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.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information	<u> </u>						
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	<u>2015</u>	and ending 12	2/31/2015				
A This ret	urn/report is for:		er) (Filers checking this box must attach a n accordance with the form instructions)						
		a one-participant plan	a foreign plan						
B This retu	urn/report is	n/ranart /laga than 12 m	antha)						
		an amended return/report	a short plan year retur	n/report (less than 12 m	ionins)				
C Check I	oox if filing under:	Form 5558	automatic extension		DFVC	program			
Dowt II	Decis Dien Info	special extension (enter desc	· ,						
Part II		ormation—enter all requested in	formation		1b Three distant				
1a Name LEGAL TAL	of plan ENT SEARCH 401K F	PLAN			1b Three-digit plan number (PN) ▶	er 001			
					1c Effective da	ate of plan			
20.51					<u> </u>	01/01/2005			
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C ee, country, and ZIP or foreign post		ructions)		dentification Number 65-0986548			
,	ENT SEARCH, INC.	e, country, and Zir or loreign posi	ar code (ii foreign, see msii	delions)		elephone number 05-466-2556			
21150 POIN	Γ PLACE, SUITE 290 [,]	I			2d Business co	ode (see instructions)			
	FL 33180-4043					541110			
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Administrat	or's EIN			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN				
a Spons	•	mber from the last return/report.			4c PN				
		at the beginning of the plan year			5a				
_		at the end of the plan year			5b	3			
		account balances as of the end of							
	ete this item)				5c	3			
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	3			
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	3			
than	100% vested	terminated employment during the			5e	0			
		or incomplete filing of this return							
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	/valid electronic signature.	05/27/2016	ABBE MALD BUNT					
HERE					idual signing as plan administrator				
SIGN									
HERE	Signature of emplo		Date			oloyer or plan sponsor			
AUDREY D	,	name, if applicable) and address (in	nclude room or suite numbe	er)	Preparer's teleph	none number 5-895-4949			
1035 NE 12	25 ST, STE 320 AMI, FL 33161								

Form 5500-SF 2015		Page 2								
 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 of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an independand condition to the condition of the conditio	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	nsurance 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		847	032					86825	
b Total plan liabilities	7b		0.47	0					00005	0
C Net plan assets (subtract line 7b from line 7a)	7c			032	-				86825)/
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)		4	239						
(2) Participants	8a(2)		24	000						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b		5	526						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								3376	<u>35</u>
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
f Administrative service providers (salaries, fees, commissions)	. 8f		12	2540						
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1254	10
i Net income (loss) (subtract line 8h from line 8c)	8i								2122	25
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 coo	des from the List of Pl	an Cha	racteris	stic Co	des in t	the instr	ructions	S :	
B If the plan provides welfare benefits, enter the applicable welfare for	catura code	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o instru	otions:		
If the plan provides wellare benefits, effect the applicable wellare in	eature coue	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 111	ie iristiu	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 Verogram)	/oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		Х					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ					
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 pla			10f		Χ					-
g Did the plan have any participant loans? (If "Yes," enter amount a					X					
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		X					
i If 10h was answered "Yes," check the box if you either provided the	he required	notice or one of the	10h							
j Did the plan trust incur unrelated business taxable income?			10i 10j							
Part VI Pension Funding Compliance			. 0)	<u> </u>	<u> </u>	<u> </u>	<u>. </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	П 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							RISA?	Г	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	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
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), identi assets 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 custodian'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 pland the letter's serial representation of the letter's series of		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	3	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	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

