Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

Short Form Annual Return/Report of Small Employee

Benefit Plan

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**

| | | identification information | | | | | |
|---------------------------------|----------------|---------------------------------------|------------------------------|-----------------------------|-----------------|----------------|---------------------------|
| For calendar plan yea | ar 2016 or fi | scal plan year beginning 01/01/ | 201 <u>6</u> | and ending 1 | 2/31/2016 | | |
| _ | | a single-employer plan | <u> </u> | r plan (not multiemployer) | | - | |
| A This return/report | is for: | a one participant plan | | employer information in a | ccordance w | ith the form | n instructions.) |
| | | a one-participant plan | a foreign plan | | | | |
| P This return/report is | 'a | the first return/report | the final return/repo | art | | | |
| B This return/report is | S | = | = | | antha) | | |
| | | an amended return/report | a short plan year re | turn/report (less than 12 m | ionins) | | |
| C Check box if filing | under: | X Form 5558 | automatic extension | n | DFVC p | rogram | |
| | | special extension (enter desc | cription) | | | | |
| Part II Basic | Plan Info | rmation—enter all requested in | nformation | | | | |
| 1a Name of plan | | · | | | 1b Three | e-digit | |
| JOSEPH'S CLEANING | SERVICE, | LLC 401(K) PLAN | | | | number | 004 |
| | | | | | (PN) | | 001 |
| | | | | | 1C Effec | tive date of | f plan 1/2014 |
| 2a Plan enoneor's no | ame (emplo | yer, if for a single-employer plan) | | | 2h Empl | | |
| | | m, apt., suite no. and street, or P. | O. Box) | | (EIN) | | fication Number 536944 |
| | | e, country, and ZIP or foreign pos | stal code (if foreign, see i | nstructions) | , , | | hone number |
| JOSEPHS CLEANING | SERVICE, I | LLC | | | _ open | 585-645 | 5-7312 |
| | | | | | 2d Busir | ness code (| see instructions) |
| PO BOX 824 WEBSTER, NY 14580 | | | | | | 5617 | 20 |
| WEDSTER, NT 14500 | | | | | | | |
| 32 Plan administrate | or'o nomo or | nd address X Same as Plan Spo | nnoor | | 3h Admi | nistrator's I | EINI |
| Ja Flan auministrato | JI S Hallie al | id address A Same as Flan Spo | onsor. | | JD Admi | IIISIIAIOI S I | EIIN |
| | | | | | 3c Admi | nistrator's t | telephone number |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 If the name and/o | or EIN of the | e plan sponsor has changed since | the last return/report file | ed for this plan, enter the | 4b EIN | | |
| | | mber from the last return/report. | · | • | | | |
| a Sponsor's name | | | | | 4c PN | | |
| 5a Total number of | participants | at the beginning of the plan year | | | 5a | | |
| b Total number of | participants | at the end of the plan year | | | 5b | | |
| · | • | account balances as of the end o | | · | 5c | | |
| · | , | | | | | | |
| d(1) Total number | of active pa | rticipants at the beginning of the p | olan year | | 5d(1) | | |
| d(2) Total number | of active pa | rticipants at the end of the plan ye | ear | | 5d(2) | | |
| | | terminated employment during th | | | 5e | | |
| | | or incomplete filing of this retu | | | | olished | |
| | | her penalties set forth in the instru | | | | | cable, a Schedule |
| | | nd signed by an enrolled actuary, | as well as the electronic | version of this return/repo | rt, and to the | best of my | knowledge and |
| belief, it is true, correct | | | 10/15/2017 | SANDRA L.CATALLO | \ | | |
| SIGN Filed With | authonzed/ | valid electronic signature. | 10/15/2017 | SANDRA L.CATALLO |) | | |
| Signatur | re of plan a | dministrator | Date | Enter name of individ | dual signing | as plan adr | ministrator |
| SIGN | | | | | | | |
| HERE Signatur | re of emplo | yer/plan sponsor | Date | Enter name of individ | dual signing | as employe | er or plan sponsor |
| | | ame, if applicable) and address (| | | | s telephone | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Form 5500-SF 2016 Page **2**

