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).

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 BEN TRE, LTD. 401(K) PROFIT SHARING PLAN plan number 003 (PN) • 1c Effective date of plan 08/01/2000 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) 05-0416380 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number BEN TRE, LTD. 401-724-6530 2d Business code (see instructions) 318 LAFAYETTE STREET 453920 PAWTUCKET, RI 02860-6016 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 3 5a Total number of participants at the beginning of the plan year 3 5b **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 3 5c complete this item)..... 3 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 2 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and boliof it is true correct and complete

| 31314 | Filed with authorized/valid electronic signature. | 12/12/2017 | HOWARD BEN TRE | | | | | |
|--|---|------------|--|---|--|--|--|--|
| 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 name (including firm name, if applicable) and address (include room or suite number) | | | | Preparer's telephone number | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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| b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) | 6a Were all of the plan's assets during the plan year invested in eligib | ole assets? | (See instructions.) | | | | | | X Yes 1 | No |
|--|---|----------------------------|---|----------|---------|---------|----------|---------------|---------------|----|
| 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 define benefit plan, is it covered under the PERC insurance program (see ERISA section 4021)? | | | | | | | | | X Yes □ N | No |
| Part III Financial Information (a) Beginning of Year (b) End of Year 1514549 1614543 16145443 16145443 16145443 16145443 16145443 16145443 1614544444 1614544444 | ` | | , | | | | | | □ .ee □ . | |
| 7 Plan Assets and Liabilities | c If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | rogram (see ERISA se | ection 4 | 021)? | | Yes | No | Not determine | d |
| a Total plan assets | Part III Financial Information | | | | | | | | | _ |
| a Total plan assets | 7 Plan Assets and Liabilities | | (a) Beginning | of Year | | | | b) End of Y | ′ear | |
| C Net plan assets (subtract line 7b from line 7a) | a Total plan assets | 7a | | | | | | | | |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) (2) Participants. 8a(2) (3) Others (including rollovers). 8a(3) 5 Other Income (loss). 8a(3) 6 De Other Income (loss). 8 De Other I | b Total plan liabilities | 7b | | | | | | | | |
| a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Others (including rollovers). (8) Bb | C Net plan assets (subtract line 7b from line 7a) | 7c | 1 | 514549 |) | | | | 1614543 | |
| (1) Employers | 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amour | nt | | | | (b) Tota | I | |
| (2) Participants | | 2 (1) | | | | | | | | |
| (3) Other s(including rollovers) | | | | | | | | | | |
| b Other income (loss) | | | | | | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | 151608 | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | | | | | | | | 151608 | |
| to provide benefits) | | 80 | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | 8d | | 33250 |) | | | | | |
| g Other expenses | e Certain deemed and/or corrective distributions (see instructions). | 8e | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | f Administrative service providers (salaries, fees, commissions) | 8f | | 18364 | | | | | | |
| Net income (loss) (subtract line 8h from line 8c) | g Other expenses | 8g | | | | | | | | |
| Transfers to (from) the plan (see instructions) | h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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 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.) | | 8i | | | | | | | 99994 | |
| 9a | | 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 | | | | | | | | | | |
| 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) | | feature co | des from the List of Pl | an Cha | racteri | stic Co | des in | the instruct | ions: | |
| 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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | b If the plan provides welfare benefits, enter the applicable welfare f | feature cod | les from the List of Pla | n Chara | acteris | tic Cod | les in t | he instructio | ons: | |
| 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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | Part V Compliance Questions | | | | | | | | | |
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10 During the plan year: | | | | Yes | No | N/A | Α | mount | _ |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | | | | | | | | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | | 10a | | 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 | | | | 100 | 00 |
| 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) HIf this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the | | | | 10d | | X | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son | her person ne or all of | s by an insurance the benefits under | | | Х | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | f Has the plan failed to provide any benefit when due under the pla | an? | | 10f | | Χ | | | | |
| 2520.101-3.) | g Did the plan have any participant loans? (If "Yes," enter amount a | as of year-e | end.) | | | X | | | | _ |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | | | | 10h | | X | | | | |
| | i If 10h was answered "Yes," check the box if you either provided t | the required | d notice or one of the | 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 supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru | | | | 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 per 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 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

