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

| Part I | | Identification Informati | ion | | | | | | | | | |
|---|--|---|------------------|----------------------|-------------------------|--------------------------------|---|--|--|--|--|--|
| For calenda | ar plan year 2015 or fi | scal plan year beginning 01/0 | 01/2015 | | and ending 12 | 2/31/20 | 015 | | | | | |
| A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan | | | | | | | | | | | | |
| B This retu | | | | | | | | | | | | |
| C Check b | oox if filing under: | an amended return/report a short plan year return/report (less than 12 months) Inder: Form 5558 automatic extension DFVC program special extension (enter description) | | | | | | | | | | |
| Part II | Basic Plan Info | ш ' | | | | | | | | | | |
| Part II Basic Plan Information—enter all requested information 1a Name of plan DIABETES & ENDOCRINOLOGY ASSOCIATES, INC. 401(K) PLAN | | | | | | | Three-digit plan number (PN) | 002 | | | | |
| | | | | | | 1c | C Effective date of plan 04/01/2001 | | | | | |
| Mailing | address (include rooi | yer, if for a single-employer pla m, apt., suite no. and street, or | P.O. Box) | familia | | 2b | | oyer Identification Number 05-0358648 | | | | |
| | | e, country, and ZIP or foreign p GY ASSOCIATES, INC. | oostai code (if | foreign, see instr | uctions) | 2c | 2c Sponsor's telephone number 401-351-7100 | | | | | |
| 100 HIGHLAND AVENUE, SUITE 203 PROVIDENCE, RI 02906 | | | | | | 2d | 2d Business code (see instructions) 621111 | | | | | |
| 3a Plan administrator's name and address Same as Plan Sponsor. | | | | | 3b | Administrator's EIN 05-0358648 | | | | | | |
| DIABETES AND ENDOCRINOLOGY ASSOCIATES, INC. 100 HIGHLAND AVENUE, SUITE 203 PROVIDENCE, RI 02906 | | | | | | | 3c Administrator's telephone number 401-351-7100 | | | | | |
| | | e plan sponsor has changed sin mber from the last return/report | | turn/report filed fo | or this plan, enter the | 4b | EIN | | | | | |
| a Sponso | or's name | | | | | 4c PN | | | | | | |
| 5a Total r | number of participants | at the beginning of the plan year | ar | | | 5 | a | 24 | | | | |
| b Total r | number of participants | at the end of the plan year | | | | 5 | b | 22 | | | | |
| | er of participants with ete this item) | account balances as of the end | d of the plan ye | ear (defined bene | fit plans do not | 5 | С | 22 | | | | |
| d(1) Tota | al number of active pa | rticipants at the beginning of the | e plan year | | | 5d | 5d(1) 1 | | | | | |
| d(2) Tota | al number of active pa | rticipants at the end of the plan | year | | | 5d | (2) | 19 | | | | |
| d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | | 5 | 5e 1 | | | | | |
| Under pena SB or Sche | alties of perjury and ot | or incomplete filing of this ret her penalties set forth in the ins nd signed by an enrolled actuar plete. | structions, I de | clare that I have | examined this return/re | port, ir | ncluding, if applic | | | | | |
| SIGN | | /valid electronic signature. | 0 | 6/02/2016 | ROBERT DOBRZYNS | | | | | | | |
| HERE | Signature of plan a | | | ate | Enter name of individ | | ıning as plan adr | ninistrator | | | | |
| SIGN | | | | | | | | | | | | |
| HERE | Signature of emplo | | | ate | Enter name of individ | | | | | | | |
| Preparer's | name (including firm n | name, if applicable) and address | s (include rooi | m or suite numbe | r) | Prep | arer's telephone | number | | | | |

