## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

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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

	artı Annuai Kepon	t identification information	1								
For	calendar plan year 2015 or f	iscal plan year beginning 01/01/	2015			and ending 12	2/31/2	015			
Α	This return/report is for:	a single-employer plan	list of participating employer information in accordance with the form instruction								
		a one-participant plan		oreign plan							
B <sup>-</sup>	This return/report is	the first return/report the final return/report									
		onths	)								
С	Check box if filing under:	Form 5558		comatic extension				DFVC progr	ram		
		special extension (enter desc									
Pa	art II   Basic Plan Info	ormation—enter all requested in	nformatio	n							
	Name of plan					_	1b	Three-digit			
	TED PRESBYTERIAN & REF ITRIBUTIONS	FORMED ADULT MINISTRIES, IN	C. 403(B	) PLAN WITH EM	PLOYE	₹		plan number (PN) ▶	002		
							1c	Effective date of	f plan		
									1/2003		
2a		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O Bowl				2b	Employer Identif			
		ce, country, and ZIP or foreign pos		(if foreign, see ins	tructions	s)	0 -	()	209574		
JNITED PRESBYTERIAN & REFORMED ADUL T MINISTRIES, INC.					,	2C	Sponsor's telep	hone number 62-3198			
							2d	Business code (	see instructions)		
	BOWNE STREET SHING, NY 11354						, , ,				
LUS	oning, NT 11354							6230	000		
3a	Plan administrator's name a	and address XSame as Plan Spon	eor				3h	Administrator's I	=INI		
ou		and address Poame as Flam open	1301.				00	Administrator 3 i			
							3с	Administrator's t	elephone numbe	r	
4	If the name and/or FIN of th	ne plan sponsor has changed since	the last	return/report filed	for this r	olan enter the	4h	EIN			
•		umber from the last return/report.	tile last	return/report med	101 11113	Jian, Chief the	76	LIIN			
а	Sponsor's name						4c	PN			
5a	Total number of participants	s at the beginning of the plan year.					5		6	64	
b	Total number of participants	s at the end of the plan year					5	b	6	52	
С		account balances as of the end of		• •			5	С	6	52	
d	(1) Total number of active pa	articipants at the beginning of the p	lan year				5d	(1)	6	62	
d	(2) Total number of active page	articipants at the end of the plan ye	ear				5d	(2)	6	52	
	Number of participants tha	t terminated employment during the	e plan ye	ar with accrued be	enefits th	nat were less	5	e		0	
Cai		or incomplete filing of this retur					use is	established.			
Und	der penalties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ıctions, I	declare that I have	examir	ned this return/re	port, ii	ncluding, if applic			
	ef, it is true, correct, and com		us well a	S and didditionic ve	,, 3,011 01	ins retain/repor	i, and	to the best of filly	Milowicage alla		
SIG	Filed with authorized	d/valid electronic signature.		06/30/2016	DAVI	D O'BRIEN					

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in elig</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</li> <li>If you answered "No" to either line 6a or line 6b, the plan can</li> </ul>	of an independ y and condition	dent qualified public a	ccount	ant (IQ	PA)			X	Yes 1
<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	determined
Part III Financial Information	_								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End		
a Total plan assets	+		2529					2	2687202
<b>b</b> Total plan liabilities			0500	0					0
Net plan assets (subtract line 7b from line 7a)      Income. Expenses, and Transfers for this Plan Year	7с	(a) A	2529	1002			(1-)		2687202
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total	
(1) Employers	8a(1)		82	478					
(2) Participants	8a(2)		156	105					
(3) Others (including rollovers)	1 1			0					
<b>b</b> Other income (loss)			-9	439					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								229144
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		70	944					
e Certain deemed and/or corrective distributions (see instructions).	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
<b>g</b> Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								70944
i Net income (loss) (subtract line 8h from line 8c)	8i								158200
j Transfers to (from) the plan (see instructions)	··· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pensio	n feature cod	les from the List of Pl	an Cha	racteris	stic Co	des in t	he instru	uctions	:
B If the plan provides welfare benefits, enter the applicable welfare	feature code	s from the List of Pla	n Chara	acterist	ic Coc	les in th	e instru	ctions:	
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 contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-intere reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		Х				
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	's fidelity bon	d, that was caused	10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	other persons ome or all of the	by an insurance ne benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pl					X				
<u> </u>			10f		^				004
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount</li><li>h If this is an individual account plan, was there a blackout period'</li></ul>	•	,	10g	X					3216
2520.101-3.)	•		10h		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			10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance							<u> </u>		
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								П П	Yes 1
11a Enter the unpaid minimum required contribution for all years from						11a			<u> </u>
12 Is this a defined contribution plan subject to the minimum fundir						302 of E	RISA?.	🗌	Yes X