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

| For calendar plan year 2016 or f | t Identification information | 1 08/01/2016 | and anding | 07/21/2 | 1017 | | | |
|--|---|--|--|--|--|--|--|--|
| Tor calendar plant year 2010 or i | X a single-employer plan | a multiple-employer pla | and ending | 07/31/2 | | | | |
| A This return/report is for: | a single-employer plan | list of participating em | | | | | | |
| | a one-participant plan | a foreign plan | | overaging marking | o form more distriction, | | | |
| B This return/report is | the first return/report | the final return/report | | | | | | |
| | an amended return/report | a short plan year return | /report (less than 12 m | onths) | | | | |
| C Check box if filing under: | Form 5558 | automatic extension | | DFVC progra | m | | | |
| | special extension (enter desc | | | | | | | |
| Part II Basic Plan Info | ormation—enter all requested in | nformation | | , | | | | |
| 1a Name of plan | | | | 1b Three-digi | 3 | | | |
| BEN TRE, LTD. 401(K) | PROFIT SHARING PLAN | | | plan numb | per 003 | | | |
| | | | | (PN) 1c Effective of | tate of plan | | | |
| *************************************** | | | | 08/01/2 | | | | |
| | oyer, if for a single-employer plan) om, apt., suite no. and street, or P. | O. Box) | | | Identification Number 0416380 | | | |
| | ce, country, and ZIP or foreign pos | tal code (if foreign, see instri | uctions) | | telephone number | | | |
| BEN TRE, LTD. | | | | 401-724 | | | | |
| 318 LAFAYETTE STREE | | 2d Business of 453920 | code (see instructions) | | | | | |
| T. B. L. 2001 L. C. 17 C | DT 00000 000 | | | 433720 | | | | |
| PAWTUCKET | RI 02860-601 | | | 25 | | | | |
| 3a Plan administrator's name and address X Same as Plan Sponsor. | | | | 3b Administrator's EIN | | | | |
| | | | | 3c Administra | itor's telephone number | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | ne plan sponsor has changed since | the last return/report filed for | or this plan, enter the | 4b EIN | *************************************** | | | |
| name, EIN, and the plan no a Sponsor's name | umber from the last return/report. | | | 4c PN | | | | |
| - | s at the beginning of the plan year | | *** | 5a | 3 | | | |
| | s at the end of the plan year | | | 5b | 3 | | | |
| | s at the end of the plan year | | | 1 | J. Commission of the Commissio | | | |
| | | | | 5c | 3 | | | |
| d(1) Total number of active pa | articipants at the beginning of the p | olan year | ****************************** | 5d(1) | 3 | | | |
| d(2) Total number of active p | articipants at the end of the plan ye | ear | •••• | 5d(2) | · 2 | | | |
| | t terminated employment during th | | | 5e | 0 | | | |
| Caution: A penalty for the late | or incomplete filing of this retui | rn/report will be assessed | unless reasonable ca | use is establishe | ed. | | | |
| SB or Schedule MB completed a | other penalties set forth in the instru and signed by an enrolled actuary, | actions, I declare that I have as well as the electronic ver | examined this return/re sion of this return/repor | port, including, if rt, and to the best | applicable, a Schedule of my knowledge and | | | |
| belief, it is true, gorrect, and con | 1 Zen De | 19/19/12 | HOWARD BEN TR | E | *************************************** | | | |
| HERE Signature of plan | administrator | Date / | Enter name of individ | lual signing as pla | an administrator | | | |
| SIGN | | | Lines rame of mark | ida signing as pie | a) dominatiator | | | |
| HERE Signature of empl | oyer/plan sponsor | Date | Enter name of individ | lual signing as en | nployer or plan sponsor | | | |
| Preparer's name (including firm | name, if applicable) and address (| include room or suite numbe | r) | Preparer's telep | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 62 | Were all of the plan's assets during the plan year invested in eligib | la aggeta? | (Can instructions) | | | | | | X Y | ′es ∏ No |
|----------|--|----------------------------|---|------------|----------|---------|-------------|-----------|-----------|-----------|
| | Are you claiming a waiver of the annual examination and report of | an indeper | dent qualified public a | account | ant (IC | PA) | | | | . — |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann | | | | | | | | <u> </u> | es No |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | | ∏ Not d | etermined |
| | rt III Financial Information | · | | | | | J | <u> </u> | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | . 1 | | | (b) End | of Year | |
| a | Total plan assets | 7a | | 514, | | | | <u> </u> | | 614,543 |
| | Total plan liabilities | 7b | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1, | 514, | 549 | | | | 1, | 614,543 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | | (b) 1 | otal | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | | 151, | 608 | | | | | |
| <u> </u> | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | | 151,608 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 33, | 250 | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) \dots | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 18, | 364 | | | | | |
| <u>g</u> | Other expenses | 8g | | | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 51,614 | |
| i_ | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | | 99,994 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pa | t IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2J 3D | feature co | des from the List of Pl | an Cha | racteri | stic Co | odes in | the inst | ructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare f | eature cod | es from the List of Pla | n Char | acterist | tic Cod | des in t | the instr | uctions: | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | Amou | nt |
| а | described in 29 CFR 2510.3-102? (See instructions and DOL's \ | /oluntary F | iduciary Correction | 400 | | х | | | | |
| b | Program) Were there any nonexempt transactions with any party-in-interes reported on line 10a.) | t? (Do not i | nclude transactions | 10a 10b | | х | | | | |
| C | | | | 10c | х | | | | ····· | 100,000 |
| d | | fidelity bo | nd, that was caused | 10d | | х | | | | |
| е | | her person ne or all of | s by an insurance the benefits under | 10e | | х | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | an? | | 10f | | х | | | | |
| 9 | Did the plan have any participant loans? (If "Yes," enter amount a | as of year-e | 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 t exceptions to providing the notice applied under 29 CFR 2520.10 | he required | notice or one of the | 10i | | | | | | |

