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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: a one-participant plan a foreign plan x the final return/report B This return/report is the first return/report an amended return/report X a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number UPTOWN MEDICAL, LLP RETIREMENT PLAN 001 (PN) • 1c Effective date of plan 01/01/2000 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 13-4031158 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number UPTOWN MEDICAL, LLP 718-401-8030 2d Business code (see instructions) 305 EAST 149TH STREET BRONX, NY 10451-5623 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year..... 5b **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c n complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) n d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 5e than 100% vested.....

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

	rac, correct, and complete.				
SIGN HERE	Filed with authorized/valid electronic signature.	02/25/2016	YVETTE ORTIZ		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN HERE					
		Enter name of individual signing as employer or plan sponsor			
HEKE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
	Signature of employer/plan sponsor name (including firm name, if applicable) and address (include r				

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan care 	of an independ y and condition	dent qualified public a	ccount	ant (IQ	PA)			□ .	es No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets			806	287					0
b Total plan liabilities			000	0					0
C Net plan assets (subtract line 7b from line 7a)	7с			287					0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-5	324					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-5324
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		799	336					
Certain deemed and/or corrective distributions (see instructions).	 								
f Administrative service providers (salaries, fees, commissions)	8f		1	627					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							80	00963
i Net income (loss) (subtract line 8h from line 8c)	8i							-80	06287
j Transfers to (from) the plan (see instructions)	··· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	n feature cod	des from the List of PI	an Cha	racteris	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruct	ions:	
	Toutaro oout	oo nom are blocor ra	T Onarc	20101101			o mondo	10110.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-intere					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 by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	other persons ome or all of t	by an insurance he benefits under	10e	X					1627
f Has the plan failed to provide any benefit when due under the p					Х				1021
			10f		-				
g Did the plan have any participant loans? (If "Yes," enter amounth If this is an individual account plan, was there a blackout period.		·	10g		X				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	•		10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance						<u> </u>			
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Y	es No
11a Enter the unpaid minimum required contribution for all years from	m Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum fundir	ng requireme	nts of section 412 of t	he Cod	e or se	ction :	302 of E	RISA?	Y	es 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)
		Trust Information					
Part VIII Trust Information 14a Name of trust 14b Trust's EIN 14c Name of trustee or custodian 14d Trustee's or custodian's telephone number							
14c	Name	of trustee or custodian					an's
					telepnon	e 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)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		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	b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				S	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 letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		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	S	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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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Part I	Annual Repor	► Complete all entries in t Identification Informatio	n accordance with the in	structions to the Form 55	00 65	This Form is Open to Public Inspection			
For cale	ndar plan year 2015 or t	fiscal plan year beginning			00-3F.				
		X a single-employer plan	01/01/2016	and ending	02/	/22/2016			
A This re	eturn/report is for:	a one-participant plan	list of participating a foreign plan	r plan (not multiemployer) employer information in ac	e pro-s	The state of the s			
D TL:-			□9 P.cm						
o This re	turn/report is	the first return/report an amended return/report	X the final return/repo						
C Check	box if filing under:	Form 5558		urn/report (less than 12 mo	onths)				
		special extension (enter desc	automatic extension	ì		DFVC program			
Part II	Basic Plan Info	rmation—enter all requested in	Iformation						
la Name	or picil		nonnation			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE			
PCOWII	medical, LLP	Retirement Plan			(PN)	number 001			
la Di		3000			1c Effec	ctive date of plan			
A Plan s ∫ Mailing	ponsor's name (employ	er, if for a single-employer plan)				01/2000			
City or	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Jotown Medical, LLP				2b Employer Identification Number (EIN) 13-4031158				
305 Ea	st 149th Stree	et.		<u></u>	718-	Sponsor's telephone number 718-401-8030			
Bronx				1	6211	ess code (see instructions 111			
Plan ac	Iministrator's name	NY 10451-562	23						
- ran ac	annistrator's name and	address XSame as Plan Spons	or.		210 01	• •			
				'	asa Admin	nistrator's EIN			
If the na	ame and/or EIN of the p EIN, and the plan numb	olan sponsor has changed since the per from the last return/report.	ne last return/report filed f	or this plan, enter the	b EIN				
Sponsor	r's name	The state of the s							
Total nu	umber of participants at	the beginning of the plan year		- 4	C PN				
Total nu	umber of participants at	the end of the plan year	***************************************		ба				
Number	r of participants with ac	the end of the plan yearcount balances as of the end of the			5b				
					5c				
(1) Total	number of active partic	sipants at the beginning of the pla	n vear		=======================================				
fruit 1 arai	mumber of active partic	cipants at the end of the plan year	ė.		5d(1)				
than 10	00% vested	initiated employment during the p	plan year with accrued be	nefits that were less	5d(2) 5e				
ution: A	cenalty for the late or	incomplete filing of this							
der penali	ties of perjury and other	penalties set forth in the instruct signed by an enrolled actuary, as	ions I declare that I have	unless reasonable cause	is establi	shed.			
or Sched	ule MB completed and	signed by an enrolled actuary, as	well as the electronic ver	examined this return/report as	t, including	, if applicable, a Schedule			
	de, correct, and comple	Te.		7	no to the p	est of thy knowledge and			
RE	-Uprice		2/25/16	Yvette Ortiz					
$\overline{}$	Signature of plan adn	ninistrator	Date	Enter name of individual	signing oc	nian administrator			
N		WWW.00.4700 - **********************************			ergriniy do	Piuli duimiistator			
RE	Signature of employe	r/nlan sponsor	D - 4 -			THE PARTY OF THE P			
parer's na	ame (including firm nam	ne, if applicable) and address (inc	Date Jude room or suite numbe	Enter name of individual	signing as	employer or plan sponsor			
		, (110	o room or suite numbe	' / Pr	eparer's te	elephone number			
				agenta de la companya					
0	A STATE OF THE PARTY OF THE PAR	The second secon		1					