▶ 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

Ear calandar	, minder , report	Identification Information									
LALCOCHUM	plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/20						
A This retur	rn/report is for:	n (not multiemployer) loyer information in ac									
		a one-participant plan	a foreign plan								
B This return	n/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/i	report (less than 12 m	months)						
C Check bo	ox if filing under:		DFVC program								
		special extension (enter desc	cription)								
Part II	Basic Plan Info	ormation—enter all requested in	nformation								
1a Name of LEGAL TA	fplan ALENT SEARCH	401K PLAN			1b Three-digit plan number (PN)	001					
					1c Effective dat 01/01/2						
Mailing	address (include roo	oyer, if for a single-employer plan) orn, apt., suite no. and street, or P.			2b Employer Id (EIN) 65-0	entification Number 986548					
•	own, state or provin TALENT SEARC	ce, country, and ZIP or foreign pos IH, INC.	stal code (if foreign, see instru	ctions)	2c Sponsor's to 305-466	elephone number					
21150 I	POINT PLACE,	SUITE 2901			2d Business co 541110	de (see instructions)					
AVENTU		FL 33180-40			26 44-1-1-1-1-1-1	alle misi					
3a Plan ad	ministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrator's EIN						
					70 National at	ır's telephone number					
		ne plan sponsor has changed since	e the last return/report filed fo	r this plan, enter the	4b EIN						
	EIN, and the plan no	he plan sponsor has changed sincumber from the last return/report.	e the last return/report filed fo	r this plan, enter the	4b EIN						
name, a Sponso	EIN, and the plan nor's name	umber from the last return/report.	-		4c PN	3					
a Sponso	EIN, and the plan nor's name number of participant	umber from the last return/report.			4c PN 5a	3					
a Sponso 5a Total n b Total n c Numbe	EIN, and the plan not or's name umber of participant umber of participant or of participants with	umber from the last return/report.	of the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c						
name, a Sponso 5a Total n b Total n c Numbe comple	EIN, and the plan not or's name number of participant number of participant er of participants with ete this item)	umber from the last return/report. Is at the beginning of the plan year is at the end of the plan year In account balances as of the end of	of the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	3					
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Total	EIN, and the plan not of a name number of participant number of participant or of participants with the this item)	umber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year In account balances as of the end of the beginning of the	of the plan year (defined bene plan year	fit plans do not	4c PN 5a 5b 5c 5d(1)	3					
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb	EIN, and the plan not's name number of participant number of participant er of participants with ete this item) number of active p al number of active p er of participants tha	umber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year In account balances as of the end of the plan year is articipants at the beginning of the plan year terminated employment during the	of the plan year (defined bene plan year rear the plan year with accrued ben	fit plans do not lefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	3 3 3 3					
name, a Sponso 5a Total n b Total n C Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A	EIN, and the plan not's name number of participant aumber of participant er of participants witt ete this item)	ts at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the princomplete filing of this returns.	plan year (defined bene plan year rear the plan year with accrued ben	fit plans do not lefits that were less untess reasonable ca	4c PN . 5a . 5b . 5c . 5d(1) . 5d(2) . 5e ause is established	3 3 3 3					
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena	EIN, and the plan not's name number of participant aumber of participant ar of participants wite at this item) I number of active p at number of active p ar of participants that 100% vested penalty for the late alties of periory and	ts at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this retuother penalties set forth in the instrand signed by an enrolled actuary	plan year (defined benernal plan year	fit plans do not lefits that were less unless reasonable ca	4c PN . 5a . 5b . 5c . 5d(1) . 5d(2) . 5e ause is established eport, including, if a	3 3 3 3 0 1. pplicable, a Schedule					
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena	EIN, and the plan not's name number of participant aumber of participants with the this item) al number of active participants of participants with the participants of participants the penalty for the late alties of perjury and dule MB completed to the penalty for the late alties of perjury and coule MB completed to the penalty for the late alties of perjury and coule MB completed to the penalty for the late alties of perjury and coule the correct.	ts at the beginning of the plan year is at the end of the plan year account balances as of the end control of the plan year account balances as of the end control of the plan year terminated employment during the plan year terminated entry the plan year terminated entry the plan year the	plan year (defined benernal plan year	fit plans do not lefits that were less unless reasonable ca	4c PN . 5a . 5b . 5c . 5d(1) . 5d(2) . 5e ause is established eport, including, if a port, and to the best of	3 3 3 3 0 1. pplicable, a Schedule					
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is to	EIN, and the plan nor's name umber of participant aumber of participants with the this item) al number of active per of participants that 100% vested	is at the beginning of the plan year is at the end of the plan year is at the end of the plan year	plan year (defined benernal plan year	fit plans do not lefits that were less unless reasonable ca examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a ort, and to the best of the second	3 3 3 0 1. pplicable, a Schedule of my knowledge and					
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan not's name number of participant aumber of participants with the this item) al number of active participants of participants with the participants of participants the penalty for the late alties of perjury and dule MB completed to the penalty for the late alties of perjury and coule MB completed to the penalty for the late alties of perjury and coule MB completed to the penalty for the late alties of perjury and coule the correct.	is at the beginning of the plan year is at the end of the plan year is at the end of the plan year	plan year (defined bener) plan year year he plan year with accrued bener plan year he plan year (defined bener)	fit plans do not selfits that were less unless reasonable caexamined this return/resion of this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established eport, including, if a ort, and to the best of the second	3 3 3 0 1. pplicable, a Schedule of my knowledge and					
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nor's name umber of participant umber of participants witter of participants witter this item) In number of active per of participants that 100% vested penalty for the late this of perjury and dule MB completed rue, correct, and correct. Signature of plan	is at the beginning of the plan year is at the end of the plan year	plan year (defined benering plan year	if plans do not lefits that were less untess reasonable calexamined this return/report ABBE MALD BUI Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5e ause is established eport, including, if a ort, and to the best of the b	3 3 3 3 0 i. pplicable, a Schedule of my knowledge and					
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE Preparer's Audrey	EIN, and the plan nor's name umber of participant umber of participant er of participants wittete this item)	is at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the planticipants at the end of the planty at terminated employment during the or Incomplete filing of this return the penalties set forth in the instrand signed by an enrolled actuary moder.	plan year (defined benering plan year	if plans do not lefits that were less untess reasonable calexamined this return/report ABBE MALD BUI Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5e ause is established eport, including, if a port, and to the best of the port, and to the best of the port, and to the best of the port, and to the port of th	3 3 3 3 0 i. pplicable, a Schedule of my knowledge and					
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE Preparer's I Audrey ERISA E	EIN, and the plan nor's name umber of participant umber of participant er of participants with ete this item)	is at the beginning of the plan year is at the end of the plan year	plan year (defined benering plan year	if plans do not lefits that were less untess reasonable calexamined this return/report ABBE MALD BUI Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5e ause is established eport, including, if a port, and to the best of the port, and to the best of the port, and to the best of the port, and to the port of th	3 3 3 3 0 4. pplicable, a Schedule of my knowledge and administrator					
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numb than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE Preparer's I Audrey ERISA E	EIN, and the plan nor's name umber of participant umber of participant er of participants wittete this item)	is at the beginning of the plan year is at the end of the plan year	plan year (defined benering plan year	if plans do not lefits that were less untess reasonable calexamined this return/report ABBE MALD BUI Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5e ause is established eport, including, if a port, and to the best of the port, and to the best of the port, and to the best of the port, and to the port of th	3 3 3 3 0 4. pplicable, a Schedule of my knowledge and administrator					

