERE		loyer/plan sponsor	Date	Enter name of individ	lual signing as	employer or plan sponsor						
Preparer's	name (including film	name, if applicable) and address (elephone number						
				• i								
	•											
					<u> </u>							

D. Any pour citaring a survivor of the annual examination and report of an independent qualified public accountant (IQPA) If you answered. Not "be other line is a or line is b, the plan cannot use Porm 5390-SF and must instead use Porm 5390. If you answered "Not" be other line is a or line is b, the plan cannot use Porm 5390-SF and must instead use Porm 5390. If you answered "Not" be other line is a or line is b, the plan cannot use Porm 5390-SF and must instead use Porm 5390. If you answered "Not" be other line is a or line is b, the plan cannot use Porm 5390-SF and must instead use Porm 5390. If you answered "Not" be other line is a or line is b, the plan cannot use Porm 5390-SF and must instead use Porm 5390. If you answered "Not" be other line is a or line is b, the plan cannot use Porm 5390-SF and must instead use Porm 5390. If you answered "Not" be other line is a or line is b, the plan cannot use Porm 5390-SF and must instead use Porm 5390. If you answered "Not" be other line is a or line is a line is a possible in the plan 5490 of the plan 5490		Form 5500-SF 2016		Page 2			_				
If you answered "No" to alther line Se or line 6b, the plan cannot use Form 590-SF and must instead use Form 590. If the plan is addined benefit plan, is it ownered under the PBGC insurance program (see ERISA section 4021)?	b	Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public ad	counta	nt (IQF	A)	•		_	_
El titre plan la a defined benefit plan, la it covered under the PBGC insurance program (see ERISA section 4021)?										U .•	· 🗀
Part III Financial Information (a) Beginning of Year (b) End of Year (c) End of Year (d) End of Year (e) E									Nο	☐ Not det	emined
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a 8020884 9872733 3 Total plan assets (authrect line 7b from tine 7a). 7a 8020884 9872733 4 Income, Expenses, and Transfers for this Plan Year (e) Amount (b) Total (income, Expenses, and Transfers for this Plan Year (e) Amount (b) Total (including relevance to resolvable from: (1) Employers (1) Em											
a Total plan assets				(a) Beginning o	f Year	1		(b) End	of Year	
Comparison Com	а		7a							957273	3
S Income, Expanses, and Transfers for this Plan Year 8 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (fictuding rollovers). 8 (3) Others (fictuding rollovers). 8 (3) Others (fictuding rollovers). 8 (4) 9 (2) 160868 (3) Others (fictuding rollovers). 8 (5) Others (fictuding rollovers). 8 (6) Other Income (ded Sines Ba(1), Ba(2), Ba(3), and 8b). 9 (7) Total Income (ded Sines Ba(1), Ba(2), Ba(3), and 8b). 9 (8) S83219 C Total Income (edd Sines Ba(1), Ba(2), Ba(3), and 8b). 9 (8) B (841890) C Total Income (edd Sines Ba(1), Ba(2), Ba(3), and 8b). 9 (9 (1) Section Seemed and/or corrective distributions (see Instructions). 8 (1) Section Seemed and/or corrective distributions (see Instructions). 9 (1) C Administrative and/or corrective distributions (see Instructions). 9 (2) Other expenses. 9 (3) Other expenses (add lines Bd, Se, 8f, and 8g). 1 Not Income (less) (subtract line 8h from line 8c). 1 Not Income (less) (subtract line 8h from line 8c). 1 Transfers to (from) the plan (see Instructions). 8 (1) Transfers to (from) the plan (see Instructions). 8 (1) Transfers to (from) the plan (see Instructions). 8 (1) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 11 During the plan year: 12 During the plan year: 13 During the plan year: 14 During the plan year: 15 During the plan year: 16 During the plan year: 17 During the plan year: 18 Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2810.3-102? (See instructions and DOL's Voluntary Flouciary Correction to the plan they are year of the pensions of the plan they are year of the pensions o	Ь	Total plan liabilities	7b		0						0
a Contributions received or receivable from: (1) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	90	20984					957273	3
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1				(b) 1	Total	
(2) Participants	а		89(1)	:	97703	- 1					
(3) Others (including rollovers)			1		89809	1.	<u>.</u>	44.41.			
