For	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Employe	OMB Nos. 1210-011 1210-008		
	rtment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee Retirem	ent <b>2016</b>		
Employee B	epartment of Labor enefits Security Administration			57(b) and 6058(a) of the Intern			
_	enefit Guaranty Corporation	· · · · · · · · · · · · · · · · · · ·	accordance with the inst	ructions to the Form 5500-SI			
For calenda	Annual Report IC	dentification Information al plan year beginning 10/01/2	016	and ending 09/30/20	017		
	urn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (Filers	checking this box must attach a nce with the form instructions.)		
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 months)			
C Check	box if filing under:	Form 5558	automatic extension		VC program		
Dort II	Basia Blan Inform	special extension (enter descr	,				
Part II 1a Name ORISON B. (		<b>nation</b> —enter all requested inf	ormation		Three-digit plan number (PN) ▶ 003 Effective date of plan 01/01/1992		
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		tructions)	Employer Identification Number (EIN) 16-1002481		
	CURPIER COMPANY, IN			20	Sponsor's telephone number 607-432-5732		
222 HILLSID ONEONTA, 1				2d	2d Business code (see instructions) 511190		
<b>3a</b> Plan a	dministrator's name and	address 🛛 Same as Plan Spon	isor.	-	Administrator's EIN Administrator's telephone numbe		
name	, EIN, and the plan numb	blan sponsor has changed since to be from the last return/report.	the last return/report filed				
	or's name			4c			
		t the beginning of the plan year		-			
C Numb	er of participants with ac	t the end of the plan year	the plan year (only defined	d contribution plans 5			
	,	cipants at the beginning of the pla					
• • •	•	cipants at the end of the plan yea					
e Numb	per of participants that te	rminated employment during the	plan year with accrued be	enefits that were less 5			
		incomplete filing of this return					
SB or Sche		signed by an enrolled actuary, a			ncluding, if applicable, a Schedule to the best of my knowledge and		
SIGN	Filed with authorized/va	lid electronic signature.	04/20/2018	BRIAN CURPIER			
HERE	Signature of plan adr	ministrator	Date	Enter name of individual sig	ning as plan administrator		
SIGN							
HERE	Signature of employe		Date		ning as employer or plan sponso		
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite numb	er) Prep	arer's telephone number		
		age the Instructions for Form FEOD			Form 5500 SE (2011		

g Other expenses.....

Part IV Plan Characteristics

j

9a

b

i Net income (loss) (subtract line 8h from line 8c).....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions) .....

0

0

48721

35000

6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		,	
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead us	se Form 5500.
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4021)	? Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	271725	306725
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	271725	306725
~	Lesson Francisco e d'Escartan (en dela Disco Vera			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<u>8</u> a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount 60000	(b) Total
	Contributions received or receivable from:	8a(1) 8a(2)		(b) I otal
	Contributions received or receivable from: (1) Employers		60000	(b)   otal
	Contributions received or receivable from: (1) Employers	8a(2)	60000 0	(b) i otal
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	60000 0 0	(b)   otal
a	Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). Other income (loss).	8a(2) 8a(3) 8b	60000 0 0	
a b c	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	60000 0 0 23721	

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2T 3D 3H

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	rt V Compliance Questions						
10	During the plan year:			Yes	No	N/A	Amount
а	a Was there a failure to transmit to the plan any participant of described in 29 CFR 2510.3-102? (See instructions and I Program)	OL's Voluntary Fiduciary Correction	10a		Х		0
b	<ul> <li>Were there any nonexempt transactions with any party-in- reported on line 10a.)</li> </ul>		10b		Х		0
C	• Was the plan covered by a fidelity bond?		10c	Х			40000
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty?		10d		Х		0
е	Were any fees or commissions paid to any brokers, agents carrier, insurance service, or other organization that provid the plan? (See instructions.)	es some or all of the benefits under	10e	×			1211
f	Has the plan failed to provide any benefit when due under	the plan?	10f		Х		0
g	<b>g</b> Did the plan have any participant loans? (If "Yes," enter an	nount as of year-end.)	10g		X		0
h	I f this is an individual account plan, was there a blackout p 2520.101-3.)		10h		Х		
i	If 10h was answered "Yes," check the box if you either pro exceptions to providing the notice applied under 29 CFR 2		10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	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			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d			
е	Will	the 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 resolution to terminate the plan been adopted in any plan year?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		ter the	e date	of the m	nost rece	ent determ	ination
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 separce?		from	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	

