Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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.

		scal plan year beginning 01/01/		and ending 1	2/31/2016		
A This ret	urn/report is for:	a single-employer plan		r plan (not multiemployer) employer information in a		-	
		a one-participant plan	a foreign plan				
B This retu	urn/report is	the first return/report	the final return/repo	ort			
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)		
C Check b	oox if filing under:	X Form 5558	automatic extension	on	DFVC pro	gram	
D (!!	D : 5: 16	special extension (enter desc	· · · · · · · · · · · · · · · · · · ·				
Part II 1a Name	•	rmation—enter all requested in	nformation		1b Three-	digit	
	TREMENT PLAN				plan nu	-	
					(PN)	•	001
					1c Effective	ve date of p 04/01/2	
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P. e, country, and ZIP or foreign pos		note: otiona)	2b Employ (EIN)	yer Identific 13-396	cation Number 69552
	ET METAL, INC.	e, country, and ZIF or foreign pos	stal code (il loreign, see il	ristructions)	2c Spons	or's telepho 718-858-7	one number 7921
					2d Busine	ess code (se	ee instructions)
688 COURT : BROOKLYN,	STREET, UNIT B NY 11231					33290	0
3a Plan a	dministrator's name ar	nd address X Same as Plan Spo	onsor.		3b Admini	strator's El	N
					3c Admini	introtor's to	lanhana numbar
					3C Admini	strator s te	lephone number
4							
		e plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN		
	, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN 4c PN		
name, a Sponso	, EIN, and the plan nur or's name		·	· · · · · · · · · · · · · · · · · · ·			12
name, a Sponso 5a Total r	, EIN, and the plan nur or's name number of participants	mber from the last return/report.			4c PN		12
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan nur or's name number of participants number of participants er of participants with	mber from the last return/report. at the beginning of the plan year	f the plan year (only defir	ned contribution plans	4c PN 5a		
name, a Sponso 5a Total r b Total r c Number compl	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defir	ned contribution plans	4c PN 5a 5b		13
name, a Sponso 5a Total r b Total r c Number comple d(1) Total	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defir	ned contribution plans	4c PN 5a 5b 5c		13
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defir	ned contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2)		13 4 12 13
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than r	EIN, and the plan nur or's name number of participants number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (only defironal plan year	ned contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	ished.	13 4 12
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than r Caution: A Under pena	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only defironal plan yeareare plan year with accrued rn/report will be assessuctions, I declare that I ha	ned contribution plans I benefits that were less sed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establication, including	g, if applica	13 4 12 13 0 able, a Schedule
name, a Sponso 5a Total r b Total r c Number compl d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only definology) plan yeare e plan year with accrued rn/report will be assess uctions, I declare that I ha	ned contribution plans I benefits that were less sed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establication, including	g, if applica	13 4 12 13 0 able, a Schedule
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total e Number than r Caution: A Under pena	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only definance) plan year e plan year with accrued rn/report will be assess uctions, I declare that I has as well as the electronic	benefits that were less sed unless reasonable ca ave examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is establication, and to the best second to the best s	g, if applica pest of my l	13 4 12 13 0 able, a Schedule knowledge and
name, a Sponso 5a Total r b Total r c Number compl d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with a tete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only definance) plan yeare e plan year with accrued rn/report will be assess actions, I declare that I ha as well as the electronic	I benefits that were less sed unless reasonable ca ave examined this return/report version of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is establication, and to the best second to the best s	g, if applica pest of my l	13 4 12 13 0 able, a Schedule knowledge and
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name, a Sponso 5a Total r b Total r C Number complete (1) Total r d(2) Total r e Number than r Caution: A Under penass or Schelbelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only definance) plan year e plan year with accrued rn/report will be assess actions, I declare that I has as well as the electronic 10/12/2017 Date Date	I benefits that were less sed unless reasonable ca ave examined this return/re version of this return/report ALEXIS CARDINALE Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is establication, including rt, and to the best dual signing as	g, if applica best of my l s plan admi s employer	13 4 12 13 0 able, a Schedule knowledge and inistrator
name, a Sponso 5a Total r b Total r C Number complete (1) Total r d(2) Total r e Number than r Caution: A Under penass or Schelbelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only definance) plan year e plan year with accrued rn/report will be assess actions, I declare that I has as well as the electronic 10/12/2017 Date Date	I benefits that were less sed unless reasonable ca ave examined this return/re version of this return/report ALEXIS CARDINALE Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establication, including rt, and to the bedual signing as	g, if applica best of my l s plan admi s employer	13 4 12 13 0 able, a Schedule knowledge and inistrator
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name, a Sponso 5a Total r b Total r C Number complete (1) Total r d(2) Total r e Number than r Caution: A Under penas SB or Schele belief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (only definance) plan year e plan year with accrued rn/report will be assess actions, I declare that I has as well as the electronic 10/12/2017 Date Date	I benefits that were less sed unless reasonable ca ave examined this return/re version of this return/report ALEXIS CARDINALE Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establication, including rt, and to the bedual signing as	g, if applica best of my l s plan admi s employer	13 4 12 13 0 able, a Schedule knowledge and inistrator

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6a Were all of the plan's assets during the plan year invested in eligit b Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public a	account	ant (IC	PA)			X Yes	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can								<u> </u>	П
c If the plan is a defined benefit plan, is it covered under the PBGC i							∏No	□ Not dete	ermined
Part III Financial Information				- ,	<u> </u>		<u> </u>		
7 Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Voor	
a Total plan assets	7a		496450				(b) Ellu	470458	3
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		496450)				470458	3
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nf				(b) T	otal	
Contributions received or receivable from: (1) Employers	8a(1)	(4) / 1111041					(ω) .	<u> </u>	
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		13707	•					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13707	7
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		39699)					
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							39699	
i Net income (loss) (subtract line 8h from line 8c)	8i							-25992	2
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 2K 3D									
b If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Char	acteris	tic Cod	les in t	he instru	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 contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes 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 by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Χ				
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)					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		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 t Day		of the lette Year _	r 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 N	0
	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		e 		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(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi 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 [Prior ye test	ar" ADP
			Gur 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 perd test	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 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		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).

▶ 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 Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 A This return/report is for:
A This return/report is for: X a single-employer plan
B This return/report is
an amended return/report
an amended return/report
C Check box if filing under:
DFVC program DFVC program Special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN)
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) ▶ 001
1a Name of plan Almar Retirement Plan 1b Three-digit plan number (PN) ▶ 001
Almar Retirement Plan Almar Retirement Plan (PN) 001
plan number (PN) 001
1c Effective date of plan
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)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Almar Sheet Metal, Inc. (EIN) 13-3969552 2c Sponsor's telephone number
(718) 858-7921
2d Business code (see instructions)
688 Court Street, Unit B
Brooklyn NY 11231
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN
- Administrator S Env
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN
a Sponsor's name
5a Total number of participants at the beginning of the plan year
D 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
t t m m m m m m m m m m m m m m m m m m
complete this item)
d(1) Total number of active participants at the beginning of the plan year. 5d(1)
d(1) Total number of active participants at the beginning of the plan year
d(1) Total number of active participants at the beginning of the plan year
d(1) Total number of active participants at the beginning of the plan year
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d(1) Total number of active participants at the beginning of the plan year
d(1) Total number of active participants at the beginning of the plan year

	1 0111 0000-3F 2010		Page 2							
6a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility ou answered "No" to either line 6a or line 6b, the plan call of the plan is a defined benefit plan, is it covered under the PBGC	y and conditions of the condit	dent qualified public ons.) m 5500-SF and mu	accou	ntant (IQPA)			Yes	S No
Pa	art III Financial Information					2.0000		□	☐ Not det	emined
7	Plan Assets and Liabilities		(a) Beginning	of Va						
a	Total plan assets	7a	(a) Deginning					(b) End	of Year	
_b	Total plan liabilities	7b		490	,450				4	70,458
c		. 7c		100	450		_			
8	Income, Expenses, and Transfers for this Plan Year	70	(0) 0		450				4	70,458
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou	nt				(b) T	otal	
	(2) Participants	. 8a(2)		_			-			
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		13	707					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	- WA	13,	707		_			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			39.	699				1	3,707
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			033					-
f	Administrative service providers (salaries, fees, commissions)	. 8f				_				
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				_				0 600
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		-						9,699
j	Transfers to (from) the plan (see instructions)	- 8j							-2	5,992
Par	t IV Plan Characteristics	- 9								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare	feature codes	from the List of Pla	n Char	acteris	tic Co	des in th	e instruc	ctions:	
Par	t V Compliance Questions					_	_			
10	During the plan year:				Yes	No	I NVA I		2.5	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normally and DOL	/oluntary Fide	iciani Correction	10a	165	NO	N/A		Amount	_
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	2 (Do not inc	ludo transportione	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 by fraud or dishonesty?	fidality hand	Alana	10c						_
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	ner persons b	y an insurance	10d						
f	Has the plan failed to provide any benefit when due under the pla	n?		10e						
g	Did the plan have any participant loans? (If "Yes," enter amount a			10f		-				
h	If this is an individual account plan, was there a blackout period?	Coo inatrusti		10g						_
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	o required no	tion or one of the	10h 10i	+					
				101	_	_				

Form 5500-SF 2016

	Form 5500-SF 2016					
Part '		. 1				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)					Yes 🗍
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	144	T			
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		_	Yes 🛛
а	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	d enter	the da	ate of th	e let	er ruling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Da	<u> </u>		Year	
b	nter the minimum required contribution for this plan year		_			
-	of or the armount of the plan year	12b	-			
4	nter the amount contributed by the employer to the plan for this plan year	12c				
	negative amount) sign to the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes		No	N/A
Part V	Il Plan Terminations and Transfers of Assets					
13a	las a resolution to terminate the plan been adopted in any plan year?		Пу	'es	X I	No
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	120	Η-	-	<u> </u>	10
a	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	13a		П v	es [J No
•	f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		п.	C3 [9 140
	c(1) Name of plan(s):			_		
	13c(2)	EIN(s)		-	13c(3) PN(s)
D- 41						
Part \						
14a N	me of trust	14b	Trust's	EIN		
14c N	ame of trustee or custodian			e's or ci		ian's
Part I	K IRS Compliance Questions					
15a Is	the plan a 401(k) plan? If "No," skip b			☐ No		
15b H	www did the plan satisfy the nondiscrimination requirements for employee deferrals under section Design 1(k)(3) for the plan year? Check all that apply:	n-based arbor nt year		□ tes	t	ear" ADP
16a w	hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ar? Check all that apply:	est	-	N/A	_	ПМ

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

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

Yes

Yes

Yes

☐ No

☐ No

☐ No

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

18 Defined Benefit Plan or Money Purchase Pension Plan Only:

for the plan year by combining this plan with any other plan under the permissive aggregation rules?......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

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