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).

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. 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 PAUL MARSH LLC EMPLOYEES PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 06/01/1977 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) 13-4037354 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number PAUL MARSH LLC 212-759-9060 2d Business code (see instructions) 654 MADISON AVENUE 424990 NEW YORK, NY 10065-8404 **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 5a Total number of participants at the beginning of the plan year 5b 8 **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 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 8 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

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 belief, it is true, correct, and complete.

<u>belief, it is t</u>	rue, correct, and complete.					
31314	Filed with authorized/valid electronic signature.	10/25/2017	PAUL MARSH			
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 individ	ual signing as employer or plan sponsor		
Preparer's i	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number		

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		·····				X	es No
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-	_		
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	☐ Not de	etermined
Pa	rt III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning				((b) End		
<u>a</u>	Total plan assets	7a	2	210182					24709	
b	Total plan liabilities	7b		0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	2	210182					24709	89
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	0-/4\		22000						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		302202						
	Other income (loss)	8b		302202	-				22.42	02
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3242	02
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		60419						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		2175	5					
<u>.</u>	Other expenses	8g		801						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				633	95
<u>;;</u>	Net income (loss) (subtract line 8h from line 8c)	8i							2608	
÷	Transfers to (from) the plan (see instructions)			C						
, D-	, , , , ,	8j								
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footure	adas from the List of DI	on Cho	rootori	otio Co	odoo in	the inet	ruotiono:	
	2E 3B 3D	reature co	des nom the List of Fi	an Cna	racteri	Silc CC	Jues III	uie iiisi	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	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	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 V	oluntary F	Fiduciary Correction			X				
	Program)			10a						
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					300000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		Χ				
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	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 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
	(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	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 Ravenue Service

Cepartmert of Lanet Employee Benetis Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled 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.

CMB Nos, 1210-0116 1210-0089

2016

This Form is Open to Public Inspection

		Identification Information		ennale est una qualmangus unidatadase.	a ana ana ana ang ang ang ang ang ang an	regs where the material ways in a part of the section of
For calendar	plan year 2016 or r	iscal plan year beginning.	06/01/2016	and ending	05/31/201	· · · · · · · · · · · · · · · · · · ·
A This retu	rnireport is for.	🛚 a single-employer plen	a multiple-employer planlist or participating emp			
		a one-participant plan	∏ a foreign plan			
B This retur	n/report is	the first return/report	the final return/report			
		an amended returnmeport	a short plan year return?	report (less than 12 m	ionths)	
C Chack be	ox if filing under.	Form 5558	automatic extension		DFVC program	
÷ •••••••		special extension (enter desc	u		[] DFVD program	
Part II	Pacie Plan Inf	ormation—enter all requested in		 		
1a Name o		Offitation enter sintequested in	ROTHIGUOTI	· · · · · · · · · · · · · · · · · · ·	1b Three-digit	
	•	OYEES PROFIT SHARING	PLAN		plan number (PN)	001
					1c Effective date 06/01/19	
Mailing	address (include re	loyer, if for a single-employer plan) om, apt., suite no land street, or P	OliBox)		2b Employer Ide (EIN) 13-40	ndlication Number 037354
City or t PAUL MA		nce, country, and ZIP or foreign pos	tal code (if foreign, see instru	ictions)	2c Sponsor's te	ethone rumber
roun no	Vau Pro				212-759-1	
654 MAĎ	ISON AVENUE				2d Business cod 424990	de (see instructions)
NEW YOR	·	NY 10065-84(26	5. F(1)
Ja Plan ac	ministrator s name	and address 🔯 Same las Plan Spo	JASUT .		3b Administrato	5 ERV
					3c Administrato	's telephone number

