Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE

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

Part I		t Identification Information										
For calenda	ar plan year 2015 or fi	iscal plan year beginning 01/01/20)15	and ending 12/31/	/2015							
A This ret	turn/report is for:	a single-employer plana one-participant 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 foreign plan 									
B This retu	urn/report is	the first return/report an amended return/report										
C Check b	box if filing under:	Form 5558 special extension (enter descrip	automatic extension ption)		DFVC progr	ram						
Part II	Basic Plan Info	ormation—enter all requested info	ormation									
1a Name o	of plan	HARING PENSION PLAN			Three-digit plan number (PN)	003						
				10	C Effective date of 01/0	of plan 11/2013						
Mailing	ponsor's name (emplo g address (include roo		2b Employer Identification Number (EIN) 11-3405397									
City or AY PHARMA		ce, country, and ZIP or foreign postal	Code (If foreign, see inst	ructions) 20	2c Sponsor's telephone number 718-372-8795							
2070 BATH A BROOKLYN,		20	2d Business code (see instructions) 446110									
3a Plan ad	dministrator's name a	and address XSame as Plan Sponso	or.	31	Administrator's I	EIN						
				30	C Administrator's t	telephone number						
		ne plan sponsor has changed since thumber from the last return/report.	ne last return/report filed	for this plan, enter the	b EIN							
a Sponso	•	· 		40	4c PN							
5a Total r	number of participants	s at the beginning of the plan year			5a	4						
b Total r	number of participants	s at the end of the plan year			5b	4						
	er of participants with lete this item)	account balances as of the end of th	ne plan year (defined ben		5c	4						
d(1) Tota	al number of active pa											
` '	•	articipants at the end of the plan year			d(2)	4						
than 1	100% vested	t terminated employment during the p			5e							
		or incomplete filing of this return/										
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as aplete.										
SIGN	Filed with authorized	d/valid electronic signature.	03/31/2016	ARIK YERSHOV								
HERE	Signature of plan a	administrator	Date	Enter name of individual s	vidual signing as plan administrator							

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2								
6a Were all of the plan's assets during the plan year invested in eligible b 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 lf you answered "No" to either line 6a or line 6b, the plan cannot	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		<u>×</u>	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determ	nined
Part III Financial Information					-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y		
a Total plan assets	7a		156	098					23676	
b Total plan liabilities	7b		450	0					00070	0
C Net plan assets (subtract line 7b from line 7a)	7c			098	-				23676	4
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)		83	071						
(2) Participants	8a(2)			0						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b		-2	405						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								8066	i <u>6</u>
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0						
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									0
i Net income (loss) (subtract line 8h from line 8c)	8i								8066	6
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 cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	the insti	ructions	3:	
B If the plan provides welfare benefits, enter the applicable welfare fe	oaturo codo	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o inetru	etione:		
in the plant provides wellare benefits, enter the applicable wellare is	eature coue	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 111	ie ilistitu	ictions.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
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					.,					
reported on line 10a.)			10b		X					
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.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount as					X					
h If this is an individual account plan, was there a blackout period? (•	,	10g							
i If 10h was answered "Yes," check the box if you either provided the			10h		X					
exceptions to providing the notice applied under 29 CFR 2520.10	1-3		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	× No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			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 3	302 of E	RISA?	[Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	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 inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne 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			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	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	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
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)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage 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	s	No	
17a	Has the	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		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		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	;	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

