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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I		Identification Information				
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	2016 	and ending 12	2/31/2016	
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) (ployer information in ac	•	
B This retu	ırn/report is	the first return/report	the final return/report	from out the could be 40 co	(1 - 2	
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	
Dort II	Dania Dian Info	special extension (enter desc	• •			
Part II		ermation—enter all requested in	irormation		1h Thurs dist	<u> </u>
1a Name of JANIS SPINE		H MAKING, INC. PROFIT SHARIN	NG PLAN		1b Three-digit plan number (PN) ▶	002
					1c Effective date of 01/0	of plan 11/2010
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C		uctions)	2b Employer Ident (EIN) 13-3	ification Number 917200
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JANIS SPINDEL SERIOUS MATCH MAKING INC. 2c Spi					2c Sponsor's telep 212-98	
201 EAST 69TH STREET NEW YORK, NY 10021 Business code (see instructions) 812990						,
3a Plan ad	dministrator's name a	nd address X Same as Plan Spo	nsor.		3b Administrator's	EIN
3c Administrator's telephone number						
	EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN 4c PN	
		at the beginning of the plan year.			5a	3
		at the end of the plan year			5b	3
C Number		account balances as of the end of			5c	3
d(1) Tota	al number of active pa	rticipants at the beginning of the p	lan vear		5d(1)	2
• •			•		5d(2)	2
d(2) Total number of active participants at the end of the plan year					0	
Under pena SB or Sche	penalty for the late alties of perjury and of	or incomplete filing of this retur her penalties set forth in the instru nd signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I have	unless reasonable cau examined this return/re	port, including, if appl	
SIGN HERE		valid electronic signature.	10/01/2017	JANIS SPINDEL		
TIEKE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan ac	Iministrator
SIGN HERE						
	Signature of emplo name (including firm r	oyer/plan sponsor name, if applicable) and address (in	Date nclude room or suite numbe	Enter name of individ	ual signing as employ Preparer's telephon	
I-						

Form 5500-SF 2016 Page **2**

 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	account	ant (IC	QPA) e Form	5500.		<u>}</u>	Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA s	ection 4	021)?		Yes	No	⊔и	ot deter	mined
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning	-f V				(h) F.:	-l -f V-		
(6) = 133	768179				(b) En	d of Ye	38554	-
b Total plan liabilities	0)					0	
· · · · · · · · · · · · · · · · · · ·	768179)				19	38554	-
8 Income, Expenses, and Transfers for this Plan Year (a) Amoun	nt				(b)	Total		
a Contributions received or receivable from:								
(1) Employers	0							
(2) Participants	0	_						
(3) Others (including rollovers)	170275							
b Other income (loss)	170375						70075	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						1	170375	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0							
Certain deemed and/or corrective distributions (see instructions).	0)						
f Administrative service providers (salaries, fees, commissions) 8f	0)						
g Other expenses	0							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							0	
i Net income (loss) (subtract line 8h from line 8c)						1	170375	
j Transfers to (from) the plan (see instructions)	0							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of P 2E 3D	lan Cha	racteri	stic Co	odes ir	n the in	structio	ns:	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pla	n Chara	acteris	tic Cod	des in	the ins	truction	s:	
Part V Compliance Questions								
10 During the plan year:		Yes	No	N/A		Δn	nount	
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						- All	iount	
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						120000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ					
• 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		Х					
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					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i 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	10i							

Form	5500	-SF	201	6

Page 3-	1
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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) 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 		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).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Employee Bellenis Gearly Administration			!Ale Ale e !-		tions to the Form Es	12-00	:	o meperate.
Pension Benefit Guaranty Corporation	, complete an entire	n accordanc	e with the if	ISTUC	HOUS TO THE FOUR DO	,00-01	•	
Part I Annual Repo	rt Identification Informatio	01 /01	/2016		and ending		12/31/201	6
For calendar plan year 2016 or			inle employe	r nlan	(not multiemployer) (Filers		The state of the s
	X a single-employer plan	list of	narticipatino	empl	oyer information in ac	corda	nce with the form	n instructions.)
A This return/report is for:	a one-participant plan		ign plan	,				
	a one participant primi	_ a .o.a	g., p.c					
	the first return/report	☐ the fin	al return/rep	ort				
B This return/report is	=				report (less than 12 m	onths)	
	an amended return/report	L a shor	t plan year i	otani	opon (rose man			
C Check box if filing under:	X Form 5558	autor	natic extensi	on		D	VC program	
	special extension (enter de	scription)						
n . u D i- Dian le								
	nformation—enter all requested	Illioillation				1b	Three-digit	
1a Name of plan	Match Making Inc	Profi	t-				plan number	
	ous Match Making, Inc	. FIOII					(PN) •	002
Sharing Plan						10	Effective date of	•
						_	01/01/201	
2a Plan sponsor's name (em	nployer, if for a single-employer plan	n)				2b		ification Number
Mailing address (include)	room ant suite no and street or l	P.O. Box)	foreign coo	ineta	ctions)	_	(EIN) 13-39	
City or town, state or prov	vince, country, and ZIP or foreign p	ostal code (II	ioreign, see	IIISIIU	Cuoris)	2c	Sponsor's tele	
Janis Spindel Seri	ous Match Making						(212) 987-	
Inc.						2d		(see instructions)
201 East 69th Stre	ot						812990	
201 East 69th Stre	ec			3737	10001			
New York				NY	10021	3h	Administrator's	FIN
3a Plan administrator's nam	ne and address 🏿 Same as Plan S	Sponsor.				35	Administrator	,
4 If the name and/or EIN o	of the plan sponsor has changed si	nce the last r	eturn/report	filed fo	or this plan, enter the	4b) EIN	
name, EIN, and the plan	n number from the last return/report	t.				4.		
a Sponsor's name							PN	
5a Total number of particip	eants at the beginning of the plan ye	ear					5a	
	eants at the end of the plan year						5b	
 Number of participants y 	with account balances as of the end	d of the plan	year (only de	efined	contribution plans		5c	
complete this item)								
d(1) Total number of activ	e participants at the beginning of th	ne plan year.				5	d(1)	
	re participants at the end of the plan						d(2)	
e Number of participants	that terminated employment during	the plan ve	ar with accru	ed ber	nefits that were less	1	5e	
than 100% vested								
Caution: A penalty for the	late or incomplete filing of this rend other penalties set forth in the in	eturn/report	will be asse	ssed	unless reasonable o	report	including if an	olicable a Schedule
Under penalties of perjury at	nd other penalties set forth in the intended actual ted and signed by an enrolled actual	arv. as well a	s the electron	nic ver	sion of this return/rep	ort, ar	nd to the best of	my knowledge and
belief, it is true, correct, and	complete.	,,						
SIGN \	a Roll				Janis Spinde	1		
	lan administrator		Date 6 1	17	Enter name of indiv	idual	signing as plan a	administrator
			11		Janis Spinde	003		
SIGN HERE	XXVIII / CON	\mathcal{A}	21.11	10		_	signing as emplo	wer or plan sponsor
I Signature of e	irm name, if applicable and address	es (include re	Date (c)	numbe	Enter name of indiv		reparer's telepho	
Preparer's name (including	irm name, ir applicable and addres	ss (iiiciuue ic	JOHN OF SUILE	- AITING	.,			
	\vee							
1						1		