		the plan sponsor has changed since number from the last feturn/report.	e the last return/report filed fo	or this plan, enter the	4b EIN	· · · · · · · · · · · · · · · · · · ·
a Sponso		<u> </u>	·	<u> </u>	4c FN	
5a Total r	turnber of participan	nts at the beginning of the plan year	Tarangan kangga saban kangga saban sa kangga saban sa sa sa kangga saban sa s		5a	7
b Total r	number of participar	nts at the end of the plan year			5b	3
		th account balances as of the end o	, -: , -	·	5c	
. "		participants at the beginning of the			5d(1)	7
		participants at the end of the plan y				8
e Numb	er of participants th	nat terminated employment during th	he plan year with accrued be		5e	0
Caution: A	penalty for the lat	te or incomplete filing of this retu	urnfreport will be assessed	unless reasonable c	ause is established	I
SB or Sche		other penalties set forth in the instr I and signed by an enrolled actuary implete				
SIGN	J	· · · ·	10/25/17	PAUL MARSH		
HERE	Signature of plan	n administrator	Date	Enter name of indiv	idual signing as plar	administrator
SIGN						
HERE	Signature of em	pio yer/plan sponsor	Date	Entername of indiv	idual signing as emi	sover or plan sponsor
Freparer's		m name, if applicable) and acdress			Preparer's telepi	
	-	• .				
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	t III Financial Information		Control of the second of the second					All the second second	
7	Plan Assets and Liebshie's		(a) Beginning of	Year	T	•	(6)	End of Yea	r
	Total plan assets	7a		10,1	82	·	1-7		2,470,989
	Total plan habilities	7b			o		······································		
	Net plan assets (subtract line 76 from line 7a)	7c	2,2	10,1	82		A + 1,0 1		2,470,983
8.	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
	Contributions received or receivable from:			22,0	00				
	(1) Employers	8a(1)		22,0		: ::.			
	(2) Participants	8a(2)		,	۵ O				
	(3) Others (including rollovers)	8a(3)		(A) A	* 1.	<u> </u>		 	<u> </u>
	Other income (loss)	8b		02,2	UΖ			· · · · · · · · · · · · · · · · · · ·	221 20
	Total income (and lines 8a(1), 8a(2), 8a(3), and 8b)	8c				;			324,20
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		€0,4	19				
e	Certain deemed and/or corrective distributions (see instructions)	Se			υ	1,3		····	
f	Administrative service providers (salaries, fees, commissions)	8f		2,1	75			*	
g	Other expenses	8g		8	01				
h	Total exponses (add lines Str. 3e, St. and Sg)	8h							63, 39
									260,80
j Pa	Net income (loss) (subtract line %n from line %c) Transfers to (from) the plan (see instructions) If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension %E 3B 3D	8i 8j feature coo	les from the List of Pla	in Char	0 acteris	tic Co	des in ti	noitzurtieni en	
Pa 9a b	Transfers to (from) the plan (see instructions) If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 3B 3D	8j feature coo			acteris				15.
Pa b Pa	Transfers to (from) the plan (see instructions) If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare for tV Compliance Questions During the plan year.	Bj feature code	is from the List of Plan		acteris			e Instruction	1 5 .
Pa b Pa	Transfers to (from) the plan (see instructions)	eature code	s from the List of Plan the time period ductary Correction		acteris cterist	c Coc	les in th	e Instruction	NS:
Pa Pa 10	Transfers to (from) the plan (see instructions). If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare for t.V. Compliance Questions During the plan year. Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510,3-1027 (See instructions and EOU's V.	eature code eature code stions within /cluntary F	is from the List of Plan the time period ductary Correction	Chara	acteris cterist	c Coc	les in th	e Instruction	YS:
J Pa 9a b Pa 10	Transfers to (from) the plan (see instructions). If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare for t.V. Compliance Questions During the plan year. a. Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510,3-102? (See instructions and DOL's Verogram). b. Were there any nonexempt transactions with any party-in-interest.	eature code eature code stions within /cluntary F 77 (Do not i	is from the List of Plan the time period ductary Correction notude transactions	Chara	acteris cterist	No X	les in th	e Instruction	is.
J Pa 9a b Pa 10	Transfers to (from) the plan (see instructions). If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan ary participant contributes of the plan plan pension of the plan ary participant contributes of the plan 29 CFR 2510,3-102? (See instructions and DOL's Verestime any nonexempt transactions with any party-in-interest 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 by traud or dishonesty?	eature code stions within 72 (Do not i	is from the List of Plan the time period ductary Correction include transactions and, that was caused	10a	acteris cterist Yes	No X	les in th	e Instruction	NS:
J Pa 9a b Pa 10	Transfers to (from) the plan (see instructions). If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare for t.V. Compliance Questions During the plan year. a. Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510,3-102? (See instructions and DOL's Nergram). b. Were there any nonexempt transactions with any party-in-interest 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 by traud or dishonesty? e. Were any fees or commissions paid to any brokers, agents, or of carner, insurance service, or other organization that provides son	feature code stions withir /cluntary F 77 (Do not i	is from the List of Plan the time period duciary Correction include transactions ind, that was caused to by an insurance the benefits under	10a 10b	acteris cterist Yes	No X	les in th	e Instruction	is.
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Pa Ba D Pa 10	Transfers to (from) the plan (see instructions). If IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare form. If the plan provides welfare benefits, enter the applicable welfare form. Ourng the plan year a Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510,3-102? (See instructions and DOL's Verogram). Divere there any nonexempt transactions with any party-in-interest 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 by traud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of carner, insurance service, or other organization that provides some the plan? (See instructions.). f Has the plan failed to provide any benefit when due under the plan in the plan have any participant loans? (If Yes, enter amount and the plan by the plan have any participant loans? (If Yes, enter amount and the plan by the plan have any participant loans? (If Yes, enter amount and the plan by the plan have any participant loans? (If Yes, enter amount and the plan by the plan have any participant loans? (If Yes, enter amount and the plan by the plan have any participant loans? (If Yes, enter amount and the plan by the plan have any participant loans?)	eature code stions within voluntary F t? (Do not i i fidelity bor her person ne or all of an? as of year- ('See instri	is from the List of Plan I the time period ductary Correction include transactions and, that was caused is by an insurance the benefits under and) include the benefits under	10a 10b 10c 10d	acteris cterist Yes	No X X X X	les in th	e Instruction	is.