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| | Form 5500-SF 2016 Page 3- | | | | | |
|--|---|--|------------|---------------------------|-----------|--|
| L ., | | ······································ | | · | | |
| Part ' | | ···· | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Si (Form 5500) and line 11a below) | | | <u> </u> | ′es ∐ No | |
| 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 sect | | | ı 🗆 ۱ | ′es ☒ No | |
| а | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver. Month | nd enter t | | I of the lette Year | r ruling | |
| lf \ | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | Day | | 1 Cai | | |
| | Enter the minimum required contribution for this plan year | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | 120 | | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a | 12d | | | | |
| | negative amount) | | Yes | No | N/A | |
| Presidente de la companya della companya della companya de la companya della comp | Will the minimum funding amount reported on line 12d be met by the funding deadline? | <u> </u> | 165 |] 140 [|] 10/5 | |
| Part ' | Secretary Control of the Control of | T | П у | EZ N | | |
| 138 | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | ΧN | - | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | | | |
| D | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | ie | Yes X No | | | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.) | (s) to | | | | |
| 1 | 3c(1) Name of plan(s): 13c | 2) EIN(s) | | 13c(3) PN(s) | | |
| | | | | | | |
| Part | VIII Trust Information | | | | | |
| 14a | Name of trust | 14b | Trust's El | N | | |
| 14c | Name of trustee or custodian | | | or custod e number | ian's | |
| Pari | IX IRS Compliance Questions | | | | | |
| 15a | Is the plan a 401(k) plan? If "No," skip b | S | | No | | |
| | How did the plan satisfy the hondiscrimination requirements for employee deferrals under section Safe 401(k)(3) for the plan year? Check all that apply: | sign-based harbor rrent year | L | "Prior ye test N/A | ear" ADP | |
| 16a | What testing method was used to satisfy the coverage requirements under section 410(b) for the plan | centage | | erage 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? | S | | No | | |
| 172 | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion let | or or advi | con Lotto | r ontor th | o data 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

No

No

Yes

Yes

and the serial number

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?

Defined Benefit Plan or Money Purchase Pension Plan Only: