Form 5500-	SF	Short Form Ann		port of Small Emp	loyee	C	MB Nos. 1210-0110 1210-0089		
Department of the Treas Internal Revenue Servi		This form is required to be fil	Benefit P	Ian 4 and 4065 of the Employee F	Retirement	2015			
Department of Labor Employee Benefits Security Adm	ninistration			ons 6057(b) and 6058(a) of the		rm is Open to Inspection			
Pension Benefit Guaranty Co				e instructions to the Form 5	500-SF.	- usin			
Part IAnnual RFor calendar plan year 20		entification Information		and ending 1	2/31/2015				
A This return/report is for	×		a multiple-emp	loyer plan (not multiemployer) ting employer information in a	(Filers checl	-			
	L	a one-participant plan	a foreign plan						
B This return/report is		the first return/report an amended return/report	the final return/	report ar return/report (less than 12 n	nonths)				
C Check box if filing und	der:	Form 5558	automatic exte		_	FVC progra	m		
		special extension (enter des							
	an Inforn	nation—enter all requested i	nformation			[
1a Name of plan NORTHPORT FAMILY M	EDICINE P	C. 401(K) PROFIT SHARING	PLAN		1b Three plan r (PN)	number	003		
						tive date of p	blan		
Mailing address (incl	lude room,	r, if for a single-employer plan) apt., suite no. and street, or P.			2b Emplo		ation Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHPORT FAMILY MEDICINE PC.					2c Sponsor's telephone number 631-754-6769				
43 LAKESIDE DRIVE					2d Busin	ess code (s	ee instructions)		
CENTERPORT, NY 11721						62111	1		
3a Plan administrator's	name and a	address XSame as Plan Spor	nsor.		3b Admir	nistrator's El	N		
					3c Admir	nistrator's te	lephone number		
4 If the name and/or E	IN of the p	an sponsor has changed since	the last return/repor	t filed for this plan enter the	4b EIN				
		er from the last return/report.		· · · · · · · · · · · · · · · · · · ·	4c PN				
5a Total number of part	ticipants at	the beginning of the plan year			. 5 a		32		
		the end of the plan year			. 5b		0		
		count balances as of the end o			5c		0		
d(1) Total number of a	active partic	ipants at the beginning of the p	olan year		5d(1)		0		
		ipants at the end of the plan y			5d(2)		0		
than 100% vested.		minated employment during th			5e	liahad	0		
Under penalties of perjur SB or Schedule MB com	y and other pleted and	incomplete filing of this return penalties set forth in the instru- signed by an enrolled actuary,	uctions, I declare that	I have examined this return/re	eport, includin	ıg, if applica			
belief, it is true, correct, aSIGNFiled with aut		ie. Iid electronic signature.	01/12/2016	6 ALAN LAMPERT					
HERE Signature of			Date	Enter name of individ	dual signing a	ıs plan admi	nistrator		
SIGN HERE Signature	f amul	r/nlen energy	Dett	Estavase of the Pol		o omele			
		r/plan sponsor ne, if applicable) and address (Date include room or suite	Enter name of individ number)		is employer telephone n			
For Paperwork Reduction	Act Notice a	nd OMB Control Numbers, see t	he instructions for For	m 5500-SF.		F	orm 5500-SF (2015)		

