## 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		t Identification Information							
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	<u>2016</u>	and ending 1	2/31/2016				
		🛚 a single-employer plan		olan (not multiemployer)					
A This ret	turn/report is for:		_ ' ' `	mployer information in a	ccordance with the	form instructions.)			
		a one-participant plan	a foreign plan						
D Th:		the first return/report	the final return/report						
D This retu	urn/report is	- 片	· 님		4h \				
		an amended return/report	☐ a short plan year retu	ırn/report (less than 12 m	ionins)				
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC program	ı			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	of plan				<b>1b</b> Three-digit				
UNITED PRESBYTERIAN & REFORMED ADULT MINISTRIES, INC. 403(B) PLAN WITH EMPLOYER CONTRIBUTIONS					plan numbe	on 002			
CONTRIBUT	TIONS				(PN) •				
					1c Effective da	te of plan 16/01/2003			
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					entification Number 1-3209574			
City or	town, state or provin	nce, country, and ZIP or foreign post	tal code (if foreign, see ins	structions)	(=::+)	elephone number			
UNITED PRESBYTERIAN & REFORMED ADUL T MINISTRIES, INC.					718	-762-3198			
38-20 BOWN	IE CTDEET					de (see instructions)			
FLUSHING, I					6	523000			
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		<b>3b</b> Administrator's EIN				
					20 0				
					<b>3c</b> Administrate	or's telephone number			
					3c Administrate	or's telephone number			
					<b>3c</b> Administrate	or's telephone number			
A If the r	nome and/or FIN of the	ho plan appears has abanged since	the lest return/report filed	for this plan, enter the		or's telephone number			
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	3c Administrate 4b EIN	or's telephone number			
	, EIN, and the plan n		the last return/report filed	for this plan, enter the		or's telephone number			
name, <b>a</b> Sponso	, EIN, and the plan nor's name				4b EIN	·			
a Sponso	, EIN, and the plan nor's name	umber from the last return/report.			4b EIN 4c PN	62			
name, <b>a</b> Sponso <b>5a</b> Total r <b>b</b> Total r	, EIN, and the plan nor's name  number of participant number of participant	umber from the last return/report.  ts at the beginning of the plan year.			4b EIN 4c PN 5a 5b	62			
a Sponso 5a Total r b Total r c Number	, EIN, and the plan nor's name number of participant number of participant er of participants with lete this item)	ts at the beginning of the plan year.  ts at the end of the plan year h account balances as of the end of	the plan year (only define	d contribution plans	4b EIN 4c PN 5a 5b 5c	62 62			
name, a Sponso 5a Total r b Total r c Numbo compl d(1) Total	, EIN, and the plan nor's name number of participant number of participant er of participants with lete this item)	ts at the beginning of the plan year.  ts at the end of the plan year  h account balances as of the end of	the plan year (only define	d contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	62 62 62 62			
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name, a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A	, EIN, and the plan nor's name number of participant er of participants with lete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the post terminated employment during the post of incomplete filing of this returnation the penalties set forth in the instruction.	the plan year (only define plan yeareare plan year with accrued be controlled that I have become that I have	d contribution plans enefits that were less d unless reasonable ca	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established aport, including, if a	62 62 62 62 62 0			
name, a Sponsor  5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena	, EIN, and the plan nor's name number of participant er of participants with lete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the post terminated employment during the post of the plan year terminated employment during the post of the plan year terminated employment during the post of the plan year terminated employment during the post of the plan year terminated employment during the post of the plan year terminated employment during the post of the plan year terminated employment during the post of the plan year.	the plan year (only define plan yeareare plan year with accrued be controlled that I have become that I have	d contribution plans enefits that were less d unless reasonable ca	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established aport, including, if a	62 62 62 62 62 0			
name, a Sponsor b Total r c Number compl d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is t	, EIN, and the plan nor's name number of participant er of participants with lete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the post terminated employment during the post of the plan year terminated employment during the post of the plan year terminated employment during the post of the plan year terminated employment during the post of the plan year terminated employment during the post of the plan year terminated employment during the post of the plan year terminated employment during the post of the plan year.	the plan year (only define plan yeareare plan year with accrued be controlled that I have become that I have	d contribution plans enefits that were less d unless reasonable ca	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established aport, including, if a	62 62 62 62 62 0			
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name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nor's name number of participant number of participants with lete this item)	ts at the beginning of the plan year.  Its at the end of the plan year	the plan year (only define plan year	enefits that were less  d unless reasonable ca e examined this return/report  DAVID O'BRIEN  Enter name of individent	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established eport, including, if a crt, and to the best of the	62 62 62 62 62 62 62 62 62 0 1. pplicable, a Schedule of my knowledge and administrator			
name, a Sponso 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nor's name number of participant number of participants with lete this item)	ts at the beginning of the plan year.  Its at the end of the plan year	the plan year (only define plan year	enefits that were less  d unless reasonable ca e examined this return/report  DAVID O'BRIEN  Enter name of individent	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established eport, including, if a crt, and to the best of the	62 62 62 62 62 62 62 62 62 0 1. pplicable, a Schedule of my knowledge and administrator			

