Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pa	rt I Annual Report	Identification Information											
For o	calendar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/24/20	15								
A T	his return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac	- · · · · · · · · · · · · · · · · · · ·									
■ a one-participant plan ■ a foreign plan ■ This return/report is ■ the first return/report ■ the first return/report ■ The properties ■ The first return/report ■ The first													
BT	nis return/report is	an amended return/report	a short plan year return/report (less than 12 months)										
C (Check box if filing under:	Form 5558 special extension (enter descr	automatic extension DFVC program										
Pa	rt II Basic Plan Info	prmation—enter all requested inf											
1a	Name of plan INDUSTRIES, INC. PROFIT	·	Omaion	ı	Three-digit plan number (PN)	001							
				1c	Effective date o	f plan 1/2001							
I	Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O	D. Box) al code (if foreign, see instructions)	2b (fication Number 377252								
	NDUSTRIES, INC.	ai code (ii foreign, see instructions)	2c S	Sponsor's telephone number 631-588-9393									
	RVILLE DRIVE, UNIT B			2d Business code (see instructions)									
OHE	MIA, NY 11716			423400									
3a	Plan administrator's name ar	nd address Same as Plan Spons	sor.	3b Administrator's EIN									
3c Administrator's telephone number													
4		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN								
a	Sponsor's name	mber nem ale laet retail, repert.		4c	PN								
5a	Total number of participants	at the beginning of the plan year		5a	ı	2							
b	Total number of participants	at the end of the plan year		5b)	0							
С	Number of participants with complete this item)	account balances as of the end of	the plan year (defined benefit plans do not	5с		0							
d(1) Total number of active pa	rticipants at the beginning of the pla	an year	5d(*	-	2							
-	•		ar	5d(2	2)	0							
е			plan year with accrued benefits that were less	5е	!	0							
	tion: A penalty for the late	or incomplete filing of this returr	n/report will be assessed unless reasonable cau										
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/report										

belief, it is t	rue, correct, and complete.		
	Filed with authorized/valid electronic signature.	01/25/2016	JOHN CAPPELLINO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include	per) Preparer's telephone number	
Preparer's			

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 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			×	Yes [No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not c	letermi	ned
Part III Financial Information	1									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) En	d of Yea	ar	
a Total plan assets	7a		288	8888)
b Total plan liabilities	7b			0)
C Net plan assets (subtract line 7b from line 7a)	7c			888					C)
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)			0						
(2) Participants	8a(2)			0						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b		4	729						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								4729)
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		293	617						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
f Administrative service providers (salaries, fees, commissions)	8f			0						
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								293617	7
i Net income (loss) (subtract line 8h from line 8c)	8i							-:	288888	3
j Transfers to (from) the plan (see instructions)	8j			0						
Part IV Plan Characteristics					•					
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in t	the instr	uctions:		
B If the plan provides welfare benefits, enter the applicable welfare for	0041180 000	on from the Lint of Dia	n Char		io Coo	ام نم داه	o inotru	ation o		
B If the plan provides welfare benefits, enter the applicable welfare for	eature cou	es nom the List of Fla	ii Cilaia	acterist	.10 000	162 111 111	ie iristrut	JUIIIS.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest			401		X					
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 by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	s by an insurance the benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla					X					
			10f		-					
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X					
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
j Did the plan trust incur unrelated business taxable income?	_ _ _		10j		X					
Part VI Pension Funding Compliance			•							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of E	RISA?.	🗍	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	he minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part		Trust Information						
14a	Name o	f trust		14b 1	rust's Ell	N		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	esign-			
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		☐ based safe ☐ ADP/ACP ☐ harbor test ☐ method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?						
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No		
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	," enter amount	·····	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