Form 55	500-SF 2015		Page 2			<u> </u>						
 b Are you claimir under 29 CFR : lf you answere 	plan's assets during the plan year invested in eligit og a waiver of the annual examination and report of 2520.104-46? (See instructions on waiver eligibility ad "No" to either line 6a or line 6b, the plan cam	an indeper and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	t instea	ant (IQ I d use	PA) Form	5500.		X Yes [No No		
	lefined benefit plan, is it covered under the PBGC i	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not determi	ned		
Part III Finan	cial Information											
7 Plan Assets and	d Liabilities		(a) Beginning	g of Yea	ar			(b) End	of Year			
a Total plan asse	ts	. 7a		3259	167				(0		
b Total plan liabil	ities	. 7b			0				(0		
C Net plan assets	(subtract line 7b from line 7a)	. 7c		3259	167				(0		
8 Income, Expension	ses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal			
	eceived or receivable from:	. 8a(1)			0							
(2) Participant	S	. 8a(2)			0							
(3) Others (inc	luding rollovers)	. 8a(3)			0							
b Other income (I	oss)	. 8b		24	615							
	idd lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				_			24615	5		
	ncluding direct rollovers and insurance premiums fits)	. 8d		3283	374							
· · ·	d and/or corrective distributions (see instructions)	. 8e			0							
f Administrative	service providers (salaries, fees, commissions)	. 8f		408								
g Other expenses	š	. 8g		0								
	(add lines 8d, 8e, 8f, and 8g)								3283782	2		
	s) (subtract line 8h from line 8c)								-3259167	7		
· · ·	om) the plan (see instructions)			0								
Part IV Plan	Characteristics											
9a If the plan prov	vides pension benefits, enter the applicable pensior F 2H 2J 2R 3D	n feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in t	the instruc	tions:			
	vides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructi	ons:			
Part V Compl	iance Questions											
10 During the pla					Yes	No	N/A		Amount			
a Was there a fa	ailure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's)	Voluntary F	iduciary Correction	10a		х						
	ny nonexempt transactions with any party-in-interes			10b		х						
C Was the plan	covered by a fidelity bond?			10c	Х				1	95000		
	ave a loss, whether or not reimbursed by the plan's shonesty?			10d		Х						
e Were any fees carrier, insura	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.).					x						
f Has the plan f	ailed to provide any benefit when due under the pla	an?		10f		Х						
g Did the plan h	ave any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	Х					0		
	dividual account plan, was there a blackout period?	•		10h		Х						
i If 10h was and	swered "Yes," check the box if you either provided providing the notice applied under 29 CFR 2520.10	the required	d notice or one of the	10i								

										<u></u>
j	Did	the plan trust incur unrelated business taxable income?	10j							
Part	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a)) and line 11a below)				lule SB	(Form	Yes	s	No
11a	Ente	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a				
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	Yes	s 🗙	No

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		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling			
lf	you c	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						
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 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?			X Y	es No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year							0			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		13a			0			
D		e PBGC?				X Yes	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I						
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Dert	1/111	Truck Information								
Part		Trust Information		116	T	15.1				
14a	Name	e of trust		140	Trust's E	IN				
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1						
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	e AD	PP/ACP st			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No				
16a	Cheo	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test			
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No				
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	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		∏ Y€	es	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Ye	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A			