	orm 5500-SF	Short Form Annu	ual Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
Int	partment of the Treasury ernal Revenue Service	This form is required to be fil	ed under sections 104 and	4065 of the Employee Re	etiremen	nt	2016
Employee	Department of Labor Benefits Security Administration	Income Security Act of 197	4 (ERISA), and sections 609 Revenue Code (the Code		Internal		orm is Open to ic Inspection
	Benefit Guaranty Corporation		accordance with the inst	ructions to the Form 55	00-SF.		ie mopeotion
Part I		Identification Information					
For calen	dar plan year 2016 or fis	scal plan year beginning	10/1/2016	and ending		9/30/2017	
A This r	eturn/report is for:	<ul> <li>a single-employer plan</li> <li>a one-participant plan</li> </ul>	list of participating er	lan (not multiemployer) nployer information in acc			
			a foreign plan				
B This re	eturn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension		Г	DFVC progr	am
		special extension (enter des			L		
Part II	Basic Plan Info	rmation—enter all requested in					
1a Name		ontor an requested in	liomation		<b>1b</b> T	hree-digit	
ORISON	B. CURPIER COMPAN	NY, INC. 401(k) PLAN			pl	lan number PN) ▶	003
				-	1c E	ffective date of 1/1/1992	plan
Mailir	ng address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.	O. Box)				ication Number
City o	or town, state or provinc	e, country, and ZIP or foreign pos	stal code (if foreign, see inst	ructions)		ponsor's teleph	none number
222 HILL	SIDE DRIVE			-	2d B	607-43 usiness code (s	see instructions)
ONEON	TA	NY				511190	
13820	administrator's name ar	nd address Same as Plan Spor			26 4	1.1.1.1.1.F	
Ja Fidii	auministrator s name ar	id address Plan Spor	ISOF.		3D A	dministrator's E	IN
				-	3c A	dministrator's to	elephone number
4 If the nam	e name and/or EIN of the e, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed f	or this plan, enter the	4b E	IN	
	isor's name				4c P	N	
5a Tota	I number of participants	at the beginning of the plan year			5a		5
		at the end of the plan year		F	5b		4
C Num	ber of participants with	account balances as of the end o	f the plan year (defined ben	efit plans do not	5c		4
		rticipants at the beginning of the p		F	5d(1	)	2
		rticipants at the end of the plan ye			5d(2	Contraction of the local data and the local data an	2
e Num	nber of participants that	terminated employment during th	e plan year with accrued be	enefits that were less	5e	/	
thar	n 100% vested	en in en melete fillen ef this este					0
Under per	nalties of perjury and ot	or incomplete filing of this retu her penalties set forth in the instru- nd signed by an enrolled actuary,	uctions, I declare that I have	examined this return/rep	ort, incl	uding, if applic	able, a Schedule
belief, it is	s true, correct, and com	plete.	as well as the electronic ve	rsion of this returnineport.	, and to	the best of my	knowledge and
SIGN	freed	mpi	4/20/2018	BRIAN CUR	PIE	R	
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signi	ng as plan adm	ninistrator
SIGN	P						
HERE	Signature of emplo		Date	Enter name of individu	ual signi	ng as employe	r or plan sponsor
Preparer	s name (including firm n	name, if applicable) and address (	include room or suite numb	er)		er's telephone	NAME OF TAXABLE PARTY OF TAXABLE PARTY.
and al							
For Paper	work Reduction Act Notic	e and OMB Control Numbers, see t	he instructions for Form 5500	-SF.			Form 5500-SF (2016)