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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>								′es	
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not d	letermined
Pai	t III   Financial Information									
	Plan Assets and Liabilities	_	(a) Beginning o	of Year 687202				(b) End	d of Year 31086	321
	Total plan assets	7a		001202					31000	0
	Total plan liabilities	7b	2	687202					31086	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			-			<b>/</b> b\		<i></i>
	Contributions received or receivable from:		(a) Amoun	ıt				(a)	Total	
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	;	332125						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b		118244						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4503	369
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		27625						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
q	Other expenses	8g		1325						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							289	950
i	Net income (loss) (subtract line 8h from line 8c)	8i							4214	119
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics		1							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in	the ins	structions:	
	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	les in t	he inst	ructions:	
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	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.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?	<u></u>	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					
h	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						

ı	Form	550	0-SF	201	16

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are set of the second se				Y	es No
11a	Ente	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> 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				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	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	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

**Annual Report Identification Information** 

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

For calenda	ar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/20	016
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer) on ployer information in a		
	·	a one-participant plan	a foreign plan			
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report			
	·	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	n
		special extension (enter desc				
Part II		prmation—enter all requested in	formation		46	
1a Name	·	· DEEODMED ADJUE MAN	- COUDTES - TAIS - 40	2/5) 5133	<b>1b</b> Three-digit plan number	
UNITED PRESBYTERIAN & REFORMED ADULT MINISTRIES, INC. WITH EMPLOYER CONTRIBUTIONS				3(B) PLAN	(PN) ▶	002
					<b>1c</b> Effective da 06/01/20	
	oonsor's name (emplo		_	dentification Number		
	,	m, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos	,	ructions)	(EIN) 11-3	3209574
		& REFORMED ADUL T M		ructions)		telephone number
			•		718-762-	
38-20 E	SOWNE STREET				623000	ode (see instructions)
					023000	
FLUSHIN	IG .	NY 11354				
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Administrat	or's EIN
					20. A desiralatent	
					3C Administrati	or's telephone number
4 If the r	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
		mber from the last return/report.	the last return/report filed i	or triis plan, enter the	4D EIN	
<b>a</b> Sponse	or's name				4c PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year.			. 5a	62
<b>b</b> Total r	number of participants	at the end of the plan year			. 5b	62
		account balances as of the end of	1 , , ,		5c	62
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	62
		articipants at the end of the plan ye			5d(2)	62
<b>e</b> Numb	er of participants that	terminated employment during the	e plan year with accrued be	enefits that were less	5e	
than	100% vested	an in a smallest filling of this natur		laaa saaasaahla aa	4	0
		or incomplete filing of this return her penalties set forth in the instru				
SB or Sche		nd signed by an enrolled actuary,				
SIGN			10/12/2017	David O'Brien		
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plar	n administrator
SIGN						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as emi	oloyer or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address (i		er)	Preparer's telepl	

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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.									/es No
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐No	∐ Not o	letermined
7	Plan Assets and Liabilities		(a) Beginning	of Year				b) End	of Year	
a	Total plan assets	7a		687,			,	()		,108,621
b	Total plan liabilities	7b			0					C
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	687,	202				3 ,	108,621
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
а	Contributions received or receivable from:				0					
-	(1) Employers	8a(1)		332,						
	(2) Participants	8a(2)		334,	123					
	(3) Others (including rollovers)	8a(3)		118,	244					
	Other income (loss)	8b		110,	211					450,369
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								130,302
	to provide benefits)	8d		27,	625					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		1,	325					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								28,950
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								421,419
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2\mathtt{L}$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	les in t	he instru	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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e	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.)	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

	Form 5500-SF 2016 Page <b>3-</b>					
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	Sched	lule SE	3	Пү	es No
	(Form 5500) and line 11a below)		<u> </u>			
_	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•	11a		_	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		302 of		Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions,	, and e	_		of the letter Year	ruling
If ·	granting the waiver		Day			
	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d		١.	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	)
154	If "Yes," enter the amount of any plan assets that reverted to the employer this year		I3a	100	24 140	<u>'</u>
b			ı sa			
	control of the PBGC?				Yes X	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planth which assets or liabilities were transferred. (See instructions.)	an(s) to	)			
1	3c(1) Name of plan(s):	c(2) E	IN(s)		13c(3)	PN(s)
				<u> </u>		
Part	VIII Trust Information					
14a	Name of trust	1	I4b ⊺	rust's E	IN	
14c	Name of trustee or custodian	1			or custodia e number	an's
Part	IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b.	'es			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section $\parallel \parallel$	esign-l afe har			"Prior ye test	ar" ADP
		Current DP tes			N/A	
16a		Ratio	togo	☐ Av	verage	□ N/A
- 101	t	ercent est	ıaye	∐ be	nefit test	∐ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	'es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number	etter o	r advis	ory lette	er, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the cletter	late of	the mo	ost rece	ent determin	ation
	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 froservice?	om [	Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	[	Yes		No	