	Form 5500-SF 2015		Page 2						
,D	Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can lift the plan is a defined benefit plan, is it covered under the PBGC in	f an independe and condition not use Form	ent qualified public ns.) i 5500-SF and mu	accour	ntant (I	QPA) e Forr	n 5500.		X Yes N
	art III Financial Information	risdiance proj	gram (see ERISA S	section	4021) !		Yes	∐No [Not determined
7	Plan Assets and Liabilities		(a) Danis i						
a	Total plan assets	. 7a	(a) Beginnir		8062	0.7		(b) End	l of Year
b	Total plan liabilities				0002	0			
C	Net plan assets (subtract line 7b from line 7a)			,	30628	-	-	82.54	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amo		002	+		/5\	T-4-1
a	Contributions received or receivable from:		(a) Airic	, une		\dashv		(a)	Total
	(1) Employers	. 8a(1)				_			water to the company of the company
	(2) Participants								
h	(3) Others (including rollovers)					\perp			The state of the s
	Other income (loss)				-532	2.4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c						fire the same of t	-532
3 4	to provide benefits)	. 8d		7	9933	36			
е	Certain deemed and/or corrective distributions (see instructions)	8e				_			
f	Administrative service providers (salaries, fees, commissions)	8f			162	7			1900
g	Other expenses	8g				1			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								800963
ľ	Net income (loss) (subtract line 8h from line 8c)	8i				_			-80628
j	Transfers to (from) the plan (see instructions)	8i				1			00020
Pa	t IV Plan Characteristics	9 1						-	
9a B	If the plan provides pension benefits, enter the applicable pension $2E\ 2J\ 2K\ 2F\ 2G\ 3D$ If the plan provides welfare benefits, enter the applicable welfare for								
- 10.1			TOTAL CLOSE OF FIRE	II Ollara	acterisi		ies in th	ie mstructi	ons:
Par	V Compliance Questions								
4 46									
10	During the plan year:				Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fiduo	ciary Correction	10a	Yes	No X	N/A		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	oluntary Fiduo	ciary Correction	10a	Yes		N/A		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	oluntary Fiduo	ciary Correction	10b	Yes	Х	N/A		Amount
b	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) 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	? (Do not inclu	ide transactions	10b 10c	Yes	X X	N/A		Amount
b	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) 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	? (Do not inclusion of the control o	de transactions hat was caused an insurance	10b 10c 10d	Yes	X X	N/A		Amount 162
b c d	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) 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.)	? (Do not inclusion of the control o	de transactions that was caused an insurance benefits under	10b 10c 10d		X X X	N/A		
b c d	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) 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.)	? (Do not inclusion of the control o	that was caused an insurance benefits under	10b 10c 10d 10e 10f		x x x	N/A		
a b c d f	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) 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 as If this is an individual account plan, was there a blackout period? (? (Do not inclusion of the control o	that was caused an insurance benefits under	10b 10c 10d 10e 10f 10g		X X X	N/A		
a b c d f	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) 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 as If this is an individual account plan, was there a blackout period? (2520.101-3.)	? (Do not inclused in the second in the seco	hat was caused an insurance benefits under	10b 10c 10d 10e 10f 10g 10h		X X X X	N/A		
a b c d f g h	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) 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 as If this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity bond, the persons by e or all of the soft year end.) See instruction e required not -3	that was caused an insurance benefits under	10b 10c 10d 10e 10f 10g		X X X X	N/A		

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

Yes No

Yes X No

- 1	Form 5500-SF 2015 Page 3 -					
1.	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		**************************************	<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructional granting the waiver	ctions, and	enter the	date of t	he letter i	ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Day		Teal	
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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	N/A
Part \				, 00	110	1477
13a	Has a resolution to terminate the plan been adopted in any plan year?		T T	X Yes	ΠNo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	24 100		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coff the PBGC?				Yes 🗌	No
С	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				
	c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part \	/III Trust Information	2000 - 300 W				
14a N	ame of trust		14b Tr	ust's EIN		
-14						
14c 1	Name of trustee or custodian					
	The state of customati			rustee's delephone		ian's
Part I	X IRS Compliance Questions					
15a I	s the plan a 401(k) plan?		Yes		No	
- 11	"Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and em latching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method			P/ACP t
10	the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curren esting method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m (a)(2)(ii))?		Yes		No	
	heck the box to indicate the method used by the plan to satisfy the coverage requirements under section 41		Rat perd test	centage		erage nefit test
LI)	oes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining is plan with any other plans under the permissive aggregation rules?		Yes		No	
	as the plan been timely amended for all required tax law changes?		Yes		No	□ N/A
10	tax law changes and codes).	Enter the a				nstruction
	the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that dvisory letter, enter the date of that favorable letter and the letter's serial number	r				or
- U	the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the termination letter.		ne plan's	last favor	able	
18 Is m	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islan	been ds)?	Yes		No	***************************************
	ere in-service distributions made during the plan year?		Yes	6	No	
	'Yes," enter amount		19			
20 W	ere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether tired), as required under section 401(a)(9)?	r or not	Yes		No	N/A