Form 5500-SF 2016

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Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(	(b) End	of Year	
a	Total plan assets	7a		271	725				30	06725
	Total plan liabilities	7b			0					0
-	Net plan assets (subtract line 7b from line 7a)	7c		271	725				3	06725
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) <sup>-</sup>	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		60	000					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
10.01	Other income (loss)	8b		23	721					Sector Sector
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8	33721
	Benefits paid (including direct rollovers and insurance premiums	24		47	105					
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e		47	165 0					
	Administrative service providers (salaries, fees, commissions)	8f			556	and a second s				
	Other expenses				0				1994	
										8721
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1 8h 1								
	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h 8i		199	-					
i j Par 9a	Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2A       2E       2G       2J       2T       3H         If the plan provides welfare benefits, enter the applicable welfare fee	8i 8j feature code							tructions:	35000
i j Par 9a b	Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2A       2E       2G       2J       2T       3D       3H         If the plan provides welfare benefits, enter the applicable welfare for	8i 8j feature code			acteris				tructions:	
i j 9a b Par	Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2A       2E       2G       2J       2T       3D       3H         If the plan provides welfare benefits, enter the applicable welfare feet       two compliance Questions	8i 8j feature code			acteris	c Cod	es in ti		tructions:	35000
i j 9a b Par 10	Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2A       2E       2G       2J       2T       3D       3H         If the plan provides welfare benefits, enter the applicable welfare feet       V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	8i 8j feature code eature codes tions within /oluntary Fig	s from the List of Plan the time period duciary Correction		acteris				tructions:	35000
i j Par 9a b Par 10 a	Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2A       2E       2G       2J       2T       3D       3H         If the plan provides welfare benefits, enter the applicable welfare feet       V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribute	8i 8j feature code: tions within /oluntary Fic	the time period duciary Correction	Charao	acteris	c Code	es in ti		tructions:	35000
i j Par 9a b Par 10 a	Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2A         2E       2G       2J       2T       3D       3H         If the plan provides welfare benefits, enter the applicable welfare fer         t V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         Were there any nonexempt transactions with any party-in-interest	8i 8j feature codes tions within /oluntary Fic	s from the List of Plan the time period duciary Correction include transactions	Charae 10a	acteris	c Code	es in ti		tructions:	15000 nt
i j Par 9a b Par 10 a b c	Vet income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2A         2E       2G       2J       2T       3D       3H         If the plan provides welfare benefits, enter the applicable welfare feet         t V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	8i 8j feature codes tions within /oluntary Fic t? (Do not ir fidelity bond	the time period duciary Correction iclude transactions	Charac 10a 10b	acteristi Cteristi Yes	c Code	es in ti		tructions:	35000
i j Par 9a b Par 10 a b c	Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2A       2E       2G       2J       2T       3D       3H         If the plan provides welfare benefits, enter the applicable welfare feet       V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         Were there any nonexempt transactions with any party-in-interest reported on line 10a.)       Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?       Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	8i 8j feature codes tions within /oluntary Fic t? (Do not ir fidelity bond ner persons te or all of th	the time period duciary Correction iclude transactions d, that was caused by an insurance te benefits under	Charae 10a 10b 10c	acteristi Cteristi Yes	No	es in ti		tructions:	15000 nt
i j Par 9a b Par 10 a b c	Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2A       2E       2G       2J       2T       3D       3H         If the plan provides welfare benefits, enter the applicable welfare feet       V       Compliance Questions         During the plan year:       Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         Were there any nonexempt transactions with any party-in-interest reported on line 10a.)       Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?       Were to any brokers, agents, or other completes and to any brokers, agents, or other completes and to any brokers.	8i         8j         feature code         eature code         tions within         /oluntary Fid         t? (Do not ir         fidelity bond         ner persons         eo r all of th	the time period duciary Correction include transactions d, that was caused by an insurance te benefits under	Charac 10a 10b 10c 10d	Yes	No	es in ti		tructions:	15000 nt 4000
i j Par 9a b Par 10 a b c	Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2A         2E       2G       2J       2T       3D       3H         If the plan provides welfare benefits, enter the applicable welfare feet         t V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         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.)         Has the plan failed to provide any benefit when due under the plan	8i         8j         feature code:         cature code:         tions within         /oluntary Fic         fidelity bond         ner persons         ne or all of th	s from the List of Plan the time period duciary Correction iclude transactions d, that was caused by an insurance he benefits under	Charae 10a 10b 10c 10d 10e 10f	Yes	No V	es in ti		tructions:	15000 nt 4000
i j Par 9a b Par 10 a d d e f	Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2T 3D 3H         If the plan provides welfare benefits, enter the applicable welfare feet         t V       Compliance Questions         During the plan year:         Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)         Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides som the plan? (See instructions.)         Has the plan failed to provide any benefit when due under the plan	8i         8j         feature codes         eature codes         tions within         /oluntary Fic         fidelity bond         fidelity bond         ner persons         ner or all of th         n?         s of year-en         (See instruct	the time period duciary Correction duciary Correction duciary correction d, that was caused by an insurance the benefits under d. )	Charac 10a 10b 10c 10d	Yes	No V	es in ti		tructions:	15000 nt 4000

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Part	/I Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500) and line 11a below)	lete Sch	edule SE	3		Yes		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 ERISA?	or sectio	n 302 of		. 🗆	Yes	2	No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver	ons, and	entert Day		of the le Yea		ng	
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 3.		Duy					
b	Enter the minimum required contribution for this plan year		12b					
	Enter the amount contributed by the employer to the plan for this plan year		12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	fa	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A	
Part	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes		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 brought un control of the PBGC?	nder the			Yes	N	0	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN	l(s)	
Part	VIII Trust Information							
148	Jame of trust		140	Frust's E	IN			
14c	Name of trustee or custodian		and the second second second		s or cust ne numb		3	V to valo
Par	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		[	No			
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	safe		L	"Prior test	year"	ADP	)
		ADP	ent 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:	Ratio	o entage		verage enefit tes	t [	] 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?	Yes			No			
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opir the letter and the serial number							f
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	the date	of the m	nost rece	ent deter	minati	on	
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 separate service?	ed from	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			