	m 5500-SF	Short Form Annua	I Return/Report Benefit Plan	ort of Small Employee OMB Nos. 12			
	tment of the Treasury nal Revenue Service	065 of the Employee Re		2014			
	partment of Labor enefits Security Administration	Income Security Act of 1974 (I	ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection	
Pension Be	nefit Guaranty Corporation	Complete all entries in action	cordance with the instr	uctions to the Form 55	00-SF.	Fublic Inspection	
Part I		dentification Information	4		04/0045		
For calenda	• •	cal plan year beginning 06/01/201 🕅 a single-employer plan		Ŭ	31/2015	Line daily have according to the set of the	
A This retuB This retu	urn/report is for:	a one-participant plan the first return/report	of participating employ a foreign plan the final return/report	yer information in accord	ance with t	king this box must attach a list he form instructions)	
		an amended return/report	a snort plan year return	n/report (less than 12 mo	ontns)		
C Check b	oox if filing under:	X Form 5558	automatic extension			FVC program	
		special extension (enter descrip	ition)				
Part II	Basic Plan Infor	mation—enter all requested infor	rmation				
1a Name o ROCKLAND		EDICAL ASSOCIATES, PC 401K F	PROFIT SHARING PLAN	AND TRUST	(PN)	number 004	
		Iress; include room or suite number	(employer, if for a single-	employer plan)		06/01/1988 loyer Identification Number	
ROORLAND		DICAL ASSOCIATES, FC			(EIN) 2c Spor	nsor's telephone number	
2 CROSFIELI WEST NTAC	D AVENUE, SUITE 318 K, NY 10994	3		-	2d Busin	845-353-5600 ness code (see instructions) 621111	
3a Plan ad	dministrator's name and	d address 🛛 Same as Plan Sponso	r.		3b Admi	inistrator's EIN	
		plan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4b EIN		
name, a Sponso		ber from the last return/report.			4c PN		
5a Total n	number of participants a	at the beginning of the plan year			5a	17	
b Total n	number of participants a	at the end of the plan year			5b	16	
		ccount balances as of the end of th			5c	15	
d(1) Tota	al number of active part	icipants at the beginning of the plar	n year		5d(1)	4	
d(2) Tota	al number of active part	ticipants at the end of the plan year			5d(2)	4	
		minated employment during the pla			5e	0	
Under pena SB or Sche	alties of perjury and oth	r incomplete filing of this return/ er penalties set forth in the instructi d signed by an enrolled actuary, as lete.	ons, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedule	
SIGN	Filed with authorized/v	alid electronic signature.					
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	al signing	as plan administrator	
SIGN							
HERE	Signature of employ		Date			as employer or plan sponsor	
Preparer's i	name (including firm na	ame, if applicable) and address (incl	uae room or suite numbe	r) (optional) -	Preparer's	s telephone number (optional)	

	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a		· /				X Yes No
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann					-	
c	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance pi	rogram (see ERISA section 40	21)?		Yes	No Not determined
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
а	Total plan assets	7a	38261				4028615
b	Total plan liabilities	7b		0			0 4028615
C	Net plan assets (subtract line 7b from line 7a)	(subtract line 7b from line 7a) 7c 3826'					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	54	43			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	3446	642			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					350085
	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	1476	624			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f			_		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		147624
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			_		202461
j	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D	feature coo	des from the List of Plan Chara	acteri	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	asture code	es from the List of Plan Chara	torict	ic Coc	las in t	he instructions:
				Storiot	.10 000	100 111	
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut					×	
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		х	
с	Was the plan covered by a fidelity bond?			10c	Х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud				
	or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	of the bene	efits under the plan? (See			X	
	instructions.)			10e		Х	
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	
				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 the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)				

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
C 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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes X 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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

For	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Empl	oyee	(OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be file		4065 of the Employee R	etirement		2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to	
Pension Be	enefit Guaranty Corporation	Complete all entries in a second s		in the second	500-SF.	Publi	ic Inspection
Part I	Annual Report Ic	lentification Information					
For calenda	ar plan year 2014 or fisc	al plan year beginning 06/01	/2014	and ending (5/31/2015		
	urn/report is for: urn/report is [[a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report a short plan year retur	lan (not multiemployer) yer information in accord n/report (less than 12 m	dance with th onths)	e form inst	tructions)
C Check I	box if filing under:	x Form 5558 special extension (enter descr	iption)			VC progra	m
Part II	Basic Plan Inform	mationenter all requested inf	ormation		· · · · · · · · · · · · · · · · · · ·		1.4.1
1a Name	of plan	ssociates, PC 401k Profit Sharin			1b Three plan n (PN)	number	004
					1c Effect 06/01	ive date of /1988	plan
	ponsor's name and addr ulmonary and Medical As	ess; include room or suite numb ssociates, PC	er (employer, if for a single	-employer plan)	and the second second second second second	oyer Identif 13-299569	ication Number
2 Crosfield A	Avenue, Suite 318				2c Spons		none number 353-5600
					2d Busine 621111		see instructions)
West Ntack. 3a Plan a		address XSame as Plan Spons	sor.	ANY STREET	3b Admin		EIN
4 If the r	name and/or FIN of the r	olan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN		elephone number
	EIN, and the plan numb	per from the last return/report.	and last return report filed i	or this plan, enter the	4c PN		
5a Total r	number of participants at	the beginning of the plan year			5a	Sec. S. Pres	17
b Total r	number of participants at	the end of the plan year			5b		16
		count balances as of the end of			5c		15
		cipants at the beginning of the pl			5d(1)		4
		cipants at the end of the plan yea			5d(2)		4
		ninated employment during the p			5e		0
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, a te.	tions, I declare that I have	examined this return/rep	ort, including	a, if applica	able, a Schedule knowledge and
SIGN	the (Somon	1/5/16	Leon S. Harris		9.00	
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing as	s plan adm	inistrator
SIGN HERE	Signature of employe	r/nlan enoneor	Date	Enter name of individ	ual aigning of		
Preparer's	Signature of employe name (including firm nar	ne, if applicable) and address (in		Enter name of individuer) (optional)			number (optional)
For Paperwe	ork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 5500-	SF.		F	orm 5500-SF (2014)

