## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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## 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

	Part I		t Identification Information									
For	calenda	ır plan year 2015 or fi	iscal plan year beginning 01/01/20	015		and ending 12	/31/20	015				
Α	This retu	urn/report is for:	<ul><li>a single-employer plan</li><li>a one-participant plan</li></ul>	lis		an (not multiemployer) ( ployer information in acc		_				
В	This retu	ırn/report is	the first return/report an amended return/report		e final return/report short plan year return/	/report (less than 12 mo	onths)					
С	Check b	oox if filing under:	Form 5558 special extension (enter descri		utomatic extension	on DFVC program						
Pa	art II	Basic Plan Info	ormation—enter all requested info		on							
	Name o	of plan	PA PROFIT SHARING PLAN	-			1b	Three-digit plan number (PN) ▶	001			
							1c Effective date of plan 01/01/2005					
2a	Mailing	ponsor's name (emplo g address (include roo		2b Employer Identification Number (EIN) 59-0789709								
ЛΑНІ	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  AHBOOBEH GOLTAPEH, MD, PA							Sponsor's teleph 305-85	hone number 54-9878			
	SOUTH MI, FL 33	I MIAMI AVENUE, SU 3133	JITE 904				2d	Business code (s	•			
3a	Plan ad	Iministrator's name a	and address XSame as Plan Sponso	or.			3b	<b>3b</b> Administrator's EIN				
							3c	Administrator's to	elephone number			
4			ne plan sponsor has changed since the plan sponsor has changed since the plan sponsor.	he last	return/report filed for	r this plan, enter the	4b EIN					
а	Sponso	or's name					4c PN					
5a	Total n	number of participants	s at the beginning of the plan year				5	a	2			
b	Total n	number of participants	s at the end of the plan year				5	b	2			
С		er of participants with ete this item)	account balances as of the end of the	he plan	ı year (defined benef	it plans do not	. 5c					
d	<b>(1)</b> Tota	al number of active pa	articipants at the beginning of the pla	ın year								
	` '	•	articipants at the end of the plan year			-	5d(2) 0					
	than 1	100% vested	t terminated employment during the				5		0			
			or incomplete filing of this return, ther penalties set forth in the instruct						oblo o Schedule			
SB	or Sched		and signed by an enrolled actuary, as									
SIG	€N	Filed with authorized	d/valid electronic signature.		03/07/2016	MANIJEH GOLTAPEH	ł					
HE	RE	Signature of plan a	administrator		Date	Enter name of individu	ıal sic	ıning as plan adır	ninistrator			

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

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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 cann</li> </ul>	an indeper and conditi	dent qualified public a	ccount	ant (IQ	PA)		
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a 		379	150	-		379193
b Total plan liabilities	7b		270	0			379193
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		1130			(b) Total
a Contributions received or receivable from:		(a) Alliot	ant				(b) Total
(1) Employers	8a(1)			0			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)			0			
<b>b</b> Other income (loss)	8b			43	_		40
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						43
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
<b>f</b> 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						43
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 2A 2E 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructions:
Part V Compliance Questions							
<b>10</b> During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		C
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		C
C Was the plan covered by a fidelity bond?				Х			
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^			35000
by fraud or dishonesty?	······		10d		X		C
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	the benefits under	10e		X		0
f Has the plan failed to provide any benefit when due under the plan			10f		Χ		0
g Did the plan have any participant loans? (If "Yes," enter amount a					X		0
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		X		0
i If 10h was answered "Yes," check the box if you either provided the			10h				
exceptions to providing the notice applied under 29 CFR 2520.10:  j Did the plan trust incur unrelated business taxable income?			10i				
			10j				
Part VI Pension Funding Compliance	onte O (If II)	/on II one traction of		mml=r-	Cala -	lula CD (	Form I
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
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	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA? 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_		Toal	
b	Enter th	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			
	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	s $\square$ No	
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If durin	PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>	
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	EIN(a) 13a(3)			PN(e)
	100(1)	uno oi piuntoj.	130(2)	LII4(3)		13c(3) F	· <b>V</b> (3)
Dant		Turnet hafe amount on					
Part	Name o	Trust Information		14h 1	Γrust's Ell	N	
ı <del>T</del> a	Name 0	ii iiust		140	iusi s Lii	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					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)?			ased safe arbor	∐ ADF test	P/ACP
450					ethod		
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No	
	2(a)(2)	(ii))?		□ Ra	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test
16b	<b>b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					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, e ination letter/		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	\$	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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2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

> Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information 1/1/2015 and ending For calendar plan year 2015 or fiscal plan year beginning 12/31/2015 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions) A This return/report is for: a one-participant plan a foreign plan the final return/report the first return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C - Check box if filing under: automatic extension DFVC program Form 5558 special extension (enter description) Part II Basic Plan Information—enter all requested information **1b** Three-digit 1a Name of plan plan number 001 Mahboobeh Goltapeh, MD, PA Profit Sharing Plan (PN) 1c Effective date of plan 1/1/2005 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 590789709 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Mahboobeh Goltapeh, MD, PA 3058549878 3661 South Miami Avenue, Suite 904 2d Business code (see instructions) Miami 621111 33133 **3a** Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 2 5a 5a Total number of participants at the beginning of the plan year...... 2 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 2 5c complete this item) 5d(1) 2 d(1) Total number of active participants at the beginning of the plan year..... 5d(2) d(2) Total number of active participants at the end of the plan year..... O Number of participants that terminated employment during the plan year with accrued benefits that were less 0 than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule

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.

Dellei, It is ii	rue, correct, and complete.						
SIGN	Manijeh Goltapeh	3/7/16	Manijeh Goltapeh				
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator			
SIGN	Manijeh Goltapeh	3/7/16	Manijeh Go.	ltapeh			
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
	name (including firm name, if applicable) and address (include i	oom or suite number	`)	Preparer's telephone number			

120 to 100 to 10		Page <b>2</b>					
<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>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 cannot be a second to the second to the plan cannot be a second to the plan cannot be a se</li></ul>	an indeper and conditi	dent qualified public actions.)	counta	nt (IQI	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities	Charles and Charle	(a) Beginning					(b) End of Year
a Total plan assets	. 7a		3	7915			379193
b Total plan liabilities	. 7b				9—		0
C Net plan assets (subtract line 7b from line 7a)	7c		3.	7915	<u> </u>		379193
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt -		- ·		(b) Total
Contributions received or receivable from:     (1) Employers	8a(1)				o	PART CANADA	
(2) Participants	8a(2)				o		
(3) Others (including rollovers)	. 8a(3)				0		
b Other income (loss)	. 8b			4	3		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2 23 24 24 27			43
d Benefits paid (including direct rollovers and insurance premiums					1/1907 1/1907 1/1907 1/1907 1/1907 1/1907 1/1907 1/1907 1/1907		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
to provide benefits)	8d				0	200 Jan Say	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
Certain deemed and/or corrective distributions (see instructions)	89				0		
f Administrative service providers (salaries, fees, commissions)	-				0		
g Other expenses.							0
h Total expenses (add lines 8d, 8e, 8f, and 8g)							43
i Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	1				)	DEPENDENT OF THE PERSON NAMED IN COLUMN	TU
Part IV Plan Characteristics	·· 8j	<u> </u>			100 St. 100	400 3 - A - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	has from the List of Plan	n Chara	cteris	ic Co	les in the	o instructions:
Party Compliance Questions		des from the List of Frai	- Chare				e instructions.
Part V Compliance Questions		tes from the cist of Frai					
Part V Compliance Questions  10 During the plan year:  a 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	in the time period	10a	Yes	No	N/A	Amount
During the plan year:  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).  Were there any nonexempt transactions with any party-in-interest.	Voluntary I st? (Do not	in the time period Fiduciary Correction include transactions	10a		No		
During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interereported on line 10a.)	Voluntary I st? (Do not	in the time period Fiduciary Correction include transactions	10a 10b				Amount
During the plan year:  a 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).  b Were there any nonexempt transactions with any party-in-interer reported on line 10a.).  C Was the plan covered by a fidelity bond?	Voluntary I st? (Do not	in the time period Fiduciary Correction include transactions	10a		No		Amount
During the plan year:  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)  Were there any nonexempt transactions with any party-in-intererreported on line 10a.)	Voluntary I st? (Do not	in the time period Fiduciary Correction include transactions ond, that was caused	10a 10b		No		Amount
During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interereported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so	st? (Do not	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance If the benefits under	10a 10b 10c		No ✓		Amount
During the plan year:  Was there a failure to transmit to the plan any participant contribed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)  Were there any nonexempt transactions with any party-in-interereported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	voluntary I st? (Do not st? (Do not stidelity bo sther person me or all of	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance of the benefits under	10a 10b 10c 10d		No ✓		Amount
10 During the plan year:  a 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).  b Were there any nonexempt transactions with any party-in-interest reported on line 10a.).  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the p	Voluntary I st? (Do not st fidelity bo other person one or all of	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance of the benefits under	10a 10b 10c 10d		No		Amount
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<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> <li>Were there any nonexempt transactions with any party-in-interereported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the p</li> <li>Did the plan have any participant loans? (If "Yes," enter amount</li> <li>If this is an individual account plan, was there a blackout period</li> </ul>	st? (Do not st? (Do not strain of the person as of year ? (See instr	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance f the benefits under end.) cuctions and 29 CFR	10a 10b 10c 10d 10e 10f 10g		No V		Amount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)</li> <li>Were there any nonexempt transactions with any party-in-interereported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the p</li> <li>Did the plan have any participant loans? (If "Yes," enter amount 1 if this is an individual account plan, was there a blackout period' 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided</li> </ul>	st? (Do not st? (Do not strict (Do not strict (Do not) strict	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance of the benefits under end.) cuctions and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h		No V		
<ul> <li>During the plan year:</li> <li>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)</li> <li>Were there any nonexempt transactions with any party-in-interereported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ocarrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the p</li> <li>Did the plan have any participant loans? (If "Yes," enter amount</li> <li>If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> </ul>	st? (Do not st? (Do not strict (Do not strict (Do not) strict	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance of the benefits under end.) cuctions and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h		No V		Amount
<ul> <li>During the plan year:</li> <li>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)</li> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> <li>Has the plan failed to provide any benefit when due under the p</li> <li>Did the plan have any participant loans? (If "Yes," enter amount</li> <li>If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Did the plan trust incur unrelated business taxable income?</li> </ul>	voluntary I st? (Do not st? (Do not str. (See instr. (See instr. (Do not)) str. (See instr. (See instr. (Do not)) str. (See instr.	in the time period Fiduciary Correction include transactions and, that was caused as by an insurance of the benefits under end.) ructions and 29 CFR and notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes	No	N/A	Amount  3500