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art VI Pension Funding Compliance		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below).		
11a 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? (if "Yes," complete the 12a or lines 12b, 12c, 12d, and 12a below, as applicable)		
Test complete the 128 of thes recorded for a prior year is being amortized in this plan year, see instructions granting the waiver. Month		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b Enter the intrimium required contribution for this plan year	12b	
C Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 13c from the amount in line 13b Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No NA
art VII Plan Terminations and Transfers of Assets		
13a Has a resolution to terminate the plan been adopted in any plan year?		Yas Mo
If Yes, enter the amount of any plan assets that reverted to the employer this year	1	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PEGC?	the	Yes 🕅 No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planch assets or liabilities were transferred. (See Instructions.)		
13c(1) Name of plan(s) 1:	3c(2) E34(s)	13c(3) PN(s)
Part VIII Trust Information		
14a Name of trust	14b	Thust's EIN
14¢ Name of trustee or custodian	14d	Trustee's or custodian's telephone number
Part IX IRS Compliance Questions		
15a is the plan a 401(k) plan? ((*) No, *) skip b	Yes	☐ No
401(k)(3) for the plan satisfy the nondiscrimination requirements for employee deterrals under section 401(k)(3) for the plan year? Check all that apply	Design-base sale harbor 'Current yea ADP test	∐ test
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan. Year? Check all that apply:	Ratio percentage test	Average NVA
16b Did the plan satisfy the coverage and non-scrimination 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?	Yes	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the fetter and the serial number.		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	ent to easo	most recent determination
18 Defined Benefit Plan or Money Purchase Pension Plan Only. Were any distributions made during the plan year to an employee who attained age 62 and had not separated service?	rom T	eà [] I40
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	Т	es 🗌 No