## Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

## 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.

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 BURGER BROTHERS RESTAURANT GROUP 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/1999 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 11-3215539 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number **BURGER BROTHERS RESTAURANT GROUP** 516-767-1472 2d Business code (see instructions) SOUNDVIEW MARKET PLACE 22-I 315990 PORT WASHINGTON, NY 11050 **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. 4c PN a Sponsor's name 5a 42 5a Total number of participants at the beginning of the plan year ...... 5b 43 **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 43 5c complete this item)..... 40 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 40 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

| <u>belief, it is t</u>  | true, correct, and complete.                      |                     |  |  |  |  |  |  |
|---|---|---------------------|--|--|--|--|--|--|
| SIGN<br>HERE  | Filed with authorized/valid electronic signature. | 10/11/2017          | JEFF FROCARRO  |  |  |  |  |  |
|   | Signature of plan administrator                   | Date                | Enter name of individual signing as plan administrator |  |  |  |  |  |
| SIGN  |   |                     |  |  |  |  |  |  |
| HERE  | Signature of employer/plan sponsor                | Date                | Enter name of individu                                 | lual 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              |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |

Form 5500-SF 2016 Page **2** 

| <b>6a</b> Were all of the plan's assets during the plan year invested in eligi   |              | •                       |         |          |           |          |          | X Ye       | s No     |
|--|--------------|-------------------------|---------|----------|-----------|----------|----------|------------|----------|
| 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.) |              |                         |         |          |           |          |          |            | s No     |
| <b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC   |              |                         |         |          |           | -        | No       | Not de     | termined |
| Part III Financial Information   |              |                         |         |          |           |          |          |            |          |
| 7 Plan Assets and Liabilities  |              | (a) Beginning           | of Year |          |           |          | (b) End  | of Year    |          |
| a Total plan assets  | 7a           |                         | 789223  |          |           |          |          | 198862     | 22       |
| <b>b</b> Total plan liabilities  | 7b           |                         |         |          |           |          |          |            |          |
| C Net plan assets (subtract line 7b from line 7a)  | 7c           | 1                       | 789223  |          |           |          |          | 198862     | 22       |
| 8 Income, Expenses, and Transfers for this Plan Year   |              | (a) Amour               | nt      |          | (b) Total |          |          | Total      |          |
| a Contributions received or receivable from:   |              |                         | 20285   |          |           |          |          |            |          |
| (1) Employers  | 8a(1)        |                         | 134762  |          |           |          |          |            |          |
| (2) Participants   | 8a(2)        |                         | 39535   | _        |           |          |          |            |          |
| (3) Others (including rollovers)   | 8a(3)        |                         | 134173  |          |           |          |          |            |          |
| b Other income (loss)  | 8b           |                         | 104170  |          |           |          |          | 32875      | <u></u>  |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c           |                         |         |          |           |          |          | 32073      | 55       |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d           |                         | 128981  |          |           |          |          |            |          |
| e Certain deemed and/or corrective distributions (see instructions).   | 8e           |                         | C       | )        |           |          |          |            |          |
| f Administrative service providers (salaries, fees, commissions)   | 8f           |                         |         |          |           |          |          |            |          |
| g Other expenses   | 8g           |                         | 375     |          |           |          |          |            |          |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)  |              |                         |         |          | 129356    |          |          |            | 56       |
| i Net income (loss) (subtract line 8h from line 8c)  | 8i           |                         |         |          | 199399    |          |          |            | 9        |
| j Transfers to (from) the plan (see instructions)  | 8j           |                         |         |          |           |          |          |            |          |
| Part IV Plan Characteristics   |              |                         |         |          |           |          |          |            |          |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D   | n feature co | des from the List of Pl | an Cha  | racteri  | stic Co   | odes in  | the inst | tructions: |          |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare   | feature code | es from the List of Pla | n Chara | acterist | tic Cod   | des in t | he instr | uctions:   |          |
| Part V Compliance Questions  |              |                         |         |          |           |          |          |            |          |
| 10 During the plan year:   |              |                         |         | Yes      | No        | N/A      |          | Amoun      | t        |
| Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)   | Voluntary F  | iduciary Correction     | 10a     |          | X         |          |          |            |          |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   |              |                         | 10b     |          | X         |          |          |            |          |
| C Was the plan covered by a fidelity bond?   |              |                         | 10c     | X        |           |          |          |            | 300000   |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?  |              |                         | 10d     |          | X         |          |          |            |          |
| Were any fees or commissions paid to any brokers, agents, or o<br>carrier, insurance service, or other organization that provides so<br>the plan? (See instructions.)                                  | me or all of | the benefits under      | 10e     |          | X         |          |          |            |          |
| <b>f</b> Has the plan failed to provide any benefit when due under the pl  | an?          |                         | 10f     |          | Χ         |          |          |            |          |
| g Did the plan have any participant loans? (If "Yes," enter amount   | -            |                         | 10g     | X        |           |          |          |            | 105683   |
| h If this is an individual account plan, was there a blackout period?  |              |                         | 10h     |          | X         |          |          |            |          |
| i If 10h was answered "Yes," check the box if you either provided<br>exceptions to providing the notice applied under 29 CFR 2520.1  |              |                         | 10i     |          |           |          |          |            |          |