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1 age	-	

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under 29 CFR 2520-104-487 (See instructions on waiver largely and controllary and controllary and controllary and controllary or surveys and surveys and controllary and contr	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Yes No
Part III Financial Information (a) Beginning of Year (b) End of Year (a) Total plan assets and Liabilities 7a 1,768,179 0 0 0 0 0 0 0 0 0	ot determined
7 Plan Assets and Liabilities 7 To 10 plan assets 7 To 1,768,179 b Total plan liabilities 7 To 0 c Net plan assets (subtract line 7b from line 7a) 7c 1,768,179 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8 (a) Amount (b) Total c Participants 8 a(2) c Participants 8 a(3) Chres (including rollovers) 8 a(4) b Other income (loss) 8 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8 c Participants 8 c Pertain deemed and/or corrective distributions (see instructions) 8 d Benefits paid (including direct rollovers and insurance premiums 10 provide benefits) 9 c Pertain deemed and/or corrective distributions (see instructions) 8 d O to provide benefits 9 d Administrative service providers (salaries, fees, commissions) 8 f Administrative service providers (salaries, fees, commissions) 8 f Notal expenses 8 g O ther expenses 8 g O ther expenses 9 g O ther expenses 9 g O ther provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2 2 2 3 If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction Program) 10 During the plan year: 8 a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 2 c Was the plan covered by a fidelity bond? 10 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10 e Were any fees or commissions paid to any brokers, agents, or other persons by an insuranc	
A Total plan assets and Labilinies B Total plan assets (subtract line 7b from line 7a) C Net plan assets (subtract line 7b from line 7a) C Net plan assets (subtract line 7b from line 7a) Total (a) Amount (b) Total Contributions received or receivable from: (1) Employers B Income, Expenses, and Transfers for this Plan Year (2) Participants. (3) Others (including rollovers). Ba(3) C Total income (loss). Ba(3) C Total income (loss). Ba(3) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). B C Elevation deemed and/or corrective distributions (see instructions). B C Other expenses C Total income (loss) (subtract line 8b from line 8c). B Total expenses (add lines 8d, 8e, 8f, and 8g). B Not income (loss) (subtract line 8b from line 8c). B Not income (loss) (subtract line 8b from line 8c). B If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2E 3D During the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond	ar
a Total plan isselfs	1,938,554
C Net plan assets (subtract line 76 from line 7a)	0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	1,938,554
a Contributions received or receivable from: (1) Employers	173007001
(1) Employers 8a(1) C Participants 8a(2) C C Participants 8a(2) C C Participants 8a(3) R C C Participants 8a(4), 8a(2), 8a(3), and 8b) R C C Participants 8a(4), 8a(2), 8a(3), and 8b) R C C Participants 8a(5) C C Participants 8a(5	
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	170,375
e Certain deemed and/or corrective distributions (see instructions)	
f Administrative service providers (salaries, fees, commissions)	
Section	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	0
Transfers to (from) the plan (see instructions)	170,375
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 instruction 2E 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction If the plan Characteristic Codes in the instruction If the plan Section Instruction	
Part V Compliance Questions	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under	ons:
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 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 reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under	5.
During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	nount
Program)	
reported on line 10a.)	
C Was the plan covered by a fidelity bond?	
by fraud or dishonesty?	120,000
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under	
the plan? (See instructions.)	
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i 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	

Page 3-	

Form 5500-SF 2016

Part				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500) and line 11a below)			Yes X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?			Yes X 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 instructions, a	and enter	the date of	of the letter ruling
	granting the waiver	Day	/	Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	1.01		
b	Enter the minimum required contribution for this plan year			
С	Enter the amount contributed by the employer to the plan for this plan year	12c		
	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)			¬ ¬
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	⊠ 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 to control of the PBGC?	the		Yes 🛛 No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to		
		(2) EIN(s)		13c(3) PN(s)
Pari	t VIII Trust Information			
14a	Name of trust	14b	Trust's E	IN
140	Name of trustee or custodian	14d		or custodian's e number
Par	rt IX IRS Compliance Questions			
		es		No
	D How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	esign-base ife harbor	ed ["Prior year" ADP test
		urrent yea DP test	ır" [] N/A
168	year? Check all that apply:	atio ercentage est		verage N/A
	for the plan year by combining this plan with any other plan under the permissive aggregation rules?	es	[No
	a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion let the letter and the serial number			
171	b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the d letter	ate of the	most rece	ent determination
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 separated fro service?		es [] No
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	🛮 Ү	es	No