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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	rt I Annual Repor	t Identification Information								
For o	calendar plan year 2015 or	fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/20	015					
A T	his return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		-					
Вт	nis return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)						
C c	Check box if filing under:	Form 5558 special extension (enter descr			DFVC progr	ram				
Pa	rt II Basic Plan Inf	ormation—enter all requested inf	formation							
	Name of plan OSOR MEDICAL, PC 401(K) PLAN		1b	Three-digit plan number (PN) ▶	001				
				1c		•				
I	Mailing address (include ro	om, apt., suite no. and street, or P.C		2b	' '					
	SOR MEDICAL, PC	(PN) ▶ 001 1c Effective date of plan 01/01/2002 consor's name (employer, if for a single-employer plan) address (include room, apt., suite no. and street, or P.O. Box) town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EDICAL, PC ROAD Y 11747 (PN) ▶ 001 Effective date of plan 01/01/2002 2b Employer Identification Number (EIN) 45-4565038 2c Sponsor's telephone number 631-393-6700 2d Business code (see instructions)								
UITE	AXESS ROAD S131 ILLE, NY 11747			2d	`	,				
3a	Plan administrator's name a	and address ⊠Same as Plan Spons	sor.		Administrator's I	EIN elephone number				
4		he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN					
a	a Sponsor's name				4c PN					
5a	Total number of participant	ts at the beginning of the plan year		5		14				
b	Total number of participant	ts at the end of the plan year		51	b	9				
С	Number of participants with complete this item)	n account balances as of the end of	the plan year (defined benefit plans do not	5	9					
d(1) Total number of active p	articipants at the beginning of the plant	an year	5d((1)	7				
d (2	2) Total number of active p	articipants at the end of the plan yea	ar	5d((2)	3				
	than 100% vested	. ,	plan year with accrued benefits that were less	50		2				
			n/report will be assessed unless reasonable cau			able a Oabadal				
SB o		and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor							

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b Are universely like the part I of the part	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.				
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not det	ermined
Par	t III Financial Information		1				Yes No Not determined Not determ				
7	Plan Assets and Liabilities		(a) Beginning	(a) Beginning of Year				(b) Eı	nd of		
	Total plan assets	. 7a		288	3448	-				27	
	Total plan liabilities	. 7b		200	0	-				07	
	Net plan assets (subtract line 7b from line 7a)	. 7c	(2) A	288448					\ T = 1		2906
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				a)) 101	tai	
b Ar un If y C If the	(1) Employers	. 8a(1)			0						
	(2) Participants	8a(2)		18	3150						
	3) Others (including rollovers)	. 8a(3)			0						
b (Other income (loss)	. 8b		-2	2115						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								10	6035
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		31	054						
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
f	Administrative service providers (salaries, fees, commissions)	. 8f			521						
g	Other expenses	. 8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								3	1575
<u>i</u> i	Net income (loss) (subtract line 8h from line 8c)	. 8i								-1	5540
j ·	Transfers to (from) the plan (see instructions)	8j			0						
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	he inst	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instri	uctio	ns:	
					20101101						
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A			Amoun	t
а	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 F	iduciary 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						50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under		X						1/07
	the plan? (See instructions.)			10e 10f	^						1437
-		plan failed to provide any benefit when due under the plan?				X					
_ <u>.</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
"	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 to 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)									Ye	es X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	,	Ye	es 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	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a						
		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		o
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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	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	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

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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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

Inspection

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program C Check box if filing under: automatic extension special extension (enter description) Basic Plan Information --- enter all requested information Part II 1a Name of plan 1b Three-digit plan number Windsor Medical, PC 401(k) Plan 001 (PN) ▶ 1c Effective date of plan 01/01/2002 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) 45-4565038 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Windsor Medical, PC (631) 393-6700 Business code (see instructions) 105 Maxess Road 621111 Suite S131 US Melville NY 11747 3a Plan administrator's name and address X Same as Plan Sponsor Name 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. Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 14 Total number of participants at the end of the plan year 5b 9 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 9 complete this item) d(1) Total number of active participants at the beginning of the plan year 5d(1) 7 **d(2)** Total number of active participants at the end of the plan year 5d(2) 3 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 2 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 Scott Springer, D.O. SIGN **HERE** Signature Date Enter name of individual signing as plan administrator Scott Springer, D.O. SIGN 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 room or suite number Preparer's telephone number