| Form 5500-SF 2015 | | Page 2 | | | | | | | |
|---|--|--------------------------------------|------------|----------|----------|------------|-----------|------------|-----------|
| 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot | an indepenand | dent qualified public a | ccount | ant (IQ | PA) | | | | Yes No |
| c If the plan is a defined benefit plan, is it covered under the PBGC in | surance pr | ogram (see ERISA se | ection 4 | 021)? | | Yes | No | Not d | etermined |
| Part III Financial Information | 1 | | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | of Ye | ar | _ | | (b) End | of Yea | r |
| a Total plan assets | 7a | | 1884 | 1089 | - | | | 14 | 30209 |
| b Total plan liabilities | 7b | | 1004 | 1000 | - | | | 4./ | 120200 |
| Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year | 7c | (a) A | 1884 | 1009 | | | /b) : | | 30209 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | ınt | | | | (a) | Γotal | |
| (1) Employers | 8a(1) | | 54 | 223 | | | | | |
| (2) Participants | 8a(2) | | 108 | 3747 | | | | | |
| (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b Other income (loss) | 8b | | 2 | 2194 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 1 | 65164 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 602 | 2953 | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | 10 | 831 | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g Other expenses | 8g | | 5 | 260 | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 6 | 19044 |
| i Net income (loss) (subtract line 8h from line 8c) | Net income (loss) (subtract line 8h from line 8c) | | | | | | | -4 | 53880 |
| j Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Part IV Plan Characteristics | | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D | feature cod | des from the List of Pl | an Cha | racteri | stic Co | des in th | he instru | ctions: | |
| B If the plan provides welfare benefits, enter the applicable welfare fe | eature code | es from the List of Pla | n Chara | acterist | ic Coc | les in the | e instruc | tions: | |
| | | | | | | | | | |
| Part V Compliance Questions | | | | | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | | Amo | unt |
| Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary Fi | duciary Correction | 10a | | X | | | | |
| b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | X | | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 60000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | X | | | | |
| Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) | ner persons ne or all of t | by an insurance he benefits under | 10e | X | | | | | 3731 |
| f Has the plan failed to provide any benefit when due under the plan | | | 10f | | Χ | | | | |
| | | | | | | | | | 5343 |
| | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | | | | X | | | | 5545 |
| i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10" | ne required | notice or one of the | 10h 10i | | | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10i | | | | | | |
| Part VI Pension Funding Compliance | | | ıvj | <u> </u> | <u> </u> | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | П | Yes No |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | 11a | | <u>. L</u> | |
| 12 Is this a defined contribution plan subject to the minimum funding | | | | | | - | RISA? | | Yes X No |

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | | | | |
|---|---|---|------------------|----------------------------|---|------------------|-------|--|--|--|
| | _ ` | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| 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 | | | | | | |
| C Enter the amount contributed by the employer to the plan for this plan year | | | | | | | | | | |
| d | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the | | 12d | | | | | | |
| | | ve amount)e minimum funding amount reported on line 12d be met by the funding deadline? | | П | Yes | No 🗌 | N/A | | | |
| Part | | Plan Terminations and Transfers of Assets | | | 100 | 110 | 1471 | | | |
| | | resolution to terminate the plan been adopted in any plan year? | | | Yes | s X No | | | | |
| | | s," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | | | |
| b | Were | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough | ght under the co | ontrol | | Yes X | No | | | |
| С | If duri | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.) | | | | | | | | |
| • | 13c(1) N | lame of plan(s): | 13c(2) | EIN(s) | | 13c(3) F | PN(s) | | | |
| | | | | | | | | | | |
| Part | : VIII | Trust Information | | | | | | | | |
| 14a | Name o | f trust | | 14b Trust's EIN | | | | | | |
| | | | | | | | | | | |
| 14c | Name | of trustee or custodian | | 14d | 14d Trustee's or custodian's | | | | | |
| 140 Name of trustee of custodian | | | | | | telephone number | | | | |
| | | | | | | | | | | |
| 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 | 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)- | Yes No | | | | | | |
| 16a | Check | the box to indicate the method used by the plan to satisfy the coverage requirements under secti | on 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 | s | No | | | | |
| 17a | Has the | e plan been timely amended for all required tax law changes? | | Ye | S | No | N/A | | | |
| 17b | 17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes). | | | | | | | | | |
| 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 | es 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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Form 5500-SF