	rtment of the Treasury		Benefit Pl	oort of Small Emple an		2015
	epartment of Labor	This form is required to be fi	This form is required to be filed under sections 104 and 4065 of the Employee F Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the			
Employee B	enefits Security Administratio	<u>m</u>	Revenue Code (the		mema	This Form is Open to Public Inspection
Pension Be	snefit Guaranty Corporation	Complete all entries in	n accordance with the	instructions to the Form 55	500-SF.	Public inspection
Part I	Annual Repo	rt Identification Informatio				
For calend	ar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/	
A This ret	turn/report is for:	X a single-employer plan	list of participati	yer plan (not multiemployer) ng employer information in ac	(Filers checking cordance with th	this box must attach a e form instructions)
D				884 B		
B This retu	um/report is	the first return/report an amended return/report	I the final return/re	port return/report (less than 12 m	and the b	
C Charles	10 PT		a short plan year	return/report (less than 12 m	ontns)	
C Check	box if filing under:	Form 5558	automatic exten	sion		C program
		special extension (enter des				
Part II	Basic Plan In	formation—enter all requested i	information			
1a Name NORTHPO		EDICINE PC. 401(K) PR	OFIT SHARING H	PLAN	1b Three-dig plan numi (PN) ▶	
					1c Effective	
Mailing	address (include ro	bloyer, if for a single-employer plan) com, apt., suite no. and street, or P nce, country, and ZIP or foreign po	O. Box)	a losto valianti	2b Employer	Identification Number -2646804
North	port Family 1	Medicine Pc.	stal code (il foreigh, see	e instructions)		s telephone number
43 Lak	eside Drive				2d Business	4-6769 code (see instructions)
					621111	
Center	-	NY 11721	the second se			
3a Plan a	dministrator's name	and address XSame as Plan Spor	nsor.		3b Administra	ator's EIN
				<i>\$</i> 2	3c Administra	ator's telephone number
4 If the r	ame and/or EIN of t	the plan sponsor has changed since	e the last return/report f	iled for this plan, enter the	4b EIN	
name,	EIN, and the plan n	the plan sponsor has changed since number from the last return/report.	e the last return/report f	iled for this plan, enter the	4b EIN	
a Sponse	. EIN, and the plan n or's name	umber from the last return/report.			4c PN	
a Sponse 5a Total r	EIN, and the plan n or's name number of participan	ts at the beginning of the plan year			4c PN 5a	1
a Sponse 5a Total r b Total r c Numbe	EIN, and the plan n or's name number of participan number of participan er of participants wit	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined	benefit plans do not	4c PN 5a 5b	
a Sponse 5a Total r b Total r c Numbe complete	EIN, and the plan n or's name number of participan number of participants with ete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o	f the plan year (defined	benefit plans do not	4c PN 5a 5b 5c	
a Sponse 5a Total r b Total r c Numbe comple d(1) Tota	EIN, and the plan n pr's name number of participan humber of participants er of participants witt ete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the p	f the plan year (defined	benefit plans do not	4c PN 5a 5b	1
a Sponse 5a Total r b Total r c Numbe compl d(1) Tota d(2) Tota	EIN, and the plan n pr's name number of participan number of participants with ete this item) al number of active p al number of active p	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the plan year	f the plan year (defined plan year	benefit plans do not	4c PN 5a 5b 5c	3
a Sponse 5a Total r b Total r c Numbe compl d(1) Tota d(2) Tota e Numb	EIN, and the plan n pr's name number of participan er of participants with ete this item)	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o participants at the beginning of the p participants at the end of the plan ye at terminated employment during the	of the plan year (defined plan year ear	benefit plans do not	4c PN 5a 5b 5c 5d(1)	
a Sponse 5a Total r b Total r c Numbe comple d(1) Tota e Numbe than 1 Caution: A	EIN, and the plan n or's name number of participan ar of participants with ete this item) al number of active p al number of active p er of participants that 100% vested	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined plan year ear	benefit plans do not ed benefits that were less seed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is establishe	od
a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche	EIN, and the plan n or's name number of participant number of participants wit ete this item) al number of active p al number of active p er of participants the 100% vested penalty for the late altes of perjury and o	ts at the beginning of the plan year ts at the end of the plan year	f the plan year (defined plan year ear	benefit plans do not ed benefits that were less ssed unless reasonable cau have examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established 5d(2)	id.
a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is t SIGN	EIN, and the plan n pr's name number of participan number of participants wit ete this item) al number of active p al number of active p al number of active p er of participants the 100% vested penalty for the late dule MB completed, dule MB completed,	ts at the beginning of the plan year ts at the end of the plan year	f the plan year (defined plan year ear	benefit plans do not ed benefits that were less seed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established 5d(2)	xd.
a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is t SIGN	EIN, and the plan n pr's name number of participan number of participants wit ete this item) al number of active p al number of active p al number of active p er of participants the 100% vested penalty for the late dule MB completed, dule MB completed,	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan participants at the end of the plan year at terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instru- end signed by an enrolled actuary, mplete.	f the plan year (defined plan year ear	benefit plans do not ed benefits that were less ssed unless reasonable cau have examined this return/report c version of this return/report 2/6 Alan Lampert	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if , and to the best	ed. applicable, a Schedule of my knowledge and
a Sponse 5a Total r b Total r c Numbe comple d(1) Tota e Numbe than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN	EIN, and the plan n or's name number of participan number of participants with ete this item) al number of active p al number of active p er of participants the 100% vested penalty for the late alties of perjury and of dule MB completed rue, correct and off	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan participants at the end of the plan year at terminated employment during the e or incomplete filing of this retu- other penalties set forth in the instru- end signed by an enrolled actuary, mplete.	f the plan year (defined plan year ear te plan year with accrue m/report will be asses uctions. I declare that I as well as the electron	benefit plans do not ed benefits that were less ssed unless reasonable cau have examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if , and to the best	applicable, a Schedule of my knowledge and
a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is the SIGN HERE	EIN, and the plan n pr's name number of participan number of participants wite et of participants wite et this item) al number of active p al number of active p er of participants that 100% vested penalty for the late lifties of perjury and of dule MB completed rue, correct, and our Signature of plan	ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of participants at the beginning of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instri- and signed by an enrolled actuary, mplete.	f the plan year (defined plan year ear	benefit plans do not ed benefits that were less ssed unless reasonable cau have examined this return/report c version of this return/report <i>D/L</i> Alan Lampert Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if , and to the best all signing as pla	ed. applicable, a Schedule of my knowledge and in administrator
a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is the SIGN HERE	EIN, and the plan n pr's name number of participan number of participants wite et of participants wite et this item) al number of active p al number of active p er of participants that 100% vested penalty for the late lifties of perjury and of dule MB completed rue, correct, and our Signature of plan	ts at the beginning of the plan year ts at the end of the plan year	f the plan year (defined plan year ear	benefit plans do not ed benefits that were less ssed unless reasonable cau have examined this return/report c version of this return/report <i>D/L</i> Alan Lampert Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if , and to the best all signing as pla	ed. applicable, a Schedule of my knowledge and in administrator in ployer or plan sponsor