	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)		•••••		•••••	X	res 🗌
b	Are you claiming a waiver of the annual examination and report of a	an independ	dent qualified public accoun	tant ((IQPA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot be seen to be seen	and condition	ons.) n 5500-SF and must inste					X	res
	If the plan is a defined benefit plan, is it covered under the PBGC in							□ No □ N	lot deter
P	art III Financial Information								
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of `				(b) End of Yea	
<u>a</u>	Total plan assets	. 7a	28	8,44					272,90
<u>b</u>	Total plan liabilities	. 7b			0				
_	Net plan assets (subtract line 7b from line 7a)	. 7с		8,44	18				272,90
$\frac{8}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	-	(a) Amount					(b) Total	
	(1) Employers	8a(1)			0				
	(2) Participants	. 8a(2)	1	8,1	50				
	(3) Others (including rollovers)				0				
	Other income (loss)		(2	,115	5)				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							16,03
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3:	1,05	54				
е	Certain deemed and/or corrective distributions (see instructions) .	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		52	21				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							31,57
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						(15,540
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			0				
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe								
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 3D								
9a b	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 3D								
9a b	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions During the plan year:	ature codes	s from the List of Plan Char	acter	istic (odes ir			unt
9a b	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions During the plan year:	ature codes	s from the List of Plan Chara	acter	istic (odes ir	the ir	nstructions:	unt
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9a b Pa 10 a	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions During 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 V Program) Were there any nonexempt transactions with any party-in-interes	ature codes	the time period duciary Correction	acter	istic (No X	the ir	nstructions:	
9a b Pa 10 a	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare feat to the plan provides welfare feat to the plan and participant contribution of the plan provides and policy to the plan and participant contribution of the plan provides and policy to the program of the plan and participant contribution of the plan provides and policy to the plan and participant contribution of the plan provides and policy to the plan provides and policy to the plan provides welfare the applicable pension of the plan provides welfare the plan provides welfa	ature codes	n the time period duciary Correction nclude transactions	acter	Yes	No X	the ir	nstructions:	
9a b Pa 10 a	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions During 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 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?	ature codes utions withir oluntary Fic t? (Do not in fidelity bor ther persons ne or all of the	a the time period duciary Correction nclude transactions and, that was caused by an insurance the benefits under	10a 10b	Yes	No X	the ir	nstructions:	50
9a b Per 10 a b c c c c	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan year: During 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 Verogram) 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 ot carrier, insurance service, or other organization that provides son	ature codes utions withir oluntary Fic fidelity bor her persons ne or all of the	a the time period duciary Correction nclude transactions and, that was caused by an insurance the benefits under	10a 10b 10c	Yes X	No X	the ir	nstructions:	50
9a b Pa 10 a b c d e	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare feat to the plan and participant contributed by the plan participant contributed by the plan provides and DOL's Verogram. Divide 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 son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plantage of the plan provides and the plantage of t	ature codes utions withir oluntary Fic t? (Do not in fidelity bor her persons ne or all of t	a the time period duciary Correction and, that was caused by an insurance the benefits under	10a 10b 10c 10d	Yes X	No X X X X	the ir	nstructions:	56
9a b Pa 10 a b c d f	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare feat if the plan year: During 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 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 ot carrier, insurance service, or other organization that provides son 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 and If this is an individual account plan, was there a blackout period?	ature codes utions withir coluntary Fic fidelity bor her persons ne or all of the as of year e (See instru	a the time period duciary Correction and, that was caused the benefits under the benefits under the benefits and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes X	No X X X X X X	the ir	nstructions:	50
9a b Pa 10 a b c d f	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feared in the plan provides welfare benefits, enter the applicable welfare feared in the plan provides welfare benefits, enter the applicable welfare feared in the plan provides welfare benefits, enter the applicable welfare feared in the plan provides welfare feared in the plan provides welfare feared in 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 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 ot carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)	ature codes utions withir oluntary Fic t? (Do not in fidelity bor her persons ne or all of in as of year e (See instru he required	a the time period duciary Correction and, that was caused the benefits under the benefits	10a 10b 10c 10d 10e 10f 10g	Yes X	No X X X X	the ir	nstructions:	50
9a b Pa 10 a b c d f	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions During 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 V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son 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 and If this is an individual account plan, was there a blackout period? 2520.101-3.)	ature codes attions withir coluntary Fic fidelity bor her persons he or all of the as of year e (See instru he requirec 1-3	a the time period duciary Correction melude transactions and, that was caused the benefits under mel.)	10a 10b 10c 10d 10e 10f 10g	Yes X	No X X X X X X X X	the ir	nstructions:	50
9a b Pr 10 a b c d f g h i	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feared in the plan provides welfare benefits, enter the applicable welfare feared in the plan provides welfare benefits, enter the applicable welfare feared in the plan provides welfare benefits, enter the applicable welfare feared in 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 V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?	ature codes attions withir coluntary Fic fidelity bor her persons he or all of the as of year e (See instru he requirec 1-3	a the time period duciary Correction melude transactions and, that was caused the benefits under mel.)	10a 10b 10c 10d 10e 10f 10g 10h	Yes X	No X X X X X X X X	N/A	nstructions:	50
9a b Pr 10 a b c d f g h i	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare benefits, enter the applicable welfare feat to the plan provides welfare feat to the plan any participant contributed by the plan provided in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) 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 ot carrier, insurance service, or other organization that provides son 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 and If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. Did the plan trust incur unrelated business taxable income?	ature codes utions withir coluntary Fic	a the time period duciary Correction and, that was caused the benefits under the benefits	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X	No X X X X X X X X X X X X X X X X X X X	N/A SBB (I	Amou	1 Yes 2