Department of the Yreasury 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

2015

This Form is Open to Public Inspection

| | t Identification Information | 1 100 100 1 | | 12/31/20 | V1 E | | | | | | |
|--|---|---|--|--|---------------------------------|--|--|--|--|--|--|
| For calendar plan year 2015 or | | 01/01/2015 | and ending | | | | | | | | |
| A This valuation of in for | X a single-employer plan | list of participating em | rilers checking this | ing this box must attach a n the form instructions) | | | | | | | |
| A This return/report is for: | ☐ a one-participant plan | a foreign plan | | • | | | | | | | |
| | . | | | | | | | | | | |
| B This return/report is | | | | | | | | | | | |
| · | onths) | | | | | | | | | | |
| C Check box if filing under: | — ☐ Form 5558 | automatic extension DFVC program | | | | | | | | | |
| special extension (enter description) | | | | | | | | | | | |
| Part II Basic Plan Information—enter all requested information | | | | | | | | | | | |
| 1a Name of plan | 1b Three-digit | | | | | | | | | | |
| DIABETES & ENDOCRIN | OLOGY ASSOCIATES, INC | . 401(K) PLAN | | plan number | 002 | | | | | | |
| | | | | | (PN) Effective date of plan | | | | | | |
| | | | | 04/01/20 | | | | | | | |
| 2a Dian enancarie nama /amai | oyer, if for a single-employer plan) | | | | ntification Number | | | | | | |
| Mailing address (include to | om, ant., suite no, and street, or P.C | D. Box) | | (EIN) 05-0 | | | | | | | |
| City or town, state or provin | ce, country, and ZIP or foreign post | al code (if foreign, see instru | uctions) | 2c Sponsor's te | · v | | | | | | |
| DIABETES AND ENDOC | RINOLOGY ASSOCIATES, | TIVC. | | 401-351- | | | | | | | |
| 100 HIGHLAND AVENU | æ ፍጠሞፑ 203 | | | 2d Business cod 621111 | e (see instructions) | | | | | | |
| TOO IIIGIIDAND AVENO | D, D0442 202 | | | 02.1.1 | | | | | | | |
| PROVIDENCE | RI 02906 | | | | | | | | | | |
| 3a Plan administrator's name a | and address Same as Plan Spon | sor. | | 3b Administrator's EIN 05-0358648 | | | | | | | |
| DIABETES AND ENDOCE | RINOLOGY ASSOCIATES, | INC. | | 3C Administrator's telephone number | | | | | | | |
| | | | | 401-351-7100 | | | | | | | |
| 100 HIGHLAND AVENUE | E, SUITE 203 | | | | | | | | | | |
| PROVIDENCE RI 02906 | | | | | | | | | | | |
| 4 If the name and/or EIN of the | 4b EIN | | | | | | | | | | |
| name, EIN, and the plan no | umber from the last return/report. | | | 4 | | | | | | | |
| a Sponsor's name | | *************************************** | ************************************** | 4c PN | | | | | | | |
| | s at the beginning of the plan year. | | | | 24 | | | | | | |
| b Total number of participant | s at the end of the plan year | 41 m 1 | | | 22 | | | | | | |
| C Number of participants with | account balances as of the end of | the plan year (defined bene | nt plans do noi | 5c | _22 | | | | | | |
| | articipants at the beginning of the p | | | 5d(1) | 16 | | | | | | |
| | articipants at the end of the plan ye | | | 5d(2) | 19 | | | | | | |
| A Number of narticinants that | at terminated employment during the | e plan year with accrued ber | efits that were less | 5e | | | | | | | |
| than 100% useted | | | | | 1 | | | | | | |
| I I also a securities of manicipal and a | or incomplete filing of this refur other penalties set forth in the instru | ctions. I declare that I have : | examined this return/re | :poπ. including, if ap | plicable, a Schedule | | | | | | |
| SB or Schedule MB completed: | and signed by an enrolled actuary. | as well as the electronic ver | sion of this return/repor | rt, and to the best of | my knowledge and | | | | | | |
| belief, it is true, correct, and con | nplete. | 1/ 0 //- | ROBERT DOBRZY | | | | | | | | |
| SIGN KULLET | obnymus - | - 10 dr. 10 | | | | | | | | | |
| HERE Signature of plan | administrator, | Date | Enter name of individ | iuai signing as plan | aaministrator | | | | | | |
| sign Flut t | bhype | | | | | | | | | | |
| HERE Signature of emp | | oyer or plan sponsor | | | | | | | | | |
| Preparer's name (including firm | г) | Preparer's telepho | me number | | | | | | | | |
| F-1- | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | CAMERAS OF IRRES | | | | | | |
| For Paperwork Reduction Act Not | ice and OMB Control Numbers, see ti | te instructions for Form 5500- | St. | | Form 5500-SF (2015) v 150123 | | | | | | |

