Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		entification Information		<u>.</u>	•		
For cale	ndar plan year 2015 or fisca	al plan year beginning 01/01/2015		and ending 12/31/2015			
A This	return/report is for:	a multiemployer plan;		oloyer plan (Filers checking this employer information in accordate	box must attach a list of nce with the form instructions); or		
		x a single-employer plan;	a DFE (specify	y)			
B This	return/report is:	the first return/report;	the final return	n/report;			
		an amended return/report;	a short plan ye	ear return/report (less than 12 m	n 12 months).		
C If the	plan is a collectively-bargai	ned plan, check here			▶ []		
D Check box if filing under: Form 5558; automatic extension;		nsion;	the DFVC program;				
special extension (enter description)							
Part	II Basic Plan Infor	rmation—enter all requested informa	ation				
	ne of plan B AZIMI, DDS, PC RETIRE	MENT PLAN PROFIT SHARING PLA	١N		1b Three-digit plan number (PN) ▶ 002		
					1c Effective date of plan 01/01/2001		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				ructions)	2b Employer Identification Number (EIN) 13-4149492		
MALITAD AZIMI DDO				2c Plan Sponsor's telephone number 917-916-4348			
510 E 86TH ST 433 EAST 56TH STREET, STE 1-D NEW YORK, NY 10028-7504 NEW YORK, NY 10022			2d Business code (see instructions) 621210				
Caution	: A penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cause is e	stablished.		
		penalties set forth in the instructions, Il as the electronic version of this return					
SIGN HERE	Filed with authorized/valid	electronic signature.	07/19/2016	TIMOTHY SHERMAN			
TILIXL	Signature of plan admin	istrator	Date	Enter name of individual sign	ing as plan administrator		
SIGN HERE	Filed with authorized/valid	electronic signature.	07/19/2016	TIMOTHY SHERMAN			
HEKE	Signature of employer/p	lan sponsor	Date	Enter name of individual sign	ing as employer or plan sponsor		
SIGN							
HERE	Signature of DFE		Date	Enter name of individual sign	ing as DFE		
Preparei		ne, if applicable) and address (include		· · · · · · · · · · · · · · · · · · ·	arer's telephone number		
COHEN	GREVE & COMPANY CPA	A PC			516-877-1900		
485 JEF	RICHO TRNK						
MINEOL	A, NY 11501						

Form 5500 (2015) Page **2**

3a	Plan administrator's name and address Same as Plan Sponsor		3b Administrator's EIN
			3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:	n/report filed for this plan, enter the name,	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year		5 1
6	Number of participants as of the end of the plan year unless otherwise states 6a(2) , 6b , 6c , and 6d).	d (welfare plans complete only lines 6a(1),	
a('	1) Total number of active participants at the beginning of the plan year		<mark>6a(1) 1</mark>
a(2	2) Total number of active participants at the end of the plan year		6a(2)
b	Retired or separated participants receiving benefits		6b 0
С	Other retired or separated participants entitled to future benefits		6c 0
d	Subtotal. Add lines 6a(2), 6b, and 6c.		6d 1
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits	6e 0
f	Total. Add lines 6d and 6e		6f 1
g	Number of participants with account balances as of the end of the plan year complete this item)		6g 1
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h 0
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer plans complete this item)	. 7
	If the plan provides pension benefits, enter the applicable pension feature co 2E If the plan provides welfare benefits, enter the applicable welfare feature cod		
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor	9b Plan benefit arrangement (check all the (1) Insurance (2) Code section 412(e)(3) (3) X Trust General assets of the section 412(e)(1)	insurance contracts
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a		•
а	Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) A (Insurance Info	mation – Small Plan) rmation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		ler Information) ting Plan Information) saction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
	provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2.)
If "Yes" is	checked, complete lines 11b and 11c.
11b Is the plar	n currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
enter the I	Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Receipt C	confirmation Code

Form 5500 (2015)

Page 3

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

	mopositor.
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015	and ending 12/31/2015
A Name of plan MAHTAB AZIMI, DDS, PC RETIREMENT PLAN PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MAHTAB AZIMI, DDS	D Employer Identification Number (EIN) 13-4149492

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	298259	268340
b	Total plan liabilities	. 1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	298259	268340
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	17000	
	(2) Participants	. 2a(2)	0	
	(3) Others (including rollovers)	. 2a(3)	0	
b	Noncash contributions	. 2b	0	
С	Other income	. 2c	-46919	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		-29919
е	Benefits paid (including direct rollovers)	. 2e	0	
f	Corrective distributions (see instructions)	. 2f	0	
g	Certain deemed distributions of participant loans (see instructions)	. 2g	0	
h	Administrative service providers (salaries, fees, and commissions).	. 2h	0	
i	Other expenses	. 2i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		0
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-29919
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans	3e		X	

Pac	ie	2	-	1
Pac	ıe	2	-	1

		_		Yes	No	Amount	
3f	Loans (other than to participants)		3f		Χ		
g	Tangible personal property		3g		X		
Pa	art II Compliance Questions						
4	During the plan year:		Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e		X			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X			
h	,	4h		X			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı		41		X			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	‡m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X			
0	Did the plan trust incur unrelated business taxable income?	4o		X			
р	Were in-service distributions made during the plan year?	4p		X			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	[Ye	s X N	lo /	Amount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), transferred. (See instructions.)	ide	ntify th	ne plan	(s) to v	hich assets or liabilities wer	re
	5b(1) Name of plan(s)				5b(2)	5b(3)	PN(s)
5c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA s	sect	tion 40)21)?	<u></u>	∕es ∏No ∏ Not determ	ined

Part III	Trust Information	
6a Name o	of trust	6b Trust's EIN
6c Name o	of trustee or custodian	6d Trustee's or custodian's telephone number

United States Department of Labor

E-fast filing

Dear Sir/Madam:

I, Mahtab Azimi, President hereby give authorization to Cohen Greve & Company CPA, PC to electronically submit Form 5500 for Mahtab Azimi, DDS, PC for the year 2015. The original executed copy of this authorization will remain on file in the Office of Cohen Greve & Company CPA, PC. This authorization will be accompanied by a complete Form 5500 manually signed by myself as Sponsor and Plan Administrator. My service provider has advised me that by selecting the electronic signature option, my signature will be included on all forms which are necessary to be filed. Any inquiries or information from EFAST2, DL, IRS or PBGC will be communicated to the aforementioned Service Provider who will then relay the information to me.

Very truly yours,

x Malitab Aj

MAHTAB AZIMI

***************************************	Form 5500 Department of the Treasury Internal Revenue Service Department of Labor	Annual Return/Re This form is required to be fill and 4065 of the Employee Re sections 6047(e), 6057(b), and	ed for employee ben	efit plans under sections 1	104 1210
F	Employee Genefits Bacunty Administration Pension Denafit Guaranty Corporation	sections 6047(e), 6057(b), and	i 6058(a) of the Interest and according to the Formations to the Formation t	nal Revenue Code (the Co	2015
Pa	rt i Annual Report Idea	ntification information			This Form is Open to Publi
For	alendar plan year 2015 or fiscal	plan year beginning 01/01/2015			Inspection
A TI	his return/report is for:	a multiemployer plan;		and ending 12	2/31/2015
Вт	ns return/report is:	a single-omployer plan; the first return/report;	a DFE (spe	clfy) urn/report;	cking this box must attach a list of accordance with the form instructions);
C III	he plan is a collectively-bargains	od plan, check here	which plan	year return/report (less th	
D Çh	man to the second second	Form 5558;		***************	
		special extension (onter description	automatic ex	tonsion;	the DFVC program;
Par	Lil Basic Plan Inform	nation enter all requested inform	on)	\$450 mm 100 mm 1	_ pregram,
1a N	ame of plan	action enter all requested infor	mation		
MAHT	FAB AZIMI. DDS. PC RETIREME	ENT PLAN PROFIT SHARING PL	.AN		1b Three-digit plan number (PN) > 00
2a Pia	an sponsor's name (employer, if	for a single-employer plan)			1C Effective date of plan 01/01/2001
Cit MAHTA	annig address (include room, apt ly or fown, state or province, cou B AZIMI, DDS	tor a single-employer plan) ., sulte no. and street, or P.O. Box intry, and ZIP or foreign postal coo	x) de (if foreign, see ins	tructions)	2b Employer Identification Number (EIN) 13-4149492
510 E 8	6TH ST DRK. NY 10028-7504	433 EAC	Y FOTU OTTOWN		2c Flan Sponsor's telephon number 917-916-4048
	2000, N.F. 10028-75(14	NEW YOU	T 56TH STREET, ST RK, NY 10022	F 1.0	2d Business code (see instructions) 621210
Caution	3: A penalty for the late and				
Under p	enalties of perjury and other pen	emplete filing of this return/repo	ort will be assessed	uniosa reasonable caus	so is established.
stateme	nts and attachments, as well as	the electronic version of this return	I declare that I have n/report, and to the b	examined this return/repo est of my knowledge and	se is established. ort, including accompanying schedules, I belief, it is true, correct, and complete.
SIGN	1 altab A	·	x7.19-16	1	AB AZIMI
**********	Signature of plan administra	tor	Date		al signing as plan administrator
SIGN HERE	X M autob Az		x7-19-16	x k	
	Signature of employer/plan s	Donsor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1447 1	
		-	Date	Enter name of individua	al signing as employer or plan sponsor
SIGN HERE	Olassia				
Preparer'	Signature of DFE		Date	Enter name of individual	signing as DEE
	* verse ferendarià litti (supe' il t	applicable) and addross (include r	room or suite number)	Preparer's telephone number
COHEN	GREVE & COMPANY CPA PC				516-877-1900
	ICHO TRNK A, NY 11501			-	the second secon