No		
No		

	Form 5500-SF 2015		Page 2			***					
6a	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a	e assets? (See Instructions.)	countan	t (IQP	 A)	·······		_	es No	
1	under 29 CFR 2520,104-46? (See instructions on waiver eligibility a	ind conditio	ns.)						ΧY	es No	
1	f you answered "No" to either line 6a or line 6b, the plan canno	ot use For	m 5500-SF and must i	nstead	use F	orm 5	500.	No [Not do	termined	
C I	the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA sec	ion 402	(1) r	··· []	res []	140 U	1401.06	reillinien	
Par	LIII Financial Information	- dependent				T					
7 /	Plan Assets and Liabilities		(a) Beginning			 		b) End	of Year	868257	
<u>a</u> -	Total plan assets	7a		84	7032 0	 				0002.37	
********	Total plan liabilities	7b		9.6	7032	 				868257	
	Net plan assets (subtract line 7b from line 7a)	7c			7032	├				00023	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amour	t		╂		(b) T	otal		
	Contributions received or receivable from: (1) Employers	8a(1)			4239						
	(2) Participants	8a(2)		2	4000						
	(3) Others (including rollovers)	8a(3)			C		1.				
	Other income (loss)	86			5526						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								3376	
	Benefits paid (including direct rollovers and insurance premiums				,	1					
	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e-									
f	Administrative service providers (salaries, fees, commissions)	8f		1	2540						
g	Other expenses	8g				1	····	<u>:</u>	2 + 124 2		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-	1254(
ì	Net income (loss) (subtract line 8h from line 8c)	. 8i			<u> </u>	1_				2122	
j	Transfers to (from) the plan (see instructions)	8j				3					
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2R 2T 3D										
В	If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plar	Chara	cterist	c Cod	es in the	e instruc	tions;		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amo	unt	
а	Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х					
E	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	st? (Do not	include transactions	10b		Х					
C	Was the plan covered by a fidelity bond?	***********	**************	10c		Х					
C	Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	s fidelity bo	ond, that was caused	10d		Х					
6	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).					Х					
f	Has the plan failed to provide any benefit when due under the pl	an?		10f	L	Х	<u> </u>	<u></u>			
	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		Х					
•	If this is an individual account plan, was there a blackout period 2520,101-3.)	? (See insti	ructions and 29 CFR	10h		х					
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	101							

j	Did	the plan trust incur unrelated business taxable income?	10j							
		Pension Funding Compliance								
11	ls th 550(is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a)) and line 11a below).	and cor	nplete :	Schedule S	38 (Form		Υe	s	Nо
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0		11	a				
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of t	the Cod	le or se	ction 302	of ERISA	?	Ye	s X	Νo

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				1_11	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	(Origi)	ter the Day	date of the	letter rulini ear	9
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	40 1			
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 (enter a minus sign to the I negative amount)	eft of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ш	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?			Yes	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
find the section of brown		ntrol	П	Yes X N	^
of the PBGC?			<u> </u>	1 es M 14	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- which assets or liabilities were transferred. (See instructions.)	T			40 . 10 CO	
13c(1) Name of plan(s):	13c(2)	:IN(s)		13c(3) PI	4(2)
Part VIII Trust Information					
14a Name of trust		14b	Trust's EIN		
14c Name of trustee or custodian		14d	Trustee's telephone		ın's
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?		י 🛮 ן.	'es	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer	[]	Design- based safe harbor method	☐ ADF	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 2(a)(2)(ii))?	.401(m)-		/es	∏No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec		.] 🗀	Ratio percentage test		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by countries plan with any other plans under the permissive aggregation rules?	mbining		Yes	∏No	
17a Has the plan been timely amended for all required tax law changes?				∏No	□ N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).			cable code _		nstruction
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter advisory letter, enter the date of that favorable letter and the letter's serial	l number				or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS determination letter		of the p	nian's last fa	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Vir.)(2) has been gin (slands)?		Yes	∏No	
19 Were in-service distributions made during the plan year?		1-	Yes	∏No	
If "Yes," enter amount		19	3.		
Were required minimum distributions made to 5% owners who have attained age 70 % (regardless o retired), as required under section 401(a)(9)?	f whether or not		Yes	No	□ N/A