	Form 5500-SF 2014		Page 2							
b /	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an independe	nt qualified public accounta	ant (IQ	PA)			-	Yes Yes	
1	f you answered "No" to either line 6a or line 6b, the plan canno	ot use Form	5500-SF and must instea	d use	Form	5500.	3 1			
	the plan is a defined benefit plan, is it covered under the PBGC in						No	Not	leterm	ined
Par	III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar	
a	otal plan assets	7a	382615					402	8615	
b	otal plan liabilities	7b	and the states of the	0		Provide State			0	
C I	let plan assets (subtract line 7b from line 7a)	7c	382615	4				402	8615	
	ncome, Expenses, and Transfers for this Plan Year	A R	(a) Amount	10.1		1	(b) T	otal		
a	Contributions received or receivable from: 1) Employers	8a(1)	544	3						
1	2) Participants	8a(2)				Part and				
(3) Others (including rollovers)	8a(3)						343. B		
b	Other income (loss)	8b	34464	2					1. 19.14	
c .	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Summer of the P					35	0085	
	Senefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	14762	4						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
F /	dministrative service providers (salaries, fees, commissions)	8f	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					19.35		
g (Other expenses	8g			1					
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						14	7624	
_	let income (loss) (subtract line 8h from line 8c)	8i						20	2461	
-	ransfers to (from) the plan (see instructions)	8i								
art	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare feet applicable welfare feet benefits, enter the applicable welfare feet	feature codes			199					
Part a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	feature codes			199					
Part a b art	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	feature codes			199					
Part a b art	f the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	feature codes eature codes	from the List of Plan Chara		ic Cod	es in the		ions:		
art a art	f the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	feature codes eature codes tions within the ciary Correct ? (Do not incl	from the List of Plan Chara ne time period described in tion Program)	cterist	ic Cod	No		ions:		
art b art b b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	feature codes eature codes tions within the iciary Correct ? (Do not incl	from the List of Plan Chara ne time period described in tion Program) lude transactions reported	cterist	ic Cod	No X		ions:	unt	000000
Part a b art 0 a b c d	f the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D if the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' 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 or dishonesty?	feature codes eature codes tions within th iciary Correct ? (Do not incl fidelity bond,	from the List of Plan Chara ne time period described in tion Program) lude transactions reported that was caused by fraud	cterist 10a 10b	ic Cod Yes	No X		ions:	unt	000000
Part a b art 0 a b c d	f the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D if the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	feature codes eature codes tions within th iciary Correct ? (Do not incl fidelity bond, fidelity bond, er persons b of the benefit	from the List of Plan Chara ne time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c	ic Cod Yes	No X X		ions:	unt	000000
art b art 0 a b c d e	f the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D f the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth	feature codes eature codes tions within the iciary Correct ? (Do not incl fidelity bond, fidelity bond, er persons by of the benefit	from the List of Plan Chara ne time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	ic Cod Yes	No X X X X		ions:	unt	000000
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art b art b c d e f g	f the plan provides pension benefits, enter the applicable pension in 2A 2E 2F 2G 2J 2R 2T 3D f the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidur Were there any nonexempt transactions with any party-in-interest' 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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	feature codes eature codes tions within the ciary Correct ? (Do not incle fidelity bond, fidelity bond, er persons bo of the benefit n?	from the List of Plan Chara ne time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f	ic Cod Yes	No X X X X X X X X		ions:	unt	000000
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Part ba b b art 0 a b c d e f g h i i	f the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D f the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements Participant for the plan for the plan subject to minimum funding requirements Is this a defined benefit plan subject to minimum funding requirements Participant plan plan subject to minimum funding requirements Participant plan plan	feature codes eature codes tions within the iciary Correct ? (Do not incl fidelity bond, fidelity bond, fidelity bond, er persons by of the benefit n? 	from the List of Plan Chara ne time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	cterist 10a 10b 10c 10d 10d 10g 10h 10j	Yes X Sched	No X X X X X X X X X X X X X	Form	Amo	unt	00000C
Part a b b art 0 a b c d e f g h j i art 1	f the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 2T 3D f the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance	feature codes eature codes tions within the ciary Correct ? (Do not incles fidelity bond, fidelity bond, fidelity bond, fidelity bond, sof the benefit n?	from the List of Plan Chara ne time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X Sched	No X X X X X X X X X X X X X	Form	Amo	<u>unt</u>	00000C
Part a b b art 0 a d c d d e f g h j i art 1	if the plan provides pension benefits, enter the applicable pension in 2A 2E 2F 2G 2J 2R 2T 3D if the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 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 instructions.) If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	feature codes eature codes tions within the iciary Correct ? (Do not inclean fidelity bond, fidelity bond, fidelity bond, er persons by of the benefit n? s of year end. See instruction the required not 1-3	from the List of Plan Chara the time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See 	cterist 10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X Sched	No X X X X X X X X X X Ule SB (1	Form		<u>unt</u>	No

	Form 5500-SF 2014	Page 3 - 1					•
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (Form 5500), and skip to line 13.	118.53	1.00			1972
b	Enter the minimum required contribution for this plan year			12b			
c	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. Ente negative amount)		and the second	12d			
e	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 X	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 of the PBGC?					T Ye	es X No
c	If during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)						
1	I3c(1) Name of plan(s):		13	c(2) E	IN(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)		3				
	Name of trust		1	4b T	rust's EIN		