C Total income (cides)					0	1	i S _e	CHRIS	S. Waste	*****	经验的
C total income (add dines Bd(1); 8d(2), 8d(3), and 8d)	b	Other income (loss)	8b		83219				_		
to provide benefits)	Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							84189	10
e Certain deemed ant/or corrective distributions (see instructions). f Administrative service providers (saleries, fees, commissions)	d		8.0	2	280555					• •	
g Other expenses	e		8e.		0			٠.			: :
the expenses (add lines 8d, 8e, 8f, and 8g)		0596									
i Net income (loss) (subtract line 8 h from line 8c)	g	Other expenses	8g		0						· · · · · · · · · · · · · · · · · · ·
Not income (loss) (subtrect line 8h from line 8c) 8i 0	h	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: 2E 2F 2G 2J 2R 2T 3D 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 perticipant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DCL's Voluntary Flduclary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	i	Net income (loss) (subtract line 8h from line 8c)	81							<u>55174</u>	19
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2R 2T 3D	i	Transfers to (from) the plan (see instructions)	8)		0						
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 Yes No N/A Amount 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not relimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 9 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.) 10f X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 113 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 10h If this was answered "Yes," check the box if you either provided the required notice or one of the	Pa	rt IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: 2 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)	9a	2E 2F 2G 2J 2R 2T 3D									
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 DCL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Plai	n Chare	cterist	ic Cod	les in t	the instr	ructions: 	
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)	Pai	t V Compliance Questions	,					,			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				<u>.</u>		Yes	No	NA		Amoun	t
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	Iductary Correction	10a		x			<u>-</u>	
d Did the plan have a loss, whether or not relimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	ì				10b						·
by fraud or dishonesty?	•				10c		_×				
the plan? (See Instructions.)		by fraud or dishonesty?	····		10d		Х			-	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	_	carrier, insurance service, or other organization that provides so the plan? (See Instructions.)	me or all of	the benefits under	10e						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h	1	Has the plan failed to provide any benefit when due under the pl	an?	***************************************	10f		<u> </u>	<u> </u>	<u> </u>		
2520.101-3.) 10h					10g	<u>×</u>			<u> </u>		11352
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the		1 If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		×				
exceptions to providing the notice applied under 29 CFR 2520.101-3		If 10h was answered "Yes." check the box if you either provided	the require	d notice or one of the	10i						

Page 3- 1 Form 5500-SF 2016 Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB ☐ Yes 🛛 No (Form 5500) and line 11a below). 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40...... is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ☐ Yes ☑ No ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the walver. Month if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year 120 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) N/A Yes Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Rent VIII Plan Terminations and Transfers of Assets 冈 Yes Nο 13a Has a resolution to terminate the plan been adopted in any plan year? 13a If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes 🕅 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(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): Part VIII Trust Information 14b Trust's EIN 14a Name of trust 14d Trustee's or custodian's 14c Name of trustee or custodian telephone number Part IX **IRS Compliance Questions** ∏ No ☐ Yes 15a is the plan a 401(k) plan? If "No," skip b...... "Prior year" ADP Design-based 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section sale harbor test 401(k)(3) for the plan year? Check all that apply: "Current year" N/A ADP test 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio Average ∏ N/A percentage year? Check all that apply: benefit test test 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) Yes for the plan year by combining this plan with any other plan under the permissive aggregation rules?...... 17a If the plan is a mester and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of and the serial number the letter 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination Defined Benefit Plan or Money Purchase Pansion Plan Only: ☐ Yes No Were any distributions made during the plan year to an employee who attained age 62 and had not separated from seMce? ∏ Yes ∏ No 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?