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable	e.)					
a If a waiver of the minimum funding standard for a prior year is being amortized granting the waiver.	I in this plan year, see instructi Month	ons, and e		date of the		ing
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5			<u> </u>			
b Enter the minimum required contribution for this plan year	•••••		12b			
c Enter the amount contributed by the employer to the plan for this plan year	•••••		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (en negative amount)	•		12d			
e Will the minimum funding amount reported on line 12d be met by the funding de	eadline?		🗀	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?	••••••		☐ Ye	s X N	0	
If "Yes," enter the amount of any plan assets that reverted to the employer this	year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	to another plan, or brought und	der the cor	ntrol	[Yes 2	Ū No
C If during this plan year, any assets or liabilities were transferred from this plan t which assets or liabilities were transferred. (See instructions.)	o another plan(s), identify the	plan(s) to				
13c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) F	PN(s)
Part VIII Trust Information						
14a Name of trust			14b ⊺ı	rust's EIN		
14c Name of trustee or custodian				rustee or ohone nur	custodian's	······································
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan:	***************************************		Ye:	S	☐ No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	· · ·		bas bar	sign- sed safe bor thod	ADP/A	ACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year testing method" for nonhighly compensated employees (Treas. Reg. section 1.4 2(a)(2)(ii))?	01(k)-2(a)(2)(ii) and 1.401(m)-		☐ Ye	5	□ No	
16a Check the box to indicate the method used by the plan to satisfy the coverage r			□ Ra Per Tes	rcentage	Avera Benef	_
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(this plan with any other plans under the permissive aggregation rules?	b) and 401(a)(4) by combining		☐ Ye	S	☐ No	
17a Has the Plan been timely amended for all required law changes?	***************************************	·····	Ye:	5	☐ No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes instructions for tax law changes and codes).					(See)
 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or advisory letter, enter the date of that favorable letter / / . 17d If the plan is an individually-designed plan and recieved a favorable determination letter / / . 	and the letter's serial number.	-				
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under E made), American Samoa, Guam, the Commonwealth of the Northern Mariana Is			☐ 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 agnot retired) as required under section 401(a)(9)?			Ye:	s	☐ No	□ N/A