	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					
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	<b>13c(3)</b> PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		<b>14d</b> Trustee's or custodian's				
	rianio	of tubics of suctorial			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)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter 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	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Agministration 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 Cade (the Code).

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Repo	III IGENIIII (ation Intormatio)	accordance with th	e instructions to the Forn	n 5500-SF.				
For calendar plan year 2015 o	r fiscal plan year beginning	01/01/2015	and ending	12/22	Conte			
A	X a single-employer plan		oyer plan (not multiemploy	12/31)	(2015			
A This return/report is for	a one-participant plan	list of participat a foreign plan	ing employer information in	accordance with th	e form instructions)			
B This return/report is	the first return/report	eport						
	an amended return/report	a short plan year	r return/report (less than 12	? months)				
C Check box if filling under	Form 5558	automatic exten		_	program			
Part II Basic Plan In	special extension (enter description)	ription)						
1a Name of plan	formation—enter all requested in	formation						
UNITED PRESBYTERIAN WITH EMPLOYER CONTR	1 & REFORMED ADULT MIN IBUTIONS	ISTRIES, INC:	403(B) PLAN	1b Three-digit plan numb (PN) 1c Effective d.	er 002 ate of plan			
2a Plan sponsor's name (empl	oyer, if for a single-employer plan)			06/01/2				
City or town, state or provin	on, apt. suite no and street or P () ce. country and ZIP or foreign posta .N & REFORMED ADULT T M	I code liftorarios sea	instructions)	(EIN) 11-	dentification Number 3209574 elephone number			
		- IN OTHER DOT	· C .	718-762				
38-20 BOWNE STREET				2d Business co 623000	ode (see instructions)			
FLUSHING	NY 11354							
3a Plan administrator's name a	nd address XSame as Plan Sponso	)r	***	3b Administrato	ar's EINI			
If the name and/or EIN of the	e plan sponsor has changed since th	e last return/report file	ed for this plan, eriter the	4b EIN				
a Sponsor's name	mber from the last return/report		a plant, enter the		122			
Total number of participants	at the beginning of the plan year			4c PN				
b Total number of participants	at the part of the plan year		** **** (* ** ** **** *** ***		6.4			
a remarked of housement quite will be	at the end of the plan year account balances as of the end of the	or the bear of the last of the bear of the	DOMESTICAL DESCRIPTION OF THE OWNER OWNE	5b	62			
security and the security security		300 300 300 300 300 300 300 300 300 300	THE RESIDENCE OF THE PARTY OF T	5c				
u(1) Total number of active par	ficipants at the beginning of the plan	vear		5d(1)	62			
u(z) Total number of active par	ticipants at the end of the plan year			5d(2)	62			
- Terringer or barticipants (191	cumulated compounded during the of	PARTICIPATION OF STREET AND APPLICATION OF STREET	Mark Control and the Market Control and the Control and Control an		62			
aution: A penalty for the late	r incomplate filling of this			5e	0			
nder penalties of perjury and oth B or Schedule MB completed an elief, it is true, correct, and coup	er penalties set forth in the instruction d signed by an enrolled actuary as viete	ins. I declare that I have well as the electronic v	ed unless reasonable cauve examined this return/report version of this return/report	ise is ostablished, bort, including, if app and to the best of r	licable a Schedule			
GN David	Sun	6/28/16	David O'Brien					
Signature of plan ac	ministrator	Date	Enter name of individu	ial signing as was a	finimetra (			
GN			and the second s	e of individual signing as plan administrator				
RE Signature of employ	er/plan sponsor	Date	Enter name of individu	ial cimpion on and	Table Control Con-			
eparer's name (Including firm na	me, if applicable) and address (inclu	de room or suite num	ber )	Preparer's telephon	e number			
Paperwork Reduction Act Notice	and OMB Control Numbers, see the ins	structions for Form 550	0.SE	The sales are a sales and a sales are a				
	weekend and acciding the	South and Politic 550	V*OF		Form 5500-SF (2015)			