Forr	n 5 500-SF	Short Form Annua			of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089			
nhee∳© emet∧i	nont of the Trassury at Revenue Service	White Manual Indiana Count for the		enefit Plan	and ARRE of the Employe	, j	2015				
	yanmpul of Lagor	This form is required to the Retirement Income Security				is Open to Public					
Employee (86)	lente Security Admirustration	_ tne	Internal I	Revenue Code (the	Code).			spection			
	nefit Gueranty Corporation	► Complete all entries in a		nce with the inetr.	ctions to the Form 660	0-8F.					
Parti		Identification Informatio	<u>n</u>	01/01/2015	and ending	107	31/2015				
roi calenda	Pist year 2015 of na	a single-employer plan	Па	**************************************	nian (not muitiemployer)			r must affach			
A This retu	umvreport is for:	a one-participant plan			employer information in a						
B This retu	um/report is:	the first return/report	pan-i	e final return/report							
		an emended return/report	a	short plan year relt	m/report (less than 12 m	ionths)					
C Check b	j ox ififiling under:	Form 5558	☐ aı	utomatic extension		П	DFVC progra	im			
		gpecial extension (enter des	cription)			_					
Partie.	Basic Plan Info	rmation enter all requeste	d Informs	ation				Y			
1a Name	of plan		***************************************	· · · · · · · · · · · · · · · · · · ·			hree-digit				
AY P	harpacy, Inc. I	Profit Sharing Pension	Plan				ลก number 'N} ►	003			
			1c E	ffective date of 1/01/2013	T plan						
		yer, if for a single-employer plan im, apt., suite no, and street or P			Marie Andreas A	1	, ,	fication Number			
		e, country, and ZIP or foreign ρο		e (If foreign, see ins	tructions)		IN) 11-34				
AY Pharmacy, Inc.						2C Sponsor's telephone number (710) 372-6795					
2070	Bath Avenue					2d Business code (sea instructions)					
	i					*	46110				
	ooklyn XY 11214 dministrators name ar	nd address 🗶 Same as Plan S	ponsor h	Jamo		3b A	dministrator's	FIN			
		Manager of the State of the Sta	p 21.10 21 7								
						3c A	dministrator's	talaphone number			
4 If the r	ame and/or EIN of the	e plan sponsor has changed sino	e the las	t return/report filed	for this plan, enter the	40 E	IN				
		nber from the last return/report.		• · · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,						
a Spons	ors name					4c P	N				
		at the beginning of the plan year				<u>5a</u>		4			
		at the end of the plan year				6b		4			
		account balances as of the end o				5c	<u> </u>	۵			
d(1) Tota	il number of active par	ticipants at the beginning of the p	olan year	**************************************	we o PÆR o o X Re obbill W. Lowwy wwy.cub./ - 100 o o o w	5d(1))	4			
d(2) Tota	I number of active par	ticipants at the end of the plan ye	 1 .0	*******************************	roq vind K i kill fil hird d can dov zowodyne. Affi filiklik	5d(2))	4			
	er of participents that tean 100% vested	lerminated employment during th	e plan ye	ar with accrued be	nefits that were	50					
	1	or incomplete filing of this ret	erm/nona	rd will be account	i uninge rasunnahla es	I/to in an	tahilehad	<u> </u>			
Under pen SB or Sch	alties of perjury and o	ther penalties set forth in the inst and signed by an enrolled actuary	ructions,	I declare that I hav	e examined this return/re	port, incli	uding, if applic	able, a Schedule knowledge and			
SIGN	H			•	Arik Yarahov						
M C COLLEGE AND A STATE AND A STATE AND ASSESSMENT	ignative of pien adn	ulmistrator		Date 9/28//	PEnter name of individu	al slonino	imha neig za	nistrator			
8)QH	7/ 1/			1-0/	Arik Yershov	er schille	h-M-1 2424111	,			
HERE	ipactific of mproye	Welan Anongor		Date 3/28/	Enter name of individu	al gionina	as amalarer	or plan spanger			
		name, if applicable) and address:					er's telephone				
1						(CALIFER STORY	NACONE INSTITUTE DE L'ACTU	AND DESCRIPTION OF THE PROPERTY OF			

