## 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

Part I	Annual Report	Identification Information	<u> </u>			
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12/3	31/2015	
A This ret	turn/report is for:	a single-employer plan  a one-participant plan	list of participating er	olan (not multiemployer) (Inployer information in acc	_	
<b>D</b> This rate	urn/report is	the first return/report	a foreign plan  the final return/report			
D This rett	un/report is	an amended return/report	H	rn/report (less than 12 mor	nths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	program
-	-	special extension (enter desc	· /			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name CHARLES	•	401(K) PROFIT SHARING PLAN			<b>1b</b> Three-digit plan number (PN) ▶	r 001
					1c Effective da	te of plan 02/14/1972
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				entification Number 16-1334106
	town, state or province.  V. HANNUM, D.D.S.	e, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)		elephone number 6-672-5191
53 TEMPLE	CTDEET				2d Business co	de (see instructions)
FREDONIA,						621210
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		<b>3b</b> Administrate	or's EIN
					<b>3c</b> Administrate	or's telephone number
name		e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	_	4b EIN 4c PN	
		at the beginning of the plan year			5a	8
_		at the end of the plan year		<u> </u>	5b	8
C Numb	er of participants with	account balances as of the end of	the plan year (defined ben	efit plans do not	5c	8
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	an year		5d(1)	7
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	7
than	100% vested	terminated employment during the			5e	0
		or incomplete filing of this retur				
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.				
SIGN HERE	Filed with authorized	/valid electronic signature.	06/14/2016	CHARLES W. HANNUM	M, D.D.S.	
HEKE	Signature of plan a	administrator	Date	Enter name of individua	al signing as plan	administrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individua		<u> </u>
Preparer's	name (including firm r	name, if applicable) and address (ii	nclude room or suite numb	er)	Preparer's teleph	one 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 cannot be a second to the plan cannot be a second</li></ul>	an indepen and condition ot use For	dent qualified public a ons.)	ccount	ant (IQ	PA)  Form	5500.		×	Yes Yes	No 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	determir	ned
Part III   Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En			
a Total plan assets	7a		1666					1	731768	
<b>b</b> Total plan liabilities	7b		4000	0					0	
C Net plan assets (subtract line 7b from line 7a)	7c		1666	323	-				731768	j
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)		40	480						
(2) Participants	8a(2)		33	416						
(3) Others (including rollovers)	8a(3)			0						
<b>b</b> Other income (loss)	8b		-5	985						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								67911	
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		2	2466						
g Other expenses	8g			0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								2466	;
i Net income (loss) (subtract line 8h from line 8c)	8i								65445	;
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 2E 2F 2G 2J 3B 3D	feature cod	des from the List of PI	an Cha	racteris	stic Co	des in t	he instr	uctions	:	
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 instru	ctions.		
	odiaio oodi	oo nom the List of Fia	T Onarc	20101101			o mona	J. 10110.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	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>b</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	X					7	70000
<b>d</b> 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.)	ne or all of t	he benefits under	10e	X						8329
f Has the plan failed to provide any benefit when due under the plan			10f		X					
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?		,	10g							
i If 10h was answered "Yes," check the box if you either provided the			10h		X					
exceptions to providing the notice applied under 29 CFR 2520.10			10i							
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 requirem 5500) and line 11a below)									Yes	X No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	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 E	RISA?.	🗍	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		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)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		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 yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

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Short Form Annual Return/Report of Small Employee Benefit Plan

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

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For calendar plan year 2015 or	rt Identification Information	1	and the sales of t		
	fiscal plan year beginning 01/01/20  X a single-employer plan		and ending 12/	******	
A This return/report is for:	(Filers checking this box must attach a cordance with the form instructions)				
	a one-participant plan	a foreign plan		•	
B This return/report is	the first return/report	the final return/report	-/	amaikus	
	an amended return/report	a short plan year return	nyreport (less ulair 12 fr	ionins)	,
C Check box if filing under:	Form 5558	automatic extension	•	DFVC	program
