

Form **5500-SUP****Annual Return of Employee Benefit Plan
Supplemental Information**

OMB No. 1545-1610

2015Department of the Treasury
Internal Revenue ServiceThis form is required to be filed under section 6058(a) of the Internal Revenue Code.
▶ **Complete all entries in accordance with the instructions to Form 5500-SUP.****This Form is Open
to Public Inspection.****Part I Annual Return Identification Information****For the calendar plan year 2015 or fiscal plan year beginning (MM/DD/YYYY) and ending**

- A** This return is: (1) the first return filed for the plan; (3) the final return filed for the plan;
(2) an amended return; (4) a short plan year return (less than 12 months).

B EFAST2 Acknowledgement ID (21 characters)

- C** Check box if filing under Form 5558 automatic extension
 special extension (enter description) _____

Part II Basic Plan Information – enter all requested information.

1a Name of plan	1b Three-digit plan number (PN) ▶ <input type="text"/>
	1c Date plan first became effective (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN) <input type="text"/> - <input type="text"/>
Mailing address (include room, apt., suite no. and street, or P.O. Box)	2c Plan Sponsor's telephone number
	2d Business code (see instructions)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	
3a Name of trust	3b Trust's EIN
3c Name of trustee or custodian	3d Trustee or custodian's telephone number

Part III Supplemental Information

- 4a** Is the plan a section 401(k) plan? Check box. Yes No
- 4b** If "Yes," how does the plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?
Check box. Design-based safe harbor method ADP/ACP test
- 4c** If the ADP/ACP test is used, did the plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Regulations section 1.401(k)-2(a)(2)(ii))?
Check box. Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 5500-SUP.

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Part III Supplemental Information (Continued)

- 5a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):
 Ratio Percentage Test
 Average Benefit Test
- 5b** 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? Check box. **Yes** **No**

- 6a** Has the plan been timely amended for all required tax law changes? Check box. **Yes** **No** **N/A**
- 6b** 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).
- 6c** If the Employer 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 _____.
- 6d** If the plan is an individually designed plan and received a favorable determination letter from the IRS, please enter the date of the plan's last favorable determination letter (**MM/DD/YYYY**) _____

- 7a** Is the plan an ESOP that received dividends on employer stock that were tax-deductible under section 404(k)? Check box. **Yes** **No**
- 7b** If "Yes":
 - (i)** What was the total dividend amount? _____
 - (ii)** What was the dividend rate? _____
 - (iii)** Were any dividends, payments in redemption of stock? _____ Check box. **Yes** **No**

- 8** Is the plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? Check box. **Yes** **No**

- 9** Amount of contributions deducted
- 9a** Enter the taxable year ending within the plan year _____
- 9b** Enter the total contributions deducted for the taxable year in 9a _____
- 9c** Do the contributions in 9b exceed the deductible limit for the taxable year in 9a? Check box. **Yes** **No**

- 10** Did the plan trust incur unrelated business taxable income? Check box. **Yes** **No** **N/A** If "Yes," Amount _____

- 11** Were in-service distributions made during the plan year? Check box. **Yes** **No** If "Yes," Amount _____

Part IV Signatures

D

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ▶ _____
Signature of plan administrator Date

a Type or print name of individual signing as plan administrator

Sign Here ▶ _____
Signature of employer/plan sponsor/DFE Date

b Type or print name of employer/plan sponsor/DFE

Preparer's name (including firm name, if applicable) and address, including room or suite number

Preparer's telephone number