Form 5500	-SF Short Form An	•	ort of Small Emplo	oyee	ON	B Nos. 1210-0110 1210-0089	
Department of the Trea Internal Revenue Service					2015		
Department of Labo Employee Benefits Security Ad	r Income Security Act of 19	6057(b) and 6058(a) of the I Code).		n is Open to nspection			
Pension Benefit Guaranty C	Complete all entries		nstructions to the Form 55	00-SF.			
	Report Identification Informati	<b>on</b> 01/2015	and ending 12	/31/2015			
,,, _,	a single-employer plan		er plan (not multiemployer) (		ting this box r	nust attach a	
A This return/report is	for:	list of participatin a foreign plan	g employer information in acc	cordance wit	h the form in:	structions)	
<b>B</b> This return/report is	the first return/report	the final return/rep	ort				
	an amended return/report	a short plan year r	eturn/report (less than 12 mo	onths)			
<b>C</b> Check box if filing ur	ider: Form 5558	automatic extensi	on	X DI	FVC program		
	special extension (enter de	escription)					
	an Information—enter all requested	d information	I				
<b>1a</b> Name of plan MORRISON'S RECYCLI	NG 401(K) SAFE HARBOR PROFIT SH	ARING PLAN		1b Three- plan n (PN)	umber	001	
				( )	ve date of pla		
	e (employer, if for a single-employer pla clude room, apt., suite no. and street, or			2b Emplo (EIN)	10/01/2 yer Identifica 31-1522	tion Number	
	r province, country, and ZIP or foreign p		instructions)	· · /	or's telephor 606-387-9	e number	
			-	2d Busine	ess code (see	instructions)	
35 TRANSFER STATIOI LBANY, KY 42602	N RD				562000		
3a Plan administrator's	name and address Same as Plan Sp	oonsor.		3b Admin	istrator's EIN		
				3c Admin	istrator's tele	phone number	
4 If the name and/or	EIN of the plan sponsor has changed sir	nce the last return/report fi	ed for this plan, enter the	4b EIN			
name, EIN, and the <b>a</b> Sponsor's name	e plan number from the last return/report			<b>4c</b> PN			
-	rticipants at the beginning of the plan ye	or		5a		4	
	rticipants at the end of the plan year		ř	5b		4	
<b>c</b> Number of participa	ants with account balances as of the end	l of the plan year (defined	benefit plans do not	5c		4	
, ,			Ē	5d(1)		4	
.,	active participants at the beginning of the		F	5d(1) 5d(2)		4	
e Number of particip	active participants at the end of the plan ants that terminated employment during	the plan year with accrue	d benefits that were less	5e 5e		0	
	the late or incomplete filing of this re				ished.		
Under penalties of perju	ry and other penalties set forth in the ins pleted and signed by an enrolled actuar	structions, I declare that I h	ave examined this return/rep	ort, including	g, if applicabl		
SIGN Filed with au	ithorized/valid electronic signature.	10/01/2018	STEVE MORRISON				
HERE Signature	of plan administrator	Date	Enter name of individu	al signing as	s plan admini	strator	
SIGN HERE							
Signature	of employer/plan sponsor ing firm name, if applicable) and address	Date s (include room or suite nu	Enter name of individu		s employer or elephone nur		
			F				
For Paperwork Reduction	Act Notice and OMB Control Numbers, se	e the instructions for Form {	5500-SF.		For	m 5500-SF (2015)	