| If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | | Were all of the plan's assets during the plan year invested in eligib | | , | | | | | | X Yes | No |
|--|----------|---|----------------------------|--|----------|----------|---------|----------|-----------|----------|---------|
| C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | b | under 29 CFR 2520.104-46? (See instructions on waiver eligibility | and condi | tions.) | | | | | | X Yes | No |
| Part III Financial Information (a) Beginning of Year (b) End of Year (c) End | | | | | | | _ | - | | _ | |
| 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7 a Total plan assets (subtract line 7b from line 7a) | c | <u> </u> | nsurance p | orogram (see ERISA se | ection 4 | 021)? | | Yes | No | Not dete | ermined |
| a Total plan assets | Pa | rt III Financial Information | | 1 | | | | | | | |
| b Total plan liabilities | 7 | Plan Assets and Liabilities | | (a) Beginning | | | | (| (b) End c | | |
| C Net plan sassets (subtract line 7b from line 7a) | | · | 7a | | | | | | | | |
| 8 Income Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (427 (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (427 (3) Others (including rollovers). (428 (427 (427) (427) (427) (427) (5) Others (including rollovers). (6) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) (7) Employers (8) Other spenses (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) Other spenses (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b) (8) Other expenses (add lines 8a(4) other expenses (add lines 8a(4)) other line 8a(4) other line | | | 7b | | | | | | | | |
| a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | C | Net plan assets (subtract line 7b from line 7a) | 7c | | 13640 |) | | | | 17110 |) |
| (1) Employers 8a(1) 42/ (2) Participants 8a(2) 2479 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) | | | | (a) Amour | nt | | | | (b) To | otal | |
| (2) Participants | а | | 92/1) | | 427 | | | | | | |
| (a) Others (including rollovers) | | | | | 2479 | | | | | | |
| b Other income (loss) | | | | | | _ | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| d Benefits paid (including direct rollowers and insurance premiums to provide benefits) | | · · · | | | | | | | | 3470 |) |
| to provide benefits) | | | 80 | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | | 8d | | 0 |) | | | | | |
| ## Authinistrative service provides (sataries, lees, continusors) | e | Certain deemed and/or corrective distributions (see instructions). | 8e | | 0 |) | | | | | |
| Total expenses (add lines 8d, 8e, 8f, and 8g) | f | Administrative service providers (salaries, fees, commissions) | 8f | | O |) | | | | | |
| Net income (loss) (subtract line 8h from line 8c) | g | Other expenses | 8g | | 0 |) | | | | | |
| Transfers to (from) the plan (see instructions) | <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | (|) |
| Part IV Plan Characteristics | <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 3470 |) |
| 9a | j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions | Pai | t IV Plan Characteristics | | | | | | | | | |
| 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 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.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the | 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D | feature co | odes from the List of Pl | an Cha | racteri | stic Co | des in | the instr | uctions: | |
| 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.) | b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | des from the List of Pla | n Chara | acterist | ic Cod | des in t | he instru | ctions: | |
| 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.) | Par | t V Compliance Questions | | | | | | | | | |
| 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) | | | | | | Yes | No | N/A | | Amount | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | а | Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V | oluntary F | Fiduciary Correction | 40- | | X | | | | |
| C Was the plan covered by a fidelity bond? | b | Were there any nonexempt transactions with any party-in-interest | t? (Do not | include transactions | | | X | | | | |
| by fraud or dishonesty? | | , | | | | X | | | | | 5000 |
| carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | d | | | | 10d | | X | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | е | Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some | ner persor ne or all of | ns by an insurance the benefits under | 10e | | X | | | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | | | |
| 2520.101-3.) | g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year- | end.) | 10g | | X | | | | |
| | h | · | • | | 10h | | X | | | | |
| | i | | | | 10i | | | | | | |

| ı | Form | 550 | 0-SF | 201 | 16 |
|---|------|-----|------|-----|----|
| | | | | | |

| 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) | | | | 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(| 2) EIN(s) | | 13c(3) | PN(s) |
| | | | | | | | |
| Part | VIII | Trust Information | | | | | |
| 14a | Name | of trust | | 14b | Trust's E | EIN | |
| 14c | Name | of trustee or custodian | | | | 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

stemat 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

OMB Nos. 1210-0110 1210-0089

2016

coartment of Labor This Form is Open to moloyee Benefits Security Administration Revenue Code (the Code). **Public Inspection** Transport Penality Cuaranty Compration ► Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or tiscal plan year beginning 01/01/2016 and ending 12/31/2016 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 first return/report the final return/report B This return/report is arr amended return/report a short plan year return/report (less than 12 months) C Uneck box if filing under: Form 5558 l automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number 1001 Joseph's Cleaning Service, LLC 401(k) Plan (PN) > 1c Effective date of plan 01/01/2014 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) (EIN)27-0536944 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number Josephs Cleaning Service, LLC 585-645-7312 2d Business code (see instructions) PO Box 824 561720 Webster NY 14580 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. a Sponsor's name 4c PN 5a 2 5a Total number of participants at the beginning of the plan year 5b b Total number of participants at the end of the plan year 2 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 2 complete this item) 5d(1) 2 d(1) Total number of active participants at the beginning of the plan year 5d(2) d(2) Total number of active participants at the end of the plan year 2 Number of participants that terminated employment during the plan year with accrued benefits that were less 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of penjury 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 correct, and complete. Sandra L.Catallo SIGN SIGN HERE HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