| Form | 5500 | -SF | 201 | 6 |
|------|------|-----|-----|---|
|      |      |     |     |   |

| Page <b>3</b> - | 1 |  |
|-----------------|---|--|
| . ago o         |   |  |

| Part  | VI     | Pension Funding Compliance  |           |        |                   |           |                      |                 |
|---|--------|---|-----------|--------|-------------------|-----------|----------------------|-----------------|
| 11  |        | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c<br>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  |           |        | 11a               |           |                      |                 |
| 12  |        | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co.  A?  |           |        |                   | Yes 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.   | /lonth    | s, and | d enter t<br>Day  |           | of the lette<br>Year | er ruling       |
| If  | you co | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line   | 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 live 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 1                | Мо              |
|   | 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 brougol of the PBGC?  |           | r the  |                   |           | X 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(                 | <b>3)</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 custoone 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:                             | ∐ ;       |        | n-based<br>narbor | d [       | ☐ "Prior y<br>test   | ear" ADP        |
|   |        |   | -  □ "    | Curre  | ent year<br>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:   |        |   |           |        | centage Average N |           |                      | □ N/A           |
| <b>16b</b> 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? |        |   |           |        |                   |           | No                   |                 |
|   | the le |   |           |        |                   |           |                      |                 |
|   | letter | plan is an individually-designed plan that received a favorable determination letter from the IRS, e  | nter the  | date   | of the m          | nost rec  | ent determ           | ination         |
| 18  | Were   | ed Benefit Plan or Money Purchase Pension Plan Only:<br>any distributions made during the plan year to an employee who attained age 62 and had not sepa<br>e?         |           | om     | Ye                | s [       | No                   |                 |
| 19  | Wasa   | 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

