## 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

P	art I Annu	al Report Id	lentification Information	1									
Fo	r calendar plan ye	ar 2015 or fisca	al plan year beginning 01/01/2	2015 and ending 12	2/31/20	)15							
Α	X a single-employer plan												
В	This 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)	(less than 12 months)								
С	Check box if filing		Form 5558 special extension (enter desc			DFVC progr	ram						
Р	art II Basic	Plan Inforn	nation—enter all requested in	formation									
	Name of plan	ERVICES, PC F	PROFIT SHARING PLAN			Three-digit plan number (PN) ▶	001						
					1c	Effective date of 01/0	f plan 1/2002						
2a Plan sponsor's name (employer, if for a single-employer plan) 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)						<b>2b</b> Employer Identification Number (EIN) 13-4175816							
OBO	SA MEDICAL SE		<b>2c</b> Sponsor's telephone number 845-369-0105										
1 G	OLDEN ROAD				2d	Business code (	see instructions)						
	ITEBELLO, NY 10	901				6211	11						
3a	Plan administrat	or's name and a	address XSame as Plan Spon	sor.	3b	Administrator's I	ΞIN						
					3c	Administrator's t	elephone number						
4				the last return/report filed for this plan, enter the	4b	EIN							
а	name, EIN, and Sponsor's name	•	er from the last return/report.		4c	PN							
	•		the beginning of the plan year.		5a	1	5						
b	Total number of	participants at	the end of the plan year		5k	)	0						
С			count balances as of the end of	the plan year (defined benefit plans do not	50		0						
C	<b>l(1)</b> Total number	of active partic	ipants at the beginning of the p	lan year	5d(		3						
	` '	•	•	ar	5d(	2)	0						
	than 100% ves	ted		e plan year with accrued benefits that were less	5€		0						
	ution: A penalty	for the late or i	incomplete filing of this return	n/report will be assessed unless reasonable cau									
				ctions, I declare that I have examined this return/re as well as the electronic version of this return/report									

belief, it is true, correct, and complete Filed with authorized/valid electronic signature. SIGN 05/31/2016 FRANCIS AGBONKPOLO **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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<ul> <li>Were all of the plan's assets during the plan year invested in eliginary between the plan's assets during the plan year invested in eliginary between the plan and report of the under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can</li> </ul>	f an independ and condition	dent qualified public a	account	ant (IQ	PA)			X	Yes Yes	No No
<b>c</b> 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	detern	nined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) En	d of Ye	ear	
a Total plan assets	7a		500	675	-					0
b Total plan liabilities			FOC	0						0
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7с	(a) Ama-		)675	+		<b>(</b> b)	Total		U
a Contributions received or receivable from:		(a) Amou	unt				(a)	Total		
(1) Employers	8a(1)									
(2) Participants	8a(2)									
(3) Others (including rollovers)	<b>+</b> • • • • • • • • • • • • • • • • • • •									
<b>b</b> Other income (loss)			-6	900					00/	20
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	8c								-690	JU
to provide benefits)	8d		493	3775						
e Certain deemed and/or corrective distributions (see instructions)	8e									
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f									
<b>g</b> Other expenses										
h Total expenses (add lines 8d, 8e, 8f, and 8g)									4937	
Net income (loss) (subtract line 8h from line 8c)      Transfers to (from) the plan (see instructions)	1 1								-50067	75
Part IV Plan Characteristics	··· 8j									
B If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions	feature code	es from the List of Pla	n Chara	acterist	tic Cod	les in th	e instru	ctions:		
10 During the plan year:				Yes	No	N/A		Am	ount	
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 Fi	duciary Correction	10a		Х					
<b>b</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					
<b>d</b> 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 o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of t	he benefits under	10e	X						284
f Has the plan failed to provide any benefit when due under the pl			10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount	as of year er	nd.)	10g	X						0
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	? (See instru	ctions and 29 CFR	10g		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	the required	notice or one of the								
j Did the plan trust incur unrelated business taxable income?	_ <del>_</del> _		10j							
Part VI Pension Funding Compliance				•	•	-	•			
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)									Yes	X No
11a Enter the unpaid minimum required contribution for all years from	n Schedule S	SB (Form 5500) line 4	0			11a				
12 Is this a defined contribution plan subject to the minimum funding	ıg requireme	nts of section 412 of t	he Cod	e or se	ction :	302 of E	RISA?.	L [	Yes	X No