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12								
If a waiver of the minimum funding standard for a prior ye granting the waiver.		••••	. Month	enter the Day_		e letter rulir 'ear	ng ———	
If you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and	skip to lin	e 13.					
<b>b</b> Enter the minimum required contribution for this plan year				12b				
C Enter the amount contributed by the employer to the plan f	or this plan year		.,,	12c		_		
d Subtract the amount in line 12c from the amount in line 13 negative amount)	•	-		12d				
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 As	sets							
13a Has a resolution to terminate the plan been adopted in any pl					Yes No			
If "Yes," enter the amount of any plan assets that reverted	*****			13a	<u> </u>		0	
<b>b</b> Were all the plan assets distributed to participants or ben of the PBGC?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes 🗷 N	No .	
c If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction		lan(s), ide						
13c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3) PI	N(s)	
Part VIII Trust Information								
14a Name of trust				14h	Trust's EIN			
14a Name of trust				מדו	Trusts Eliv			
14c Name of trustee or custodian				14d	Trustee's o		n's	
Part IX IRS Compliance Questions								
<b>15a</b> Is the plan a 401(k) plan?			<b></b>	Y	∋s	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimi matching contributions (as applicable) under sections 40				│ □ b h	esign- ased safe arbor nethod	ADP test		
15c If the ADP/ACP test is used, did the 401(k) plan perform a testing method" for nonhighly compensated employees (2(a)(2)(ii))?	Treas. Reg sections 1.401(k)-2(a)	(2)(ii) and	1.401(m)-		es	No		
16a Check the box to indicate the method used by the plan to				Ц р	Ratio ercentage est	Ave ben	rage efit test	
16b Does the plan satisfy the coverage and nondiscrimination this plan with any other plans under the permissive aggre					es	No	·········	
17a Has the plan been timely amended for all required tax lav	v changes?			.  [] Y	es	No	N/A	
17b Date the last plan amendment/restatement for the require for tax law changes and codes).	ed tax law changes was adopted_		Enter the a	pplicab	le code	_ (See ins	tructions	
17c If the plan sponsor is an adopter of a pre-approved maste advisory letter, enter the date of that favorable letter			plan that is subje al number	ct to a t	avorable IR	RS opinion	or	
17d If the plan is an individually-designed plan and received a determination letter				f the pla	an's last fav	orable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Ric made), American Samoa, Guam, the Commonwealth of				Ye	<del>3</del> 8	∏ No		
19 Were in-service distributions made during the plan year?			•••••	📗 Y	'es	□No		
If "Yes," enter amount				. 19				
Were required minimum distributions made to 5% owner retired), as required under section 401(a)(9)?	_ ,	_		Y	es	No	∏ N/A	