<ul> <li>6a Were all of the plan's assets during the plan year invested in elig</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)</li> </ul>	of an indepen and condition	dent qualified public a ons.)	ccount	ant (IQ	PA)					
-	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)? Yes No Not determined									
Part III Financial Information	insurance pr	ogram (see ERISA se	CUON 4	021)?		res	No Not determined			
7 Plan Assets and Liabilities		(a) Baginging	e of Vo				(b) End of Yoor			
a Total plan assets	7a	(a) Beginning	<u>480</u>				(b) End of Year 531145			
b Total plan liabilities			400				001140			
C Net plan assets (subtract line 7b from line 7a)										
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	480 Int				531145 (b) Total			
a Contributions received or receivable from:										
(1) Employers	8a(1)		12	216						
(2) Participants	8a(2)		48	000						
(3) Others (including rollovers)	8a(3)									
<b>b</b> Other income (loss)	8b		-9	112						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						51104			
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e Certain deemed and/or corrective distributions (see instructions).	Certain deemed and/or corrective distributions (see instructions) 8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h									
Net income (loss) (subtract line 8h from line 8c) 8i							51104			
j Transfers to (from) the plan (see instructions)										
Part IV Plan Characteristics	Part IV Plan Characteristics									
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	on feature coo	des from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:			
B If the plan provides welfare benefits, enter the applicable welfare	e feature code	es from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:			
Part V Compliance Questions										
<b>10</b> During the plan year:						N/A	Amount			
described in 29 CFR 2510.3-102? (See instructions and DOL's					X					
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				Х					
Was the plan covered by a fidelity bond?			10c		X					
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				х					
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.)			10e		Х					
f Has the plan failed to provide any benefit when due under the p	Has the plan failed to provide any benefit when due under the plan?				Х					
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount				1	Х					
h If this is an individual account plan, was there a blackout period					Х					
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520."	the required	notice or one of the	10h 10i							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			,			1	I			

	· · · · · · · · · · · · · · · · · · ·
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form
	5500) and line 11a below) Yes X No
11a	Enter the unpaid minimum required contribution 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 section 302 of ERISA?

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					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					esign- ased safe arbor nethod		ADP/ACP test		
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				Y	es	No			
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Цр	atio ercentag est		erage nefit test		
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					es	No			
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number								
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

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No. 6632 P. 3

Form 5500-SF	t of Small Emp	loyee		OMB Not. 1210-0110 1210-0089				
Dependence of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee F					ee Refirement 20			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (	(ERISA), and sections 6 Revenue Code (the Con	)57(b) and 6058(a) of the	of the internal This Form is O				
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form 5	1500-SF.	Put	Ile Inspection		
For calendar plan year 2015 or fis	cal plan year beginning 01/01/2015		and anding 4.14	010015				
	X a single-employer plan		and ending 12/ plan (not multilemployer)		king this b	or much attach a		
A This return/report is for:	B one-participant plan	list of participating e	mployer information in a	coordance wi	ilh the form	n instructions)		
B This return/report is	the first return/report an amonded return/report	☐ the final return/report	m/report (less than 12 m					
C Check box if filing under:	ninterpont (less triat) 12 (t	· _	OFVC prog	(Am				
	🔲 special extension (enter descrip	otlan)						
Ran II Basic Plan Infor	mation_enter all requested info	rmation		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
1a Name of plan MORRISON'S RECYCLING 401(K)				1b Three plan r (PN)	number	001		
				1c Effect		' plan		
2a Plan sponsor's name (employ Mailing address (include room City or fown, state or province	er, if for a single-employer plan) , ept., suite no. and street, or P.O. ( , country, end ZIP or foreign postal	Box)		26 Emplo		Ication Number		
MORRISON'S RECYCLING, INC.	, coonty, end zin di foreign poster	code (n totelôu, see iusi	ructions)	2c Sponsor's talephone number (606) 367-9902				
236 TRANSFER STATION RD				2d Busine 56200		(anoliouritani ese		
ALBANY, KY 42002								
				3c Admin	istrator's t	elephone number		
4 If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name	an sponsor has changed since the per from the last return/report,	: last return/report filed f	or this plan, enter the	4b EIN		······		
5a Total number of participants at	the beginning of the pige Vers			4c PN				
	the end of the plan year			5a 5b	<b>_</b>	4		
<ul> <li>C Number of participants with ac</li> </ul>	count balances as of the end of the	plen year (defined bene	offt plana do not	5c				
	lpanta at the beginning of the plan			5d(1)		4		
d(2) Total number of active partic	pants at the end of the plan year			5d(2)		4		
<ul> <li>E Number of participants that ter</li> </ul>	minated employment during the pit	an year with accrued bei	nefits that were less	5e		0		
Caulion: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and bellef, it is true correct and complet	incomplete filing of this return/re r penallies set forth in the instruction signed by an enrolled actuary, as w	ns. I declare that I have	unless reaconable cau	of including	If analico	ble, a Schedulo nowledge and		
SIGN STORES	Maria		Sleve Morrison					
Signature of plan adm	ministrator	Data 10-1-18	Entername of Individu	al signing as	plan admi	nistrator		
GIGN TO S								
HERE 2001 Signature of employe Preparer's name (including firm nam	r/pfan sponsor ie, if applicable) and address (inclu	Date de room or suite numbe	Enter name of Individu: )	al signing as Preperer's te				
For Paperwork Reduction Act Notice a 16-07-20111:08-07-212-08:00	nd OMB Control Numbers, see the Ins	structions for Form 5500-5	P.		R R	orm <b>550</b> 0-SF (2015) v. 150123		