-	Form 5500 (2015)			_		
			Pag	yo <u>2</u>		
-	a Plan administrator's name and address XSame as Plan Sponsor	-				
	Thambas Plan Sponsor				3b Ad	Iministrator's EIN
	,				3C Ad	ministrator's telephone
						-
4	If the name and/or Ellaresta					
	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:	report file	ed for t	his plan, enter the name	46 EIN	.1
	Sponsor's name				1-0 011	4
5	Total country of				4c PN	
5	Total number of participants at the beginning of the plan year		·		 _	
۰	Number of participants as of the end of the plan year unless otherwise stated 6a(2), 6b, 6c, and 6d).	(welfare	pians r	Complete only lines 5+44	5	· · · · · · · · · · · · · · · · · · ·
	MA	,	p-0110 c	omplete only lines 68(1),		
cı	Total number of active participants at the beginning of the plan year					
a	2) Total number of active participants at the end of the start	,			6a(1)	·
.	2) Total number of active participants at the end of the plan year				6a(2)	
b	Retired or separated participants receiving benefits					
C	Other retired or separated participants and the second	************			6b	(
d	Other retired or separated participants entitled to future benefits	•••••			6c	
u	Subtotal. Add lines 6a(2), 6b, and 6c.					I,
0	Deceased participants whose beneficiaries are receiving				6d	1
f	Deceased participants whose beneficiaries are receiving or are entitled to rece	ive banet	lts		6e	Ó
•	roral. Add lines 6d and 6e	• • • • • • • • • • • • • • • • • • • •			0.5	
g					6f	1
	complete this item)	ily define	d c ontr	ibution plans		
h	THE PART OF THE PARTY AND ADDRESS OF THE PARTY				_6g	1
7	less than 100% vested Enter the total number of employers obligated to contribute to the plan (only on	crued be	nefits	that wore		
	Enter the total number of employers obligated to contribute to the plan (only multiple) from provides pension benefits, enter the popularity.	Itlemploy	er plan	S complete this item	6h	
ua	If the plan provides pension benefits, enter the applicable pension feature code 2E	from the	List o	f Plan Characteristics Code	7	4
b	If the plan provides welfare benefits, enter the applicable welfare feature codes	6				
	TPP TO THE TEACH OF CODES	rom the	ust of	Plan Charactoristics Codes	in the instr	uctions.
9a	Dien fundia					
	Plan funding arrangement (check all that apply) (1) Insurance 9	b Plant	enefit	arrangement (check all that	apoly)	
	2) Code section 412(e)(3) insurance contracts	(1)		Insurance	арр.у/	
	3) X Trust	(2)	Ц	Code section 412(e)(3) in	පිරැසිරය දැර	ontracts
	4) Goneral assets of the sponsor	(3) (4)	Ä	Trust		
Q	Check all applicable boxes in 10a and 10b to indicate which schedules are attac	had and	whore	General assets of the spo	hsor	
а	oneion achioguas				r attached.	(See instructions)
	1) R (Retirement Plan Information)) Gener	ral Sch	iodules		
	· •	(1)		H (Financial Informa	tion)	
	2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	\times	I (Financial Informa	tion - Sma	II Plan)
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3)		A (Insurance Inform	ation)	•
,	3) SB (Single-Employer Defined Repetit Plan Actualist	(4)		C (Service Provider		
	3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)		0 (DFE/Participating	Plan Infon	mation)
	2 7 Prost actions	(6)	$\perp \sqcup$	G (Financial Transac	tion Scheo	lules)

Form 5500 (2015)	Page 3
Part III Form M-1 Compilance Inf	ormation (to be completed by welfare benefit plans)
11a If the plan provides welfare benefits, was the pl 2520.101-2.) Yo	lan subject to the Form M-1 filing regularments during the plan ward (See incomplete or the Form M-1 filing regularments during the plan ward (See incomplete or the Form M-1 filing regularments during the plan ward (See incomplete or the Form M-1 filing regularments during the plan ward (See incomplete or the Form M-1 filing regularments during the plan ward (See incomplete or the Form M-1 filing regularments during the plan ward (See incomplete or the Form M-1 filing regularments).
If "Yes" is checked, complete lines 11b and 11d	c.
11b is the plan currently in compliance with the Fore	m M-1 filling requirements? (See instructions and 29 CFR 2520.101-2.)
enter the Receipt Confirmation Code for the 20 enter the Receipt Confirmation Code for the ma	post form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, not recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure subject the Form 5500 filing to rejection as incomplete.)
Receipt Confirmation Code	***************************************

SCHEDULE	Financial	Infor	mation_S	· · ·	all Dia		T -	OND ALL JOSE OF			
(Form 5500)	Financial Information—Small P						OMB No. 1210-0110				
Gepartment of the Troazury internal Revenue Service Department of Labor	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Rovenue Code (the Code).					2015					
Employee Benefits Security Administration Penalon Banefit Guarenty Corporation	File as an attachment to Form 6500.										
For calendar plan year 2015 or fixed plan.				n 65(00.		This Form is Open to Public				
r Name of blan					and en	ding 12	/31/2015	Inspection			
MAHTAB AZIMI, DDS, PC RETIREMENT	FPLAN PROFIT SHARING F	PLAN		В	Three-	digit					
		C.7 (1 4			plan n	ımber (PN)	•	002			
C Plan sponsor's name											
C Plan sponsor's name as shown on line 2s of Form 5500 MAHTAB AZIMI. DDS				D Employer Identification Number (EIN) 13-