F	Part I Annual Report Id	dentification Information											
Fo	r calendar plan year 2015 or fisca	al plan year beginning		01/01/2015		and ending	1	2/24/2015					
	This return/report is for: This return/report is:				emp	oloyer information in	r) (Filers checking this box must attach accordance with the form instructions) months)						
С	Check box if filing under:	Form 5558 [\Box	automatic extension				DFVC progra	am				
P	art II Basic Plan Infor	mation enter all requested int	forr	mation									
_	Name of plan	Profit Sharing Plan						Three-digit plan number (PN) ▶	001				
							10	Effective date of 01/01/2001	of plan				
2a	Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street or P.O. n, country, and ZIP or foreign postal	Bo I co	x) ode (if foreign, see inst	tru	ctions)		Employer Ident (EIN) 11-33	77252				
	DMC Industries, Inc.						2c	Sponsor's telep (631) 588-					
	165 Orville Drive, U	Unit B					2d		(see instructions)				
3a	US Bohemia NY 11716 Plan administrator's name and	d address X Same as Plan Spon	ISOI	r Name			3b	Administrator's	EIN				
	3a Plan administrator's name and address X Same as Plan Sponsor Name							3c Administrator's telephone number					
4	If the name and/or EIN of the name, EIN, and the plan numb	plan sponsor has changed since th	ne la	ast return/report filed f	for	this plan, enter the	4b	EIN					
a	Sponsor's name	ber from the last return/report.					4c	PN					
		t the beginning of the plan year							2				
b		t the end of the plan year							0				
С	Number of participants with ac	ccount balances as of the end of th	ер	olan year (defined bene	efit	plans do not	5	0					
d	(1) Total number of active partic	cipants at the beginning of the plan	ye	ear			. 5d	(1)	2				
d	(2) Total number of active partic	cipants at the end of the plan year					. 5d	(2)	0				
е	Number of participants that telless than 100% vested	rminated employment during the pl		•	nef	its that were	. 5	ie	0				
С	aution: A penalty for the late o	r incomplete filing of this return	/re	port will be assessed	d u	nless reasonable	cause i	s established.					
S	nder penalties of perjury and oth B or Schedule MB completed an elief, it is true, correct, and comp	er penalties set forth in the instruct d signed by an enrolled actuary, as lete.	tion s w	ns, I declare that I have ell as the electronic ve	e e ers	examined this return ion of this return/re	/report, oort, and	including, if appl d to the best of m	icable, a Schedule ny knowledge and				
	SIGN ¥			1-25-16	J	ohn Cappellin	.0						
26.036	HERE Signature of plan admir	nistrator		Date	E	nter name of individ	ual sigr	ning as plan adm	inistrator				
1	SIGN #			x 1-25-11	J	ohn Cappellin	.0						
107,200	HERE Signature of employer/	plan sponsor		Date	E	nter name of individ	ual sigr	ning as employer	or plan sponsor				
Р	NATHOMETUR.	ame, if applicable) and address; inc	cluc	le room or suite numb	er		Prep	parer's telephone	number				
							The state of the s	300 TO					

	Form 5500-SF 2015		Page 2			-					
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								XYes	□No	
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use For	m 5500-SF and must ins						_		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	on 402	21)?	••••••	Yes	☐ No	☐ Not d	letermined	
Pa	rt III Financial Information										
7	Plan Assets and Liabilities (a) Beginning of Year (b) End										
a	Total plan assets	7a	28	8,8	88	↓				0	
<u>b</u>	Total plan liabilities	7b			0	1				0	
C	Net plan assets (subtract line 7b from line 7a)	7c		88,8	88	-				0	
$\frac{8}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	學語學學	(a) Amount					(b) T	otal	ALALAN A	
u	(1) Employers	8a(1)			0			Har to be			
	(2) Participants	8a(2)			0		100		To Kit W	N-29 (1/4)	
	(3) Others (including rollovers)	8a(3)			0	PARTY.		"在"	计例识别		
b	Other income (loss)	8b		4,7	29			事場ばた		。	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	产生以外外的	Die.			a-attrice and a	The state of the s	4	,729	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	29	3,6	17				100		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		43.3		144.02	10.00	
f	Administrative service providers (salaries, fees, commissions)	8f			0	TANK THE	7 4	PHO PAR	THE STATE	William .	
g	Other expenses	8g			0			r i stra	A LINE		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				N. Carlo			293	, 617	
i	Net income (loss) (subtract line 8h from line 8c)	8i						one and a second second second	(288,8	388)	
	Transfers to (from) the plan (see instructions)	8j			0	新型	美国教	《共產黨制	A share		
Pa	rt IV Plan Characteristics										
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
- 1	2E 3D										
\rightarrow	2E 3D										
b	2E 3D If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract			es in the	e instructio	ons:		
Property Co.	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracto			es in the	e instructio	ons:		
Pa	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracto	eristic	Code					
Pa	If the plan provides welfare benefits, enter the applicable welfare feature. Compliance Questions During the plan year:			aract		Code	N/A		Amount		
Pa	If the plan provides welfare benefits, enter the applicable welfare feature. Tompliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period	aracto	eristic	Code					
Pa	If the plan provides welfare benefits, enter the applicable welfare feature. Compliance Questions During the plan year:	tions within	n the time period duciary Correction	aracto	eristic	Code					
Pa	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan and plants and plants of the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Volement Program) Were there any nonexempt transactions with any party-in-interest	tions within	n the time period duciary Correction nclude transactions	10a	eristic	No x					
Pa 10 a	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature velocities. During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Volement Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions within	n the time period duciary Correction nclude transactions	10a	eristic	No X					
10 a	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Volement Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	tions within oluntary Fic ? (Do not i	n the time period duciary Correction nclude transactions	10a	eristic	No x					
Pa 10 a	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Volement of the plan application of the plan any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	tions within oluntary Fic ? (Do not i	n the time period duciary Correction nclude transactions	10a	Yes	No X					
10 a	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Volemon provides of the plan party-in-interest reported 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other the plan to the plan to the plan to the plan's by fraud or dishonesty?	tions within oluntary Fice (Do not in fidelity border persons	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance	10a 10b 10c	Yes	No x x					
Pa 10 a b	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan year: Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Volemon of the plan party-in-interest reported 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	tions within oluntary Fice (Do not in fidelity borons or all of	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No x x x x					
Pa 10 a b	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program) Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	tions within bluntary Fic. ? (Do not in the fidelity bounder personate or all of	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No x x x x x					
b c c d	If the plan provides welfare benefits, enter the applicable welfare feature for the plan provides welfare benefits, enter the applicable welfare feature for the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Vorengram) Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plant.	fidelity borner personale or all of	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No x x x x x x x					
Pa 10 a a a a a a a a a	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program) Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See 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 a	tions within bluntary Fig. (Do not in fidelity border personate or all of the soft year each of	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No x x x x x					
b c c d	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voleton of the plan plan plan plan plan plan plan plan	fidelity bone or all of	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	Yes	No x x x x x x x					
Pa 10 a a a a a a a a a	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voleton program) Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity borner or all of	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under end.) citions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No x x x x x x x x x					
Pat 10	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voleton program) Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or officiarrier, insurance service, or other organization that provides some the plan? (See 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 a lf this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity borner personale or all of	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under end.) actions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No x x x x x x x x x					
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Pa 10 a a b c c d d e e e e e e e e e e e e e e e e	If the plan provides welfare benefits, enter the applicable welfare feature in the plan provides welfare benefits, enter the applicable welfare feature in the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vorogram) Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf 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. Did the plan trust incur unrelated business taxable income? If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borner personale or all of	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under and.) ctions and 29 CFR d notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes	No x x x x x x x	N/A		Amount	es X No	
Pa 10 a a b c c d d e e e e e e e e e e e e e e e e	If the plan provides welfare benefits, enter the applicable welfare feature in the plan provides welfare benefits, enter the applicable welfare feature in the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vorogram) Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See 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 a lf 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. Did the plan trust incur unrelated business taxable income? If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	fidelity border personale or all of soft year experience required the	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes	No X X X X X X X X X	N/A dule SE	3 (Form	Amount	es X No	