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|--|--|--|--------------------|------------------|-------------|---------------------------------------|-----------|---|--|---|-------------|--|
| 6a Were all of the plan's assets during the plan year invested in eligib b 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 c If the plan is a defined benefit plan, is it covered under the PBGC in | an indepen and conditi ot use Fo | ident qualified public a ions.) rm 5500-SF and mus | ccount t instea | ant (IQ d use | PA) Form | 5500. | | | Yes [|] / | lo lo | |
| Part III Financial Information | - pi | TOUR AND LINES TO | | | | · · · · | L.J | | | | - | |
| 7 Plan Assets and Liabilities | | (a) Beginning | nf Va | | Т | | (b) End o | f Year | ************************************** | *************************************** | KAMEMANA | |
| a Total plan assets | 7a | (a) Degittinis | | 8408 | 9 | | 17/ | | 1430 | 020 | 9 | |
| b Total plan liabilities | 7b | ************************************** | | | 1 | | | *************************************** | | ********** | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | | 18 | 8408 | 9 | | | | 1430 | 020 | 9 | |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amou | ınt | | | | (b) To | tal | | | | |
| a Contributions received or receivable from: | | | | 5422 | 2 | | | | | , ÷. | | |
| (1) Employers | 8a(1) | Attaches | | 0874 | | | | | | | | |
| (2) Participants | 8a(2) | | | 00/- | + | | .* ; . | | | · . | | |
| (3) Others (including rollovers) | 8a(3) 8b | **** | | 219 | 4 | | ****** | | 14 | | | |
| b Other income (loss) | 8c | | | | 2 | | 165164 | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums | <u> </u> | | | | 1 | · · · · · · · · · · · · · · · · · · · | | | | | ***** | |
| to provide benefits) | 8d | | | 0295 | | | | , ((| · · · | · · · · | <u> </u> | |
| e Certain deemed and/or corrective distributions (see instructions) | 86 | | | 1083 | 1 | | | · · · · | • , | | × | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | · | | | | | <u> </u> | | | | |
| g Other expenses | 8g. | | 1 | 526 | <u> </u> | · · · | | | | ~ ~ . | لمنند | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | . , | • | - | | | | 61: | | | |
| Net income (loss) (subtract line 8h from line 8c) | 8i | <u> </u> | <u> </u> | | ┿┈ | | | | -45 | 300 | 30 | |
| j Transfers to (from) the plan (see instructions) | 8j | | | | | ,,,, | | | | · · | | |
| B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions | | 63 HOM the Flat of Life | | | | | | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | | Amou | ınt | | *********** | |
| a Was there a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) | oluntary F | iduciary Correction | 10a | | х | | | | | | | |
| b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | ? (Do not i | include transactions | 10b | | x | | ····· | | | | | |
| C Was the plan covered by a fidelity bond? | ********** | | 10c | Х | | | | | | 60 | 000 | |
| d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | Х | | | | | | | |
| e Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides son the plan? (See instructions.) | ne or all of | the benefits under | 10e | х | | | | | | 3 | 73: | |
| f Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | Х | <u> </u> | | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | Х | | | | | | 5 | 343 | |
| h If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | Х | | | | : ; | | | |
| 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 | he required | d notice or one of the | 10ì | | | | | · | | | : | |
| j Did the plan trust incur unrelated business taxable income? | | | 10j | | | | | | | | | |
| Part VI Pension Funding Compliance | , | | | | | | | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .,,,,,,,,, | | | 1 | Form | | Yes |]_ | No | |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | | | | ., 1 | | | |
| 12 Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of t | he Cod | e or s | ection | 302 of El | RIŞA? | Ш. | Yes | Х | 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 instructions, and enter the date of the letter ruling granting the waiver. | | | | | | | | | |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | | | | | | | | |
| b Enter the minimum required contribution for this plan year | 12b | | Andrew Control of the | | | | | | |
| 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 | At I was a second and a second | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | | | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC? | | | Yes X No | | | | | | |
| C If during this plan year, any assets or flabilities were transferred from this plan to another plan(s), identify which assets or flabilities were transferred. (See instructions.) | y the plan(s) to | | | | | | | | |
| 13c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) P | N(s) | | | | |
| | | | | | | | | | |
| Part VIII Trust Information | | | | | | | | | |
| 14a Name of trust | | 14b T | b Trust's EIN | | | | | | |
| 14C Name of trustee or custodian | | 1 | 4d Trustee's or custodian's telephone number | | | | | | |
| Part IX IRS Compliance Questions | | | | | | | | | |
| 15a is the plan a 401(k) plan? | | Ye | es No | | | | | | |
| 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | i employer | ∐ ba ha | esign- esed safe rbor ethod | /ACP | | | | | |
| 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))? | 01(m)- | Ye | S | ∏No | | | | | |
| 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section | | | atio rcentage st | | rage efit test | | | | |
| 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules? | | Ye | 5 | No | <u> </u> | | | | |
| 17a Has the plan been timely amended for all required tax law changes? | | Ye | | ∏ No | □N/A | | | | |
| for tax law changes and codes). | . Enter the a | | | | nstructions | | | | |
| 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial number of the letter's | umber | | | | ог | | | | |
| 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, er determination letter | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | vorable | | | | | |
| 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin | nas veen Islands)? | Yes | , | □No | | | | | |
| 19 Were in-service distributions made during the plan year? | | Ye | 8 | ∏ No | | | | | |
| If "Yes," enter amount | ****** | 19 | | | | | | | |
| Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of where the retired), as required under section 401(a)(9)? | nether or not | Ye | S | ∏No | □ N/A | | | | |