## 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

OMB Nos. 1210-0110 1210-0089

2016

| Pension Benefit Guaranty Corporation                       |   | iternal Revenue Code (                                      | And the second s |  | This Form is Open to Public<br>Inspection                  |  |  |  |
|--|---|---|--|--|--|--|--|--|
|  | Complete all entries in act Identification Information  | cordance with the ins                                       | tructions to the Form 5  | 500-SF.                                      | mspection  |  |  |  |
| For calendar plan year 2016 or                             | fiscal plan year beginning  | 01/01/2016  |  |  |  |  |  |  |
|  | x a single-employer plan  |   |  |  | 1/2016   |  |  |  |
| A This return/report is for:  B This return/report is:     | a one-participant plan the first return/report an amended return/report   | a list of participating a foreign plan the final return/rep | ng employer information i  | n accordance                                 | cking this box must attach<br>with the form instructions.) |  |  |  |
| Check box if filing under:                                 | x Form 5558 special extension (enter descri   | automatic extension   |  |  | DFVC program   |  |  |  |
| Part II Basic Plan Info                                    | ormation enter all requested i  | nformation  | - di   |  | 1  |  |  |  |
| la Name of plan  | STAURANT GROUP 401(K) PI  | ATT. 12.201.1.201.001.001                                   |  | 1b Throplan                                  | number   |  |  |  |
|  |   |   |  |  | ctive date of plan   |  |  |  |
| City or town, state or provin                              | loyer, if for a single-employer plan)<br>om, apt., suite no. and street, or P.C<br>ice, country, and ZIP or foreign posta | ). Box)<br>al code (if foreign, see i                       | nstructions)   |  | oloyer Identification Number I) 11-3215539                 |  |  |  |
| BURGER BROTHERS RE   | STAURANT GROUP  |   | ,  | 2c Sponsor's telephone number (516) 767-1472 |  |  |  |  |
| SOUNDVIEW MARKET P   | LACE 22-I   |   |  |  | iness code (see instructions)<br>990                       |  |  |  |
| US PORT WASHINGTON NY 1                                    | and address X Same as Plan Spor   |   | 1-   |  |  |  |  |  |
| If the name and/or EIN of th<br>name, EIN, and the plan nu | e plan sponsor has changed since the mber from the last return/report.  | ne last return/report file                                  | d for this plan, enter the   | 4b EIN                                       | inistrator's telephone number                              |  |  |  |
| a Sponsor's name   |   |   |  | 4c PN  |  |  |  |  |
| <ol> <li>Total number of participants</li> </ol>           | at the beginning of the plan year   |   |  | 5a   | 42   |  |  |  |
| Total number of participants                               | at the end of the plan year   |   |  | 5b   | 43   |  |  |  |
| complete this item)  | account balances as of the end of the   |   |  | 5c   | 43   |  |  |  |
|  | ticipants at the beginning of the plan  |   |  |  | 40   |  |  |  |
| (2) Total number of active par                             | ticipants at the end of the plan year   |   |  | 5d(2)  | 40   |  |  |  |
| Number of participants that the less than 100% vested      | terminated employment during the pl   | lan year with accrued b                                     | enefits that were  | 5e   | 0  |  |  |  |
| aution: A penalty for the late                             | or incomplete filing of this return/  | report will be assesse                                      | ed unless reasonable ca  | ause is estat                                | olished.   |  |  |  |
| nder penalties of perjury and of                           | ther penalties set forth in the instruct  | ions. I declare that I ha                                   | ve examined this return/r  | enort includi                                | na if applicable a Cabadula                                |  |  |  |
| SIGN   | Piesident   | 10/11/2017  | Jeff J Froccaro  |  | 4 2  |  |  |  |
| ERE Signature of plan adm                                  |   | Date  | Enter name of individu   | al signing as                                | plan administrator   |  |  |  |
| IGN  | President   | 10/11/2017  | Jeff J Froccaro  |  |  |  |  |  |
| ERE Signature of employer                                  | /plan sponsor   | Date  | Enter name of individu   | al signing as                                | employer or plan sponsor                                   |  |  |  |
| eparers name (including firm n<br>kip this question        | name, if applicable) and address (inc   | lude room or suite num                                      | ber)   |  | telephone number<br>s question                             |  |  |  |
|  |   |   |  |  |  |  |  |  |

| Form 5500-SF 2016  |  | Page 2  |         |         |                      |             |                 |  |
|--|--|---|---------|---------|----------------------|-------------|-----------------|--|
| <ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC in</li> </ul>  | an independer<br>and conditions<br>ot use Form | ee instructions.)<br>nt qualified public acco<br>s.)5500-SF and must in | ountai  | nt (IQI | PA)<br>Form          | 5500.       | XYes No         |  |
| Part III Financial Information 7 Plan Assets and Liabilities   | Resource Services                              |   |         |         |                      |             |                 |  |
| Control Phonon Control |  | (a) Beginning   | Cont.   | Section |                      | -           | b) End of Year  |  |
|  | 7a   | 1,7   | 89,2    | 223     | -                    |             | 1,988,622       |  |
|  | . 7b   |   |         |         |                      |             |                 |  |
| C Net plan assets (subtract line 7b from line 7a)  | 7c   |   | 89,2    | 223     | +-                   |             | 1,988,622       |  |
| a Contributions received or receivable from:   |  | (a) Amoun   | t       |         | 2000                 |             | (b) Total       |  |
| (1) Employers  | 8a(1)  |   | 20,2    | 285     |                      |             |                 |  |
| (2) Participants   | 8a(2)  | 1   | 34,7    | 62      |                      |             |                 |  |
| (3) Others (including rollovers)   | Ba(3)  |   | 39,5    | 35      |                      |             |                 |  |
| b Other income (loss)  | 8b   | 1   | 34,1    | .73     | 100                  |             | <b>张刘忠在在李琳也</b> |  |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c   |   |         |         |                      |             | 328,755         |  |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | . 8d   | 1 1   | 128,981 |         |                      |             |                 |  |
| e Certain deemed and/or corrective distributions (see instructions)  | 80   |   | ***     | 0       | 9/                   |             |                 |  |
| f Administrative service providers (salaries, fees, commissions)   | 8f   | 4   |         |         |                      |             |                 |  |
| g Other expenses   | 8g   |   | 3       | 75      |                      |             |                 |  |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h   |   |         |         |                      |             | 129,356         |  |
| i Net income (loss) (subtract line 8h from line 8c)  | 81   |   |         |         |                      | 199,399     |                 |  |
| j Transfers to (from) the plan (see instructions)  | 8j   | A STATE OF THE PARTY AND A STATE OF                                     |         | 11112   |                      |             |                 |  |
| Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 3D  b If the plan provides welfare benefits, enter the applicable welfare features.  |  |   |         |         |                      |             |                 |  |
| Part V Compliance Questions  | ature codes in                                 | on the List of Plan Cr  | iaraci  | ensuc   | Code                 | s in the ii | nstructions:    |  |
| 10 During the plan year:   |  |   |         | Yes     | No                   | N/A         | Amount          |  |
| Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)   | luntary Fiduc                                  | iary Correction   | 10a     | 165     | x                    | INA         | Amount          |  |
| b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  | ? (Do not inclu                                | ude transactions  | 10b     |         | x                    |             |                 |  |
| c Was the plan covered by a fidelity bond?   |  |   | 10c     | х       | NO.                  |             | 300,00          |  |
| d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  | fidelity bond, t                               | that was caused   | 10d     |         | х                    |             |                 |  |
| 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.)   | er persons by                                  | an insurance<br>benefits under  | 10e     | 5 70    | х                    |             |                 |  |
| f Has the plan failed to provide any benefit when due under the plan   |  |   | 10f     | 5 15    | х                    |             | ****            |  |
| g Did the plan have any participant loans? (If "Yes," enter amount as  |  |   | 10g     | х       | 75                   |             | 105 60          |  |
| h If this is an individual account plan, was there a blackout period? (2520.101-3.)  | See instructio                                 | ns and 29 CFR   |         | ^       | 2 18<br>2 18<br>3 18 |             | 105,683         |  |
| If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101   | e required no                                  | tice or one of the  | 10h     |         | х                    |             |                 |  |