v. 150123

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p,	30	-	- 2
	254	-	-

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	le assets? (S	ee instructions.)	accourt	tant (IC	(PA)		🕅 Ye	es 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	18.)					🕅 Ye	es 🗌 No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in								
		isurance prog	gram (see ERISA s	ection 4	1021)?	L] Yes ∐	No Not dete	ermined
-	rt III Financial Information			_		_			
7	Plan Assets and Liabilities		(a) Beginnin			-		b) End of Year	
	Total plan assets	7a		32	5916	-			0
	Total plan liabilities	7b				0			0
	Net plan assets (subtract line 7b from line 7a)	7c		32	5916	7		-	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		-		(b) Totai	
	Contributions received or receivable from: (1) Employers	8a(1)				0			12:00
_	(2) Participants	8a(2)			_	0			
	(3) Others (including rollovers)	8a(3)				0			
b	Other income (loss)	8b			2461	5			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2.2.1					24615
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		32	8337	4			
е	Certain deemed and/or corrective distributions (see instructions)	8e			-	0	2000		
f	Administrative service providers (salaries, fees, commissions)	8f			40	8	1.5		
g	Other expenses	8g				0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1916			3	283782
	Net income (loss) (subtract line 8h from line 8c)	8i							259167
	Transfers to (from) the plan (see instructions)	8i				0	12000	191025127	
	2A 2E 2F 2H 2J 2R 3D If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	n Char	acterist	ic Coo	des in the	instructions:	
Part									
10	During the plan year:				Yes	No	N/A	Amount	t
	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)	oluntary Fidu	ciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest	? (Do not incl	ude transactions			x			
с	reported on line 10a.) Was the plan covered by a fidelity bond?			10b	x				19500
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond.	that was caused	10c	-	X			19500
	by fraud or dishonesty?			10d		~			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of the	benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	1?		10c		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruction	ons and 29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required no	tice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?		the second se	10j					
Part				10]					
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Yes	," see instructions a	and cor	nplete	Sched	ule SB (F	orm 🗌 Ye	5 🗌 NO
11a	Enter the unpaid minimum required contribution for all years from \$								
12									

	Form 5500-SF 2015 Page 3 -				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter the Day		e letter rul Year	ing
Ify	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Buy		1001	
b	Enter the minimum required contribution for this plan year	12b			
	nter the amount contributed by the employer to the plan for this plan year	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗍	No 🗍	N/A
Part					
- and a second second	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	□ No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	63	L	(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		X	Yes	
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0			
1		EIN(s)		13c(3) P	PN(s)
-					
Part					
	ame of trust	140 1	ust's EIN		
14C	Name of trustee or custodian		Frustee's c elephone i		an's
Part	IX IRS Compliance Questions				
15a	is the plan a 401(k) plan?	Yes		No	
15b	f "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)?	bas har	sign- ied safe bor thod	ADP test	/ACP
1	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year esting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))?	[] Yes		[] No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Rai per tes	centage		rage efit test
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining his plan with any other plans under the permissive aggregation rules?	Yes	8	No	
17a i	las the plan been timely amended for all required tax law changes?	Yes		No	N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted	applicabl	e code	(See in	structions
	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number)r
17d (f the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan'	s last favo	rable	
18	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been nade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No	
and the second se	Vere in-service distributions made during the plan year?	Yes	2	No	
	"Yes," enter amount	19		0.00	
20	Vere required minimum distributions made to 5% owners who have attained age 70 % (regardless of whether or not etired), as required under section 401(a)(9)?	T Yes		No	∏ N/A