****	Form 5500-SF 2015		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)			*********			x Yes	No
	Are you claiming a waiver of the annual examination and report of a			mtaint	(IQPA	()			,	-
	under 29 CFR 2520.104-46? (See instructions on walver eligibility at						.1845184.78		X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno	it use For	n 6600-SF and must inst			_				
Ç.	If the plan is a defined banefit p.an, is it covered under the PSGC in	eurance pr	ogram (sée ERISA section	1 4021	1)7 .		Yes	i LINO	Not de	termined
1	intellia. Financial Information	T								
7	Pian Assets and Liabilities	WEAR PRESENT	(a) Baginning of			ļ	························	(b) End o	······································	, <u>.</u>
8	Total plan sasets		15	6,0	,	-		······································	236,	
b	Total plan liabilities	7b			_0					0
<u>C</u>	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	6,0	96	 		(b) To	235, '	164
a	Contributions received or receivable from:	ilimininarza di				0.05	C. 27 1 2 3 7 2		Detectable of the last	eri corie
	(1) Employers	. \$a(1)	E	33.0	*****			ALC: STORY		
	(2) Parlicipants	Ba(2)			0					
b	(3) Othersi(including rollovers) Other income (loss)	8a(3) 8b		,40	0 5)	26.0		Aurunge (E.)		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					(E. 6, 60)	halam en	(B) u'impande le	90,	
d	Benefits paid (including direct rollovers and insurance premiums	1	TORK THE PROPERTY OF THE PROPERTY OF THE PERSONS	55513000		illen.	den agran	en e	the Complete of the Complete o	
	to provide benefits)	1			0		a dilla iss		be profession	
	Certain deerned and/or corrective distributions (see instructions)	Be .			0					all Newscape
	Administrative service providers (salaries, fees, commissions) Other expenses	8f			-		P P			neramidi.
<u>g</u> h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 6 g . 8h				1286284	resident	dalich messyaro	Alguer (Aller Maria	O C
ľ	Net income (loss) (subtract line 8h from line 8c)			141					ao,	566
j	Transfers to (from) the plan (see instructions)	. Bi	0							er was
E P	intiVe Plan Characteristics									
b	2A 2E If the plan provides welfare benefits, enter the applicable welfare fee ATEM Compliance Questions	ature codes	s from the List of Plan Che	racle	riatic (Codes	in the	instruction	S:	
10	During the plan year:	***************************************	**************************************	Ĭ	Yes	No	NA.		Amount	************************
*	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See Instructions and DDL's Vo	duntary Fig	luciery Correction	10a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	x				
ŀ	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not h	nc'ude transactions	10b		ж				
	Was the plan covered by a fidelity bond?	Tulkiddy yenn a max y pr	pp. 404 s kbl/hd klakki 4 eps 444 i 444 upun upuklikili	10c		x	IIIIIII			
	Did the plan have a loss, whether or not reimpursed by the plan's by fraud or distionesty?		M M M M M M M M M M	100		x				
•	 Were any fees or commissions paid to any prokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See Instructions.) 	e or all of t	he benefits under	100		ж				
f	Has the plan failed to provide any benefit when due under the plan	n?	n¢÷∏\$#₽#\$4⊀}>\forestable=#\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=##\manker=#	101		ж				
<u>ç</u>	Did the plan have any participant loans? (If "Yes," enter amount s	s of year e	nd.)	108		X	12.5 m		,	
ŀ	of this is sn individual account plan, was there a blackout period? (10h		х				
Ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			101			夏加速		经出现的	18 PM 2 PM
j	Did the plan trust incur unrelated business taxable income?	NAP EDITOR DENIS NUMBER	######################################	10j		х				
	Pension Funding Compliance	•								77
11	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ients7 (If "\	es," see instructions and	comp	lete S	ched	ule SB	(Form	☐ Yes	<u>k</u> No
11	a. Enter the Unpaid minimum required contribution for current year fr				*********		112			
12	is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of the C	ode o	sect	ion 30	12 o! €	RISA?	Yes	X) No
	<u> </u>									

	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 this plan year, see instru granting the waiver. Month	ctions, and	enter ih ay	e date of t	ine letter r ar	Aling	
[#]	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	Language pure turbing to	12b				
G	Enter the amount contributed by the employer to the plan for this plan year	reamen and finance	12c				
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pegative amount)		12d				
6	Will the minimum funding amount reported on line 12d be met by the funding deadline?		.,	Yes [] No [N/A	
Pár	Plan Terminations and Transfers of Assets			_			
13a			Пу	es 🛣 N	lo		
	If "Yas," enter the amount of any plan exacts that reverted to the employer this year	ann ann an an aid tailei	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought		Introl		☐ Yes !	XI No	
c	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)			k			
-	13c(1) Name of plan(a);	130	(2) EIN	(z)	13c(3)	PN(s)	
	Trust information	····				<u></u>	
14 BE	Artifil Last Information		T		***************************************	***************************************	
148	Name of trust		14b T	rust's EIN	•		
140	Name of trustae or custodian		14d Trustee or custodian's telephone number				
	IRS Compliance Questions						
15a	lik the plan a 401(k) plan:	(41,000,000,000,000)	☐ Ye	5	☐ No		
15t	If "Yes," how does the 401(k) plan satisfy the nundiscrimination requirements for employee deferrals and entire matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		□ ba he	sign- sed safe rbor sthod	☐ ADP/ lest	ACP	
150	If ADP/ACP test, did the 401(x) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Trees. Reg. section 1.401(x)-2(a)(2)(ii) and 1.401(x)-2(a)(2)(ii))?	1)-	☐ Ye	5	□ No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			itio rcentage st	Avera Bene	age fit Test	
16t	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combinuits plan with any other plans under the permissive appregation rules?		☐ Ye	5	□ No	***************************************	
17a	Has the Plan been timely amended for all required law changes?	488184484###	☐ Ye	S	□ Na	☐ N/A	
	Date of the last plan amendment/restatement for the required tax law changes was adopted // instructions for tax law changes and codes).				(5)	e	
170	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that advisory letter, enter the date of that favorable letter / / and the letter's serial number.		a favor	able IRS	opinion or		
	If the plan is an individually-designed plan and recieved a favorable determination tetter from IRS, please e determination letter / /	nter the date	of plan	's last fav	orable		
18	is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla	been nds)?	☐ Ye	:5	☐ No		
19	Were in-service distributions made during the plan year?	v	☐ Ye	:5	□ No		
	If Yes, soler smount	FFRPW (WAR E AND THE F	19				
20	Were minimum required distributions made to 5% owners who have attained age 70 % (regardless of wheth not retired) as required under section 401(a)(9)?		☐ Ye	.e	□ No	□ N/A	