_	If you answered "No" to either line 6a or line 6b, the plan can	29 CFR 2520 104-46? (See instructions on waiver eligibility and conditions) answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead usi lan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							
_		nsurance prog	gram (see ERISA	section	4021)?	-1000	Yes [	No ] No	ot determined
	art III   Financial Information	r - r							
7	Plan Assets and Liabilities		(a) Beginni					b) End of Y	ear
	Total plan assets	7a		2,5	29,0	02	77		2,687,202
	Total plan liabilities	7b				0			0
	Net plan assets (subtract line 7b from line 7a)	7c		2,5	29,00	12			2,687,202
8	Income, Expenses, and Transfers for this Plan Year	ļl.	(a) Am	ount				(b) Total	
a	Contributions received or receivable from (1) Employers	8a(1)			82,47	7.8			
	(2) Parlicipants	8a(2)			56,10		- WH- 200		
	(3) Others (including rollovers)	8a(3)			30,10	0	in a line		
b	Other income (lass)	8b	150-1-1		9,43	9	- 5 Hill		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2,43	7			5150 444
d	Benefits paid (including direct rollovers and insurance premiums	QL.							229,144
	to provide benefits)	8d			70,94	4			
ę	Certain deemed and/or corrective distributions (see instructions)	8e				0			
f	Administrative service providers (salaries, fees, commissions)	8f				0			- MARKET
g	Other expenses	8g		- 7/-		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g).	8h							70,944
i.	Net income (loss) (subtract line 8h from line 8c)	8i							158,200
j	Transfers to (from) the plan (see instructions)	8)							
Pa 9a B	If the plan provides pension benefits, enter the applicable pension 2L.  If the plan provides welfare benefits, enter the applicable welfare to								
9a B Par	If the plan provides welfare benefits, enter the applicable welfare to V Compliance Questions								
9a B Par 10	If the plan provides welfare benefits, enter the applicable welfare to  V Compliance Questions  During the plan year:	ature codes f	rom the List of Pla					structions	ount
9a B Par 10	If the plan provides welfare benefits, enter the applicable welfare to  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 DOL's Volume 19 CFR 2510.3-102°).	eature codes for a code of the	time period		aclerisl	ic Coc	les in the in	structions	
9a B Par 10 a	If the plan provides welfare benefits, enter the applicable welfare to  V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribut	ature codes for a code of the	time period lary Correction	an Char	aclerisl	No	les in the in	structions	
9a B Par 10 a	If the plan provides welfare benefits, enter the applicable welfare to  V Compliance Questions  During the plan year:  Was there a failure to transmil to the plan any participant contribut described in 29 CFR 2510.3-102° (See instructions and DOL's Volegram).  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	eature codes for a code of the	time period lary Correction	10a	aclerisl	No X	les in the in	structions	
9a B Par 10 a b c	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contribut described in 29 CFR 2510.3-102° (See instructions and DOL's Volence for the plan any party-in-interest properties on line 10a.)  Were there any nonexempt transactions with any party-in-interest proported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan steps.	ions within the oluntary Fiduc	time period lary Corrections	n Char	aclerisl	No X	les in the in	structions	
9a B Par 10 a b c d	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contribut described in 29 CFR 2510.3-102° (See instructions and DOL's Volence of the plan any party-in-interest program).  Were there any nonexempt transactions with any party-in-interest preported 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 for the plan any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	ions within the oluntary Fiduce (Do not included ity bond, if	time period lary Correction de transactions half was caused an insurance lengths under	10a 10b 10c	aclerisl	No X X	les in the in	structions	
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9a B Par 10 a b c d e	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Volence of the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volence of the plan and DOL's Volence of the plan 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 for 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 as If this is an individual account plan, was there a blackout period? (See 1920.101-3.)	ions within the bluntary Fiduce (Do not included lity bond. If the lity of year end.)	time period rary Correction (le transactions) that was caused an insurance renefits under	10a 10b 10c 10d	Yes	No X X X X X X	les in the in	structions	ount
9a B Par 10 a b c d e f g h	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan any participant contribut described in 29 CFR 2510.3-102° (See instructions and DOL's Voletogram).  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 for the plan have a loss, whether or not reimbursed by the plan's for the plan 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 as If this is an individual account plan, was there a blackout period? (See 10 the provided the seceptions to providing the notice applied under 29 CFR 2520.101-	ions within the oluntary Fiduc  (Do not included by original of the time)  of year end to the time in the included by the instruction are required noting.	time period tary Correction de transactions that was caused an insurance renefits under sand 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X	les in the in	structions	ount
9a B Par 10 a b c d e f g h i	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provided welfare for the plan any participant contributed described in 29 CFR 2510.3-102° (See instructions and DOL's Voletonia 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 for 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 as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-Did the plan trust incur unrelated business taxable income?	ions within the oluntary Fiduc  (Do not included by original of the time)  of year end to the time in the included by the instruction are required noting.	time period tary Correction de transactions that was caused an insurance renefits under sand 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X	les in the in	structions	ount
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9a B Par 10 a b c d e f g h j Part 11	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provided welfare for the plan any participant contributed described in 29 CFR 2510.3-102° (See instructions and DOL's Voletonia 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 is for the plan have a loss, whether or not reimbursed by the plan is for the plan plan 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 as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-Did the plan trust incur unrelated business taxable incorne?  VI Pension Funding Compliance	ions within the following persons by or all of the following required noting a second of the following required noting required noting a second of the following required noting req	time period rary Correction (le transactions) that was caused an insurance renefits under sea and 29 CFR.	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes X	No X X X X X X X X X X X X X X X X X X X	N/A N/A	Amo	ount