| Page 2 | |
|----------------|--|
| instructions.) | |

Х

10h

10i

| 6a | Were all of the plan's assets during the plan year invested in eligit | ole assets? | (See instructions.) | | | | | | X Yes | No |
|----------|--|----------------------------|---|----------|---------|---------|----------|----------------|-----------|-----------|
| b | b 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.) | | | | | | | | ₩ Var | — ∏ No |
| | If you answered "No" to either line 6a or line 6b, the plan can | | , | | | | | | X Yes | ☐ 140 |
| C | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | | Not deten | mined |
| Pa | rt III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | | b) End of | Year | |
| а | Total plan assets | 7a | | 13, | | | | | | 7,11 |
| b | Total plan liabilities | 7b | | | 0 | | | | | - |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 13, | 640 | | | | 1. | 7,11 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amou | nt | | | | (b) Tota | ı | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | | 427 | | | | | |
| | (2) Participants | 8a(2) | | 2, | 479 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | | | |
| b | Other income (loss) | 8b | | | 564 | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | | 3,47 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | 0 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | | | · |
| g | Other expenses | 8g | | | 0 | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | |
| i_ | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | | 3,47 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D | feature co | odes from the List of P | lan Cha | racteri | stic Co | des in | the instruct | ions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare f | eature cod | les from the List of Pla | ın Chara | cterist | ic Coc | les in t | he instruction | ons: | |
| | | | | | | | | | | |
| Par | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | Amount | |
| а | Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram) | /oluntary F | iduciary Correction | 40- | | х | | | | |
| h | Were there any nonexempt transactions with any party-in-interes | | | 10a | | | | | | |
| | reported on line 10a.) | | | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | | 5,00 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bo | nd, that was caused | 10d | | Х | | | | |
| e | Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.) | her person ne or all of | s by an insurance the benefits under | 10e | | Х | | | | |
| f | | | | 10f | | Х | | | | |
| 0 | Did the plan have any participant loans? (If "Yes," enter amount a | s of year- | end.) | 100 | | х | | | | |

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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....

2520.101-3.)

Form 5500-SF 2016

| | 7rm 5500-SF 2016 Page 3- | | | | | |
|--------------------|--|-----------------|--------------------|----------------------|---------------------|---------|
| | | | | | | |
| Part | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and Form 5500) and line 11a below) | | | B (4)220) - (6)44 | Yes | No No |
| 1940 | 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 CERISA? | | on 302 of | | Yes | X No |
| | s "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | 35 | | *********** | | |
| a | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. | | d enter t Day | | e letter ri 'ear | uling |
| lf | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | | | | |
| 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 | 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 1 | No 📗 | N/A |
| Part | /II Plan Terminations and Transfers of Assets | <u></u> | | | | |
| 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 | | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broucontrol of the PBGC? | | 3 | _ Y | es 🛛 1 | No |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.) | tify the plan(s | s) to | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2 |) EIN(s) | | 13c(3) P | N(s) |
| [n. | | | | | | |
| Part | | | 1 441 - | | | |
| 14a | Name of trust | | 140 | Trust's EIN | | |
| 14c | Name of trustee or custodian | | 1 | Frustee's or c | | 's |
| Garage and Control | | | | | | |
| Par | IX IRS Compliance Questions | | | | | |
| 15a | Is the plan a 401(k) plan? If "No," skip b | Yes | | No | • | |
| | How did the plan satisfy the nondiscrimination requirements for employee deferrals under section | | gn-based harbor | l ["P | rior year | " ADP |
| | 401(k)(3) for the plan year? Check all that apply: | Cun ADP | rent year test | 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: | Rati | o centage | Averag benefit | e 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? | | | ☐ No |) | |
| 17a | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number | | er or advi | sory letter, er | iter the d | late of |
| 17b | If the plan is an individually-designed plan that received a favorable determination letter from the IRS, letter | enter the date | of the m | nost recent de | terminal | tion |
| 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 sepservice? | | Ye | s [] No | | |
| 19 | Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | | Ye | s No | | |