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

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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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

		dentification Information								
For calendar		cal plan year beginning	01/01/2015	and ending	12/31/20					
A This retu	rn/report is for:	a single-employer plan			(Filers checking this box must attach a coordance with the form instructions)					
	·	a one-participant plan	a foreign plan							
<b>B</b> This retur	n/report is	the first return/report	I the final return/report							
		an amended return/report	ort a short plan year return/report (less than 12 months)							
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC pro	ogram				
		special extension (enter descr								
Part II		rmation—enter all requested in	formation		1b Thron digit					
	ofplan EDICAL SERVICI SHARING PLAN	ES, PC			1b Three-digit plan number (PN) ▶	001				
11(0111 )					1c Effective date 01/01/20	•				
Mailing	address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Employer Ide (EIN) 13-4					
•	town, state or province EDICAL SERVICI	e, country, and ZIP or foreign post ES, PC	al code (if foreign, see instru	ictions)	2c Sponsor's telephone number (845) 369-0105					
11 001 0	DV DO2D				<b>2d</b> Business cod 621111	e (see instructions)				
11 GOLDI	EN ROAD									
MONTEBET  3a Plan ad		d address XSame as Plan Spon	NY sor.	10901	<b>3b</b> Administrator	's EIN				
						's telephone number				
4 If the n										
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN					
	EIN, and the plan nur		the last return/report filed fo	r this plan, enter the	4b EIN 4c PN					
name, <b>a</b> Sponso	EIN, and the plan nur or's name				4c PN	5				
name, a Sponso 5a Total n	EIN, and the plan nur or's name number of participants	mber from the last return/report.			4c PN	5 0				
name, a Sponso 5a Total n b Total n c Number	EIN, and the plan nur or's name number of participants number of participants er of participants with a	nber from the last return/report.  at the beginning of the plan year.	f the plan year (defined bene	fit plans do not	4c PN 5a					
name, a Sponso 5a Total n b Total r c Number complete	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year	f the plan year (defined bene	fit plans do not	4c PN . 5a . 5b . 5c	0				
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Total	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year.  at the end of the plan year  account balances as of the end of	f the plan year (defined bene plan year	fit plans do not	4c PN 5a 5b 5c 5d(1)	0				
name, a Sponso 5a Total n b Total n c Numbe comple d(1) Tota d(2) Tota e Numbe	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year.  at the end of the plan year  account balances as of the end of the plan year account balances at the end of the plan year	of the plan year (defined bene blan year eare plan year with accrued ber	fit plans do not	4c PN 5a 5b 5c 5d(1)	0 0 3				
name, a Sponso 5a Total n b Total n c Number completed (1) Total n d(2) Total n e Number completed (2) Total n than 1	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year.  at the end of the plan year  account balances as of the end of the plan year account balances as of the end of the plan year.  rticipants at the beginning of the pricipants at the end of the plan year.  terminated employment during the pricipants at the end of the plan year.	olan year (defined bene blan yearearear with accrued ber	fit plans do not nefits that were less	4c PN  5a  5b  5c  5d(1)  5e  suse is established.	0 0 3 0 0				
name, a Sponso 5a Total n b Total n c Number completed d(1) Total d(2) Total e Number than 1 Caution: A Under pena	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year.  at the end of the plan year.  account balances as of the end of the plan year account balances as of the end of the plan year.  rticipants at the beginning of the pricipants at the end of the plan year.  terminated employment during the pricipants at the end of the plan year.  The pricipants at the end of the plan year.  The pricipants at the end of the plan year.  The pricipants at the end of the plan year.	olan year (defined bene blan yeareare plan year with accrued ber rn/report will be assessed outions, I declare that I have	fit plans do not nefits that were less unless reasonable caexamined this return/re	4c PN  5a  5b  5c  5d(1)  5e  suse is established aport, including, if ap	0 3 0 0 plicable, a Schedule				
name, a Sponso 5a Total n b Total n c Number completed d(1) Total d(2) Total e Number than 1 Caution: A Under pena	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year.  at the end of the plan year.  account balances as of the end of the plan year account balances as of the end of the plan year.  rticipants at the beginning of the pricipants at the end of the plan year.  terminated employment during the pricipants at the end of the plan year.  The pricipants at the end of the plan year.  The pricipants at the end of the plan year.  The pricipants at the end of the plan year.	olan year (defined bene blan yeareare plan year with accrued ber rn/report will be assessed outions, I declare that I have	fit plans do not nefits that were less unless reasonable caexamined this return/re	4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established aport, including, if aport, and to the best of	0 3 0 0 plicable, a Schedule				
name, a Sponso 5a Total n b Total n c Number completed d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year.  at the end of the plan year.  account balances as of the end of ricipants at the beginning of the pricipants at the end of the plan year terminated employment during the penalties set forth in the instrund signed by an enrolled actuary, plete.	f the plan year (defined bene plan yearearee plan year with accrued ber professor will be assessed outions, I declare that I have as well as the electronic vers	fit plans do not nefits that were less unless reasonable caexamined this return/repo	4c PN  5a  5b  5c  5d(1)  5e  suse is established. eport, including, if aport, and to the best of NKPOLO	0 0 3 0 0 plicable, a Schedule my knowledge and				
name, a Sponso 5a Total n b Total n c Number completed d(1) Total e Number than a Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year.  at the end of the plan year.  account balances as of the end of ricipants at the beginning of the pricipants at the end of the plan year terminated employment during the penalties set forth in the instrund signed by an enrolled actuary, plete.	f the plan year (defined bene plan yearearee plan year with accrued ber rn/report will be assessed uctions, I declare that I have as well as the electronic vers	fit plans do not  nefits that were less  unless reasonable ca examined this return/repo sion of this return/repo	4c PN  5a  5b  5c  5d(1)  5e  suse is established. eport, including, if aport, and to the best of NKPOLO	0 0 3 0 0 plicable, a Schedule my knowledge and				
name, a Sponso 5a Total n b Total n c Number completed d(1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year accounts at the beginning of the pricipants at the end of the plan yes terminated employment during the penalties set forth in the instruction signed by an enrolled actuary, plete.	f the plan year (defined bene plan year	fit plans do not  mefits that were less  unless reasonable ca examined this return/resion of this return/repo  FRANCIS AGBO  Enter name of indivi	4c PN  5a  5b  5c  5d(1)  5e  suse is established. eport, including, if aport, and to the best of NKPOLO dual signing as plan	0 3 0 plicable, a Schedule my knowledge and administrator				
name, a Sponso 5a Total n b Total n c Number completed d(1) Total e Number than 1 Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year accounts at the beginning of the pricipants at the end of the plan yes terminated employment during the penalties set forth in the instruction of signed by an enrolled actuary, plete.	f the plan year (defined bene plan year	fit plans do not  mefits that were less  unless reasonable ca examined this return/resion of this return/repo  FRANCIS AGBO  Enter name of indivi	4c PN  5a  5b  5c  5d(1)  5e  suse is established. eport, including, if aport, and to the best of MKPOLO dual signing as plan	0 3 0 plicable, a Schedule my knowledge and administrator				