Form 5500-SF 2015 Page 3 - [					
(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 to			date of the		ling
granting the waiver  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month e 13	Day		Year	
b Enter the minimum required contribution for this plan year		12b		8 si iniu	
		12c			
C Enter the amount contributed by the employer to the plan for this plan year.      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		,	-		
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 bro of the PBGC?				Yes X	No
C If during this plan year, any assets or habilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to	)			
13c(1) Name of plan(s)	13c(2)	EIN(s)	1,200	13c(3) F	N(s)
		.(4)			
Part VIII Trust Information		Ų:			
14a Name of trust		14b Trust's EIN			
14c Name of trustee or custodian			Trustee's elephone	or custodia number	in's
Part IX IRS Compliance Questions		,			
15a Is the plan a 401(k) plan?		Yes		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)?		ba:	sign- sed safe boi thod	ADP test	/ACP
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))?		Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec		Ra per les	centage		rage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by co- this plan with any other plans under the permissive aggregation rules?		Yes		No	
17a Has the plan been timely amended for all required tax law changes?		Yes		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				
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter p advisory letter, enter the date of that favorable letter and the letter's serial	number		-		or —————
17d if the plan is an individually-designed plan and received a lavorable determination letter from the IRS, determination letter	enter the date of	the plan	's last favo	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, Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgi	2) has been in Islands)?	Yes		∏ No	
19 Were in-service distributions made during the plan year?		Yes		No	
If Yes," enter amount	a) — ( — ( a) ( ) — ( a)	19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of violated), as required under coston 401/a/t/02	whether or not	Yes		No	N/A