	<u> </u>				
	formation—enter all requested in	nformation		<del>†</del>	<u></u>
1a Name of plan CHARLES W. HANNUM, D.D.S.	. 401(K) PROFIT SHARING PLAN			1b Three-digit plan number (PN)	
				1c Effective de 02/14/1972	5.0
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.(	O. Box)	:	2b Employer Id (EIN) 16-13	fentification Number 34106
	nce, country, and ZIP or foreign pos	tal code (if foreign, see instr	uctions)	<del></del>	elephone number
CHARLES W. HANNUM, D.D.S.	· ·				16) 672-5191
	$\label{eq:continuous} \mathbf{r} = \frac{\mathbf{r}^2 + \mathbf{r}^2}{1 + \mathbf{r}^2} + \frac{\mathbf{r}^2}{1 + $			2d Business co	ode (see instructions)
53 TEMPLE STREET				621210	*
FREDONIA, NY 14063					
3a Plan administrator's name	and address Same as Plan Spon	sor.		3b Administrate	or's EIN
				3c Administrate	or's telephone number
				a construction of the state of	a est e
		e di la companya di l			
	the plan sponsor has changed since number from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN	
# Sponsor's name					
				4c PN	
5a Total number of participan	its at the beginning of the plan year.		************************	4c PN 5a	
t.	nts at the beginning of the plan year.			5a	
b Total number of participan C Number of participants with	nts at the beginning of the plan year that at the end of the plan yearthe account balances as of the end of	f the plan year (defined bene	fit plans do not		
b Total number of participants wit complete this item)	nts at the end of the plan year th account balances as of the end of	the plan year (defined bene	fit plans do not	5a 5b	8
b Total number of participants wit complete this item)	nts et the end of the plan yearth account balances as of the end of participants at the beginning of the p	the plan year (defined bene	fit plans do not	5a   5b   5c   5d(1)	8
b Total number of participants with complete this item)	nts at the end of the plan yearth account balances as of the end of participants at the beginning of the participants at the end of the plan ye had be maintained employment during the	the plan year (defined bene van year	fit plans do not	5a   5b   5c   5d(1)   5d(2)   5e	8 8 7 7 7
b Total number of participants wit complete this item)	the et the end of the plan yearth account balances as of the end of participants at the beginning of the participants at the end of the plan year lerminated employment during the or incomplete fitting of this returns	the plan year (defined bene van year	fit plans do not	5a   5b   5c   5d(1)   5d(2)   5e   se   s established	8 8 7 7 0
b Total number of participants wit complete this item)	nts at the end of the plan year	the plan year (defined bene war	fit plans do not  efits that were less unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e ise is established	8 8 7 7 7 0 0
b Total number of participants wit complete this item)  d(1) Total number of active pd(2) Total number of active pd(2) Total number of active pd(2) Total number of participants the normality for the late United participants and control to the normality for the late United participants and control to the normality for the late of Scientific Normality for the normality for the late of Scientific Normality for the late of the late	nts at the end of the plan year	the plan year (defined bene war	fit plans do not  efits that were less unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if application, and to the best of	8 8 7 7 7 0 0
b Total number of participants wit complete this item)	nts at the end of the plan year	the plan year (defined bene war	fit plans do not  nefits that were less unless reasonable cau examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if ap, and to the best of D.D.S.	8 8 7 7 0 plicable, a Schedule my knowledge and
b Total number of participants wit complete this item)	nts et the end of the plan year	ithe plan year (defined bene plan year with accrued ber myreport with accrued ber ictions, I declare that I have a as well as the electronic ven	fit plans do not  efits that were less  unless reasonable cau examined this return/report  Charles W. Hannum, C	5a 5b 5c 5d(1) 5d(2) 5e ise is established port, including, if ap, and to the best of D.D.S. ual signing as plan	8 8 7 7 0 plicable, a Schedule my knowledge and
b Total number of participants wit complete this item)	nts at the end of the plan year	the plan year (defined bene plan year with accrued ber myreport will be assessed in actions, I declare that I have a as well as the electronic ven Date	fit plans do not  efits that were less  unless reasonable cau examined this return/report  Charles W. Hannum, D  Enter name of Individu	5a 5b 5c 5d(1) 5d(2) 5e ise is established port, including, if ap, and to the best of D.D.S. ual signing as plan	8 8 7 7 0 plicable, a Schedule my knowledge and administrator
b Total number of participants wit complete this item)	nts at the end of the plan year	the plan year (defined bene plan year with accrued ber myreport will be assessed in actions, I declare that I have a as well as the electronic ven Date	fit plans do not  efits that were less  unless reasonable cau examined this return/report  Charles W. Hannum, D  Enter name of Individu	5a 5b 5c 5d(1) 5d(2) 5e se is established port, including, if ap, and to the best of D.D.S. ual signing as plan ual signing as employed	8 8 7 7 0 plicable, a Schedule my knowledge and administrator