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No
If you answered "No" to either line & or line & b, the plan cannot use Form 5500.       C       If the plan is a defined benefit plan, is it covered under the PBCC insurance program (see ERISA section 4021)?       C       Ves       No       Not determined         Part III       Financial Information       7a       480041       531145         D       Total plan assets       7b       7c       480041       531145         D       Total plan assets       7a       480041       531145         D       Total plan assets       7a       480041       531145         D       Total plan assets       7a       480041       531145         D       Total plan assets       8a(1)       12216       12114         D       Total plan assets       8a(2)       480000       29112       51104         D       Other income (loss)       8a(2)       48000       29112       51104         D       Other income (loss)       8a(3)	b								X Yes	No
Part III       Financial Information       C       C         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan isabilities       7a       480041       531145         D Total plan isabilities       7b       (a) Amount       (b) End of Year         c Net plan assets (subtract line 7b from line 7a)       7c       480041       531145         3       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         4       Contributions received or receivable from:       8a(1)       12216         (1) Employers       8a(2)       48000       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(2)       48000       (b) Total         (2) Participants       8a(2)       48000       (b) Total       (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104         d Benefits paid (including relivers)       8a (b)       -9112       51104       (c) Total income (add lines 8d, 1), 8a(2), 8a(3), and 8b)       8c       51104         d Benefits paid (including relivers)       8a       6d       51104       (c) Plan Characteristics         g Other expenses       6g       1       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h <th></th> <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				,						
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       480041       531145         b       Total plan assets       7b       231145         c       Net plan assets       7c       480041       531145         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       (a) Amount       (b) Total         (c)       Participants       8a(1)       12216       (c) Total income (loss)         (d)       Dotter income (loss)       8b       -9112       51104         c       Total income (loss)       8b       -9112       51104         c       Total income (loss)       8b       -9112       51104         d       Benefits paid (including direct rolivers and insurance premiums to provide benefits)       8d       51104         g       Other expenses       8g       9       9         f Administrative service providers (salaries, fees, commissions)       8t       51104         g       Total expenses (add lines 8d, 8e, 8f, and 8g)       8t       51104         f I the plan provides pension benefits, enter the applicable pension feature codes from the	С	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
a Total plan assets       7a       480041       531145         b Total plan liabilities       7b       7c       480041       531145         c Net plan assets (subtract line 7b from line 7a)       7c       480041       531145         a Contributions received or receivable from:       8a(1)       12216       (b) Total         a Contributions received or receivable from:       8a(1)       12216       (c) Total         (a) Amount       (b) Employers       8a(2)       480000       (c) Total         (b) Employers       8a(3)       9       9112       (c) Total income (loss)       8a(3)       -9112       (c) Total income (loss)       8a(3)       -9112       (c) Total income (loss)       8a(2)       480041       51104       (c) Total income (loss)       6       51104       (c) Total income (loss)       8a(c)       51104       (c) Total income (loss)       8a(c)       51104       (c) Total income (loss)       (c) Total income (loss)       8a(c)       51104       (c) Total income (loss)       (	Pa	Part III Financial Information								
a Toda plan liabilities       78       100         b Total plan liabilities       76       480041       531145         c Net plan assets (subtract line 7b from line 7a)       7c       480041       531145         a Contributions received from:       8a(1)       12216       (a) Amount       (b) Total         a Contributions received from:       8a(2)       48000       (a) Amount       (b) Total         (a) Other income (receivable from:       8a(3)       12216       12216       12216         (b) Other income (loss)       8a(3)       8b       -9112       51104         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104       51104         d Benefits paid (notuding direct rollovers and insurance premiums to provide benefits)       8d       51104       51104         g Other expenses       8g       9       112       51104       51104         f Administrative service providers (stairies, fees, commissions)       8f       51104       51104         g Other expenses (dod lines 8d, 8e, 8f, and 8g)       8h       51104       51104         j Transfers to (rom) the plan (see instructions)       8g       1       51104         j Transfers to (rom) the plan (see instructions)       8g       1       51104       51104 <th>7</th> <th>Plan Assets and Liabilities</th> <th></th> <th>(a) Beginning</th> <th>g of Yea</th> <th>ar</th> <th></th> <th></th> <th>(b) End of Year</th> <th></th>	7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year	
c       Net plan assets (subtract line 7b from line 7a)       7c       480041       531145         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       12216         (1)       Employers       8a(2)       480000         (3)       Others (including rollovers)       8a(3)       b)         b       Otter income (loss)       8b       -9112         C       Total income (dd lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       51104         e       Certain deemed and/or corrective distributions (see instructions)       8e       6       51104         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       51104         g       Other express       8d       6       6         f       Administrative service providers (salaries, fees, commissions)       8f       7         g       Other express (add lines 8d, 9e, 8f, and 8g)       8h       51104         j       Transfers to (from) the plan (see instructions)       8j       51104         j       Trans	a	Total plan assets	7a		48004	1			531145	
Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       12216         (1) Employers       8a(2)       48000         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8a(3)       0         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       9112         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       51104         g Other expenses       8f       9       9         f Administrative service providers (salaries, fees, commissions)       8f       9       9         i Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       51104         j Transfers to (from) the plan (see instructions)       g       9         i Total expenses (add lines 8d, 8e, 8f, and 8g)       8i       51104         j Transfers to (from) the plan (see instructions)       g       9         if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2J       2K       2G       2K	b	Total plan liabilities	7b							
a Contributions received or receivable from:       8a(1)       12216         (1) Employers       8a(2)       48000         (2) Participants       8a(2)       48000         (3) Others (including rollovers)       8a(3)       9         (a) Others (including rollovers)       8a(3)       9         (b) Other income (loss)       8a(3)       9         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104         (c) Eartain deemed and/or corrective distributions (see instructions)       8d       6         (c) Other expenses       6d       51104         (c) Chain deemed and/or corrective distributions (see instructions)       8d       6d         (c) Other expenses       8g       6d       51104         (c) Other expenses       8g       6d       51104         (c) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       6d       51104         (c) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       6d       51104         (c) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       6d       51104         (c) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       6d       51104         (c) Total expenses of form the last of floan Characteristic Codes in the instructions:       2E	C	Net plan assets (subtract line 7b from line 7a)	7c		48004	1			531145	
(1) Employers       8a(1)       12216         (2) Participants       8a(2)       48000         (3) Others (including rollovers)       8a(3)       0         (b) Other income (loss)       8b       -9112         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104         (c) Total income (add lines 8a, fl, and 8g)       8d       9         (c) Cher expenses       8g       9         (f) Administrative service providers (salaries, fees, commissions)       8f       9         (g) Other expenses       8g       9         (h) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       51104         (j) Transfers to (from) the plan (see instructions)       8j       51104         (j) Transfers to (from) the plan (see instructions)       8j       51104         (j) Transfers to (from) the plan (see instructions)       8j       51104         (j) Transfers to (from) the plan expericipate the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         (j) Experimental to the plan any participant contributions within the time period described in 29 CFR 2510.3 102? (See instructions and D	8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total	
(a) Others (including rollovers)       8a(3)         (b) Other income (loss)       8b         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8d         (c) Certain deemed and/or corrective distributions (see instructions)       8e         (c) Other expenses       8g         (c) Other expenses (add lines 8d, 8e, 8f, and 8g)       8h         (c) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         (c) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         (c) Transfers to (from) the plan (see instructions)       8j         (c) Tarsfers to (from) the plan (see instructions)       8j         (c) ZE / ZG / Z / Z / Z / Z / 3D       8         (c) B / If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         (c) ZE / ZG / Z / Z / Z / Z / Z / Z / Z / Z /	a		8a(1)		1221	6				
b       Other income (loss)       8b       -9112         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104         d       Benefits paid (including direct followers and insurance premiums to provide benefits)       8d       51104         d       Benefits paid (including direct followers and insurance premiums to provide benefits)       8d       51104         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       6         g       Other expenses       8g       8g       6         f       Transfers to (from) the plan (see instructions)       8i       51104       51104         j       Transfers to (from) the plan (see instructions)       8j       51104       51104         gaa       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2F       2G 2J       2K 2T 3D         B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E         Part V       Compliance Questions       10       N/A       Amount         a       Was there a failure to t		(2) Participants	8a(2)		4800	00				
a bits income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       51104         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       51104         e Certain deemed and/or corrective distributions (see instructions)       8e       6         f Administrative service providers (salaries, fees, commissions)       8f       6         g Other expenses       8g       6         h Total expenses (add lines 8d, 8e, 8f, and 8g)		(3) Others (including rollovers)	8a(3)							
• Orderesting (display of the day) and day and the provide benefits (and the provide benefits)       00         • Orderesting (display of the day) and day and the provide benefits)       8d         • Certain deemed and/or corrective distributions (see instructions)	b	Other income (loss)	8b		-911	2				
to provide benefits)       8d         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						51104	
f       Administrative service providers (salaries, fees, commissions).       8f         g       Other expenses       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g).       8h         i       Net income (loss) (subtract line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8j         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:         2E       2F       2G       2J       2K       2T       3D         B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2J       2K       2T       3D         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:       Yes       No       N/A       Amount         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).       Noa       X	d		8d							
g Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)	е	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							
i       Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
intervention       intervention       intervention       intervention       intervention         j       Transfers to (from) the plan (see instructions)       intervention       intervention       intervention         ga       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2J       2K       2T       3D         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:       Yes       No       N/A       Amount         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)       10a       X       V         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       V         c       Was the plan covered by a fidelity bond?       10c       X       V       V         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       V	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:         2E       2F       2G       2J       2K       2T       3D         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:       Yes       No       N/A       Amount         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).       10a       X       V         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       V         c       Was the plan covered by a fidelity bond?       10c       X       V       V         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       V         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       X       V	<u>    i</u>								51104	
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2J       2K       2T       3D         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:       Yes       No       N/A         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).       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10d       X         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       X       X	j	Transfers to (from) the plan (see instructions)								
2E       2F       2G       2J       2K       2T       3D         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:       Yes       No       N/A       Amount         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)	Pa	Part IV Plan Characteristics								
Part V       Compliance Questions         10       During the plan year:       Yes       No       N/A       Amount         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)	9a									
10       During the plan year:       Yes       No       N/A       Amount         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)	В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coc	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         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       X	10					Yes	No	N/A	Amount	
Program)       10a         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       X         c       Was the plan covered by a fidelity bond?       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       X         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       X	а		tions withi	n the time period						
reported on line 10a.)       10b       ^         C       Was the plan covered by a fidelity bond?       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       X       X         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       X		described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х			
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         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       X	b				10b		Х			
by fraud or dishonesty?       10d       ^         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       X	С	Was the plan covered by a fidelity bond?					Х			
carrier, insurance service, or other organization that provides some or all of the benefits under X	d						х			
	e	carrier, insurance service, or other organization that provides some or all of the benefits under					х			
f Has the plan failed to provide any benefit when due under the plan? 10f X	f	Has the plan failed to provide any benefit when due under the plan?			10f		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X	g	<b>g</b> Did the plan have any participant loans? (If "Yes." enter amount as of year end.)			10a		х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					х			
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	i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the								
j Did the plan trust incur unrelated business taxable income?	j				10i					
Part VI Pension Funding Compliance	Part	VI Pension Funding Compliance			. ,	•		•	•	
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)		Is this a defined benefit plan subject to minimum funding requirem								No

	5500) and line 11a below)		
11a	Enter the unpaid minimum required contribution 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 section 3	302 of E	RISA?.

\_\_\_\_\_

Yes X No

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	(16 11)								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
b	Ente	the minimum required contribution for this plan year		12b					
				12c					
		the amount contributed by the employer to the plan for this plan year							
u		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?			Ye	es X No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year									
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brouge PBGC?	-	ontrol	. [	Yes X	No		
C		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi 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) F	PN(s)		
Part	VIII	Trust Information							
14a	Name	e of trust		14b	Trust's El	N			
140									
<b>14c</b> Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No			
					esign-				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					ased safe arbor nethod	ADP ADP	ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(iii)?		<b>Y</b>	es	No			
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio ercentage est		rage efit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a Has the plan been timely amended for all required tax law changes?					es	No	N/A		
<b>17b</b> Date the last plan amendment/restatement for the required tax law changes was adopted Enter the a for tax law changes and codes).						(See in:	structions		
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number								
17d	<ul> <li>17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter</li> </ul>								
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Υe	es	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Y€	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A		