	Form 5500-SF 2015		Page 2							
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 f you answered "No" to either line 6a or line 6b, the plan canno	e plan year invested in eligible assets? (See instructions.)							X Yes	No No
C I	the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA sec	tion 40	21)?	<u> </u>	Yes [	No 📗	Not determ	ined
Parl	III Financial Information					_				
7 [	Plan Assets and Liabilities		(a) Beginning	of Yea	<u>r</u>	↓		(b) End o	f Year	
<u>a</u>	Total plan assets	7a		500	, 675	₩-				0
b -	Fotal plan liabilities	7b			C					0
_ <u>C</u> !	Net plan assets (subtract line 7b from line 7a)	7c		500	,675	-				0
	ncome, Expenses, and Transfers for this Plan Year	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Amou	nt		1000	. 8.87	(b) To	<u>ital</u>	
	Contributions received or receivable from:  1) Employers	8a(1)				4				
	2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		-6	, 900	)				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						•	_	6,900
	Benefits paid (including direct rollovers and insurance premiums			400	. 776	- 1				
	to provide benefits)	. 8d		493	3,775	-		The Third		Name of the second
	Certain deemed and/or corrective distributions (see instructions)	. 8e				100				700
	Administrative service providers (salaries, fees, commissions)	. 8f			<del></del>					
<del></del>	Other expenses	. 8g			1, 1, 1, 1	1-			49	3,775
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h . 8i	<u>L. Meyando, parintono e Penero.</u> Bogginia			+-		-500,675		
	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	<del></del>				+				0,070
Par		] 8]	<u> </u>			<u> </u>			<u> </u>	
9a B	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D  If the plan provides welfare benefits, enter the applicable welfare to									
Parl	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х				
С	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		Х				
е	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of	the benefits under	10e	х					284
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	Х	<u> </u>	Page 1			
h		(See instr	uctions 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 2520.10	the require	ed notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Par	VI Pension Funding Compliance						•			
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If '	"Yes," see instructions	and co	mplete	Sche	dule SB	(Form	☐ Yes	X No
11:	Enter the unpaid minimum required contribution for all years from						110			

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

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(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 in granting the waiver.	Month	nter the Day	date of the	letter rulin ear	g 
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		12b			
<b>b</b> Enter the minimum required contribution for this plan year		<del></del>			
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 negative amount)		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets			<u> </u>	<del></del>	
13a Has a resolution to terminate the plan been adopted in any plan year?		<del></del>	X Yes	∐ No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		ntrol	X	Yes 📗 N	lo
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)		. :			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PI	V(s)
Part VIII Trust Information		446 -	=		
14a Name of trust		140 1	rust's EIN		
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number				
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 employee deferrals a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	and employer	Design- based safe harbor method		ADP/ACP test	
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))?	Ye	Yes		∏No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec	ction 410(b):	.  ∐ p∈	Ratio Aver percentage bene test		rage efit test
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by countries this plan with any other plans under the permissive aggregation rules?		Ye	es	No	
17a Has the plan been timely amended for all required tax law changes?		. Y	es	∏ No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	oplicable	e code	_ (See inst	ructions
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		ct to a f	avorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, determination letter		f the pla	ın'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) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgon	(2) has been gin Islands)?	Ye	es	No	
19 Were in-service distributions made during the plan year?			es	No	
If "Yes," enter amount		19			
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of retired), as required under section 401(a)(9)?		Y	es	No	□ N/A