| Form 5500-SF 2016 Page 3 -   |             |  |                 |                          |           |
|--|-------------|--|-----------------|--------------------------|-----------|
| Part VI Pension Funding Compliance   |             |  | 1               |                          |           |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)  | complete    | Schedul  | e SB            | ☐ Yes                    | X No      |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40   |             | 11a  |                 | 1000                     | 1000      |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C   | ode or se   | ction 303  | of              | To v                     |           |
| (if res, complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  |             |  |                 |                          | X No      |
| a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver   | nth         |  | er the da<br>ay | te of the lett           | er ruling |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1  |             | 1  | NE S            | 3                        |           |
| b Enter the minimum required contribution for this plan year   |             | 12b  | 86              |                          |           |
| C Enter the amount contributed by the employer to the plan for the plan year   |             | 12c  | 35              |                          |           |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)  |             | 12d  |                 |                          |           |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline?   |             |  | Yes [           | ☐ No ☐                   | N/A       |
| Part VII Plan Terminanations and Transfers of Assets   |             | Sign three Care  |                 |                          |           |
| 13a Has a resolution to terminate the plan been adopted in any plan year?  |             |  | Yes             | X No                     |           |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year  | 100         | 13a  | 4               | 1. 1                     |           |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?  | ht under t  | he   | x               | Yes                      | No        |
| C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi<br>which assets or liabilities were transferred. (See instructions.)                         | fy the plan | (s) to   |                 |                          |           |
| 13c(1) Name of plan(s):  | 13c(2) E    | IN(s)  | 15              | 13c(3)                   | PN(s)     |
| Part VIII Trust Information - Skip These Questions   |             |  |                 |                          |           |
| 14a Name of trust  |             | 14b  | Trust's E       | EIN                      |           |
| 14c Name of trustee or custodian   | A.          |  |                 | or custodian<br>e number | s         |
| Part IX IRS Compliance Questions - Skip These Questions  |             | -  |                 |                          |           |
| 15a Is the plan a 401(k) plan? If "No," skip b   | O Y         | es   | 7.5             | ☐ No                     |           |
| 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:  | Si          | Design-based "Prior year" test  "Current year" N/A  ADP test |                 |                          |           |
| 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:  | R           | atio<br>ercentag   | e 🗆             | Average benefit test     | □ N//     |
| 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? | TALL TO     | es   |                 | ☐ No                     |           |
| 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter  |             |  |                 |                          |           |
| 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter//  | ler the dat | e of the   | most red        | cent determin            | 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  | rated from  |  | ] Yes           | Пи                       |           |

Yes No

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?