	Form 5500-SF 2015	Page 3-]								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	a If a waiver of the minimum funding standard for a prior year is being amortized in th granting the waiver.		e instruction Month		l enter ti ay	ne date of Ye		ruling			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)				<u>~,</u>						
b	Enter the minimum required contribution for this plan year				12b						
С	c Enter the amount contributed by the employer to the plan for this plan year										
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	•			12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?				Yes [□ No [□ N/A			
Par	VII Plan Terminations and Transfers of Assets										
13a	3a 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							0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?				ontrol		X Yes	□ No			
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), ide	entify the pla	n(s) to)						
	13c(1) Name of plan(s):			13c	(2) EIN(s)	13c(3)	PN(s)			
Par	Trust Information (optional)										
14a	Name of trust				14b ⊤	rust's EIN	ı				
140	Name of trustee or custodian				14d Trustee or custodian's telephone number						
Par	t IX IRS Compliance Questions										
15a	I Is the plan a 401(k) plan:				☐ Ye	s	☐ No				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for empendent matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				bas	sign- sed safe bor thod	ADP/ test	/ACP			
150	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	-2(a)(2)(ii) and 1	.401(m)-		☐ Yes		□ No				
	Check the box to indicate the method used by the plan to satisfy the coverage require):	□ Ra Pe Te:	rcentage	Average Benefit Test				
16k	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) an this plan with any other plans under the permissive aggregation rules?	d 401(a)(4) by c	ombining		☐ Ye	s	☐ No				
17a	Has the Plan been timely amended for all required law changes?				☐ Ye	S	☐ No	□ N/A			
17k	Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).	dopted/_	_/En	ter the	e applica	able code	(Se	ee			
170	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volur	me submitter pla e letter's serial i		oject to	o a favo	rable IRS	opinion o	r			
170	If the plan is an individually-designed plan and recieved a favorable determination let determination letter / /			ne dat	e of plai	n's last fa	vorable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands	section 1022(i) or the U.S. Virg	(2) has been gin Islands)?	;	☐ Ye	s	□ No				
19	Were in-service distributions made during the plan year?				☐ Ye	s	☐ No				
	If Yes, enter amount		•••••		19						
20	Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?				☐ Ye	s	☐ No	□ N/A			