Form **5500-SUP** 2016

Department of the Treasury
Internal Revenue Service

Annual Return of Employee Benefit Plan
Supplemental Information 2016

This 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.**

OMB No. 1545-1610

2015

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 (30 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) ►

1c Date plan first became effective (MM/DD/YYYY) / /

2a Plan sponsor's name (employer, if for a single-employer plan)

2b Employer Identification Number (EIN) -

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** If "No," skip 4b.

~~**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) and 1.401(m)-2(a)(2)(ii))?~~

~~Check box.~~ ☐ ~~**Yes**~~ ☐ ~~**No**~~

(u.c.)

4b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:
<check box> Design-based safe harbor
<check box> "Prior year" ADP test
<check box> "Current year" ADP test
<check box> N/A

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 a
other plans under the permissive agg

5b 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?
<check box> Yes <check box> No

6a Has the plan been timely amended f

6b Date the last plan amendme letter tement for the require plan changes was adopted **(MM/DD/YYYY)** _____ received
Enter the applicable code _____ (See instructions for tax law changes and codes).

6a 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 **(MM/DD/YYYY)** _____ and the letter's serial number _____ that _____ the .

6b 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)** _____ most recent

7 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**

8 Did the plan trust incur unrelated business taxable income?
Check box. ☐ **Yes** ☐ **No** ☐ **N/A** If "Yes," enter amount _____

Delete lines 8 and 9

9 Were in-service distributions made during the plan year?
Check box. ☐ **Yes** ☐ **No** If "Yes," enter amount _____

Part IV **Signatures**

Under penalties of perjury, 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

2016

5a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:
<check box> Ratio percentage test
<check box> Average benefit test
<check box> N/A

7 Defined Benefit Plan or Money Purchase Pension Plan only:
Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?
<check box> Yes <check box> No