N. S. A. China	A CONTRACTOR OF THE PARTY OF TH		A STATE OF THE PERSON NAMED IN	THE RESERVE TO SHAPE	Mary .				
Ba. Were all of the plan's accets during the plan year invested in eligity	in maans?	(See PHYSONE)		درو دوررجان دوره درو دوررجان دوره		*****		K Yes	No
D Are you claiming a waiver of the annual evaraneous and report of	W. Craype	nere qualitary public a	111111111	HIVA	A)			 []	[] No
under 29 GFR 2526.104-467 (See instructions on waiver singletie) if you answered "No" to alther line tie or line tib, the plan carri							+ SARP	D 188	□ .~
O If the plan is a defined benefit plan, is it revered under the PBOC in							No 🗆 N	of determ	nined
Part III   Financial Information					1	نيا	1.2		
7 Flan Assata and Liatulinas	Transcension and a second	(a) Bagiering	ed Year	· · · · · · · · · · · · · · · · · · ·	1	······································	b) End of	Vese	
A Total plan assola.	7.0		59432		1-	1		1731768	
D Total plan liabilities	75		.(	)	1	***************************************	***********	C	
C Net plan assets (subtract line 7t) from line 7s)	76		\$ \$ \$ 5.50	3	1	**************************************		1731758	
8 Income, Expenses, and Transfers for this Plan Year		(a) beres	rd.		1		(b) Tot	al	
Contributions received or receivable from:			10101		T	. o in the contract of			11-11
(I) Empkyers caracidosadorum manaracidos escribes a mentra escribe a mentra escribes a mentra escribe	24(1)		3341	-	┼			<del>,</del>	فبسيب
(2). Pancipants sandilinaphoningonamicanimination processes	£4(2)			9	╂—		<del>, , , , , , , , , , , , , , , , , , , </del>		<del></del>
(3) Others (Including rollovers)	84(7)		3(4)		┼─	<del></del>			<del></del>
b Other Income (loss)	2ti		-1997	) -27 - 77	1.4		<del> </del>	6764	
C Total Income (add lines fia(1), 8a(2), fia(3), and 85)	86		. التنديب		┼—		<del></del>	6791	14 T T T T T T T T T T T T T T T T T T T
d Benefits paid (including direct rollovers and insurance premiurs to provide benefits)	20			0		0			18
Certain deemed and/or corrective distributions (see instructions)	ય		đ	D.					
Administrative service providers (salaries, fees, commissions)	24		245	દ					27
g Other expanses	2/2		4	9					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	ži.							245	6
Net Income (loss) (subtract line 8h from line 8c)	2.		5 1 5 5					5544	5
Transfers to (from) the plan (see instructions)	zi		(	cy .				Table 1775	
Part IV Plan Characteristics			-,,						
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D.  B If the plan provides welfare benefits, enter the applicable welfare fe									
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D.									
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D.  If the plan provides welfare benefits, enter the applicable welfare for									
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D.  B If the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions	estune cipis Biska diskin Churkary F	ies from the Last of Par in the lane period valuciary Correction		cteres	c Cod	es in the		ons:	
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D.  B If the plan provides welfare benefits, enter the applicable welfare for art V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOU'S V	eabure occa Ecca wiscin Iolumbary F (? (Do sid.)	es from the Last of Par in the lane period include transaction	Crera	cteres	c Coo	es in the		ons:	
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D.  B If the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOU'S V Program).	eabare cock Ecka willia Ichurkary F (? (Do sak i	es from the Last of Par in the lane period include transaction	Crara	cteres	Ho X	es in the		ons:	70000
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D.  If the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed scribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	ECKE WISH COMERCY F	es from the Last of Par in the lane period induction Correction include transactions	10a	Yes	Ho X	es in the		ons:	
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D.  If the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed for 29 CFR 2510.3-102? (See instructions and DOU's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	Echa elitri Countary F (Do sid i ficelity both an personal of control	es from the Last of Par in the lane period induciary Correction include transactions include transactions include transactions	19a 19b	Yes	Ho X	es in the		ons:	
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D  If the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions  During the plan year;  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOU's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	Echa elitra Countary F (Do son i ficelity bon in cerson in cerson	es from the Last of Par in the lane period induciary Correction include transactions include transactions include transactions that was caused to by an insurance the benefits under	19a 19b 19c 10d	Yes	Ho X	es in the		ons:	70000
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D.  B If the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V 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's by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ECKE WISHER COLOR  (COURSELY FOR  LOSING FOR COLOR  LOSING COLOR  (COLOR  (COL	es from the Last of Par in the time period induciary Correction include transactions include transactions include transactions include transactions to be benefits under	19a 19b 19c 19d 10e	Yes	No X X X	es in the		ons:	70000
If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 38 3D.  B If the plan provides welfare benefits, enter the applicable welfare feart V Compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DCAL's V 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's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	Estane ordinal country F  (Do sist in the country for the co	es from the Last of Par in the time period indicary Correction include transactions include transactions include transactions include transactions to by an insurance the benefits under	19a 19b 19c 10d	Yes	No X X X X X	es in the		ons:	70000
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Form 5500-SF 2015	Page 3 - 1		
(# "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica	ble.)		
it a waiver of the minimum funding standard for a prior year is being amortize	d in this plan year, see instructions, a		
granting the waiver.		Day	Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn		12b	
the minimum required contribution for this plan year	annonamentalian menganamentalian menganamentalian menganamentalian menganamentalian menganamentalian menganame	****	
€ £næs the amount contributed by the employer to the plan for this plan year		12c	
Subtract the amount in line 12c from the amount in line 12b. Enter the result (	enter a minus sign to the left of a	12d	
Will the minimum funding amount reported on line 12d be met by the funding.	deadline?	Y	es No N/A
Part Vit Plan Terminations and Transfers of Assets	<u> Carlos do Carlos de la Carlos</u>	والمستوارة والمتعارف المتعارف	
*Stat Hes a resolution to terminate the plan been adopted in any plan year?	ana ka ina dia mana ana ana ana ana ana ana ana ana a	*****	Yes X No
if "Yes," enter the amount of any plan assets that reverted to the employer this	s year	13a	
wans all the plan assets distributed to participants or beneficiaries, transferred of the সম্ভাবনে			☐ Yes ☒ No
If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the plan(s	) to	
fishing warme of plants):	130	(2) EIN(s)	13c(3) PN(s)
		· matalas · · · · · · · · · · · · · · · · · · ·	
Part VIII Trust Information		1445	
७४० मधारक को पर्दर्श		14b Trus	A'S EIN
1945: Name of inusiee or custodian	en e		ustee's or custodian's aphone number
Part IX RS Compliance Questions	erregio de la comocidad de la c		•
15a la the plan a 401(h) plan?	***************************************	Yes	No
155 If "Yes." how does the 401(k) plan satisfy the nondiscrimination requirements f measuring commitbutions (as applicable) under sections 401(k)(3) and 401(m)(2)	or employee deferrals and employer		d safe
15c if the ACP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for testing treatness for nonhighly compensated employees (Treas. Reg sections 1	.401(k)-2(a)(2)(ii) and 1.401(m)-	Yes	□No
16a Check the box to indicate the method used by the plan to satisfy the coverage		☐ Ratio	entage Average benefit test
155 Describe plant satisfy the coverage and nondiscrimination tests of sections 410 this plant with any other plans under the permissive aggregation rules?	(b) and 401(a)(4) by combining	Yes	∏ No
17.4 Has the plan been timely amended for all required tax law changes?	distribute (edistribute annistribute) de la company	Yes	□No □N/A
17/b (Date the last plan amendment/restatement for the required tax law changes we for fex law changes and codes).	as adopted Enter the	ne applicable c	ode (See instruction
176 If the plan sponsor is an adopter of a pre-approved master and prototype (M&I artivisory letter, enter the date of that favorable letter	and the letter's serial number		
174 if the plan is an individually-designed plan and received a favorable determinal determination letter	tion letter from the IRS, enter the date	of the plan's	ast favorable
18 is the Plan Mainteined in a U.S. territory (i.e., Puerto Rico (if no election under minde); American Samoa, Guam, the Commonwealth of the Northern Mariana		Yes	□ No
19 Were in service distributions made during the plan year?	inaminamini	Yes	No
# Yes," enter amount		19	**************************************
Were required minimum distributions made to 5% owners who have attained a refired), as required under section 401(a)(9)?			No NA
And All ash to take an an an an anal analog to the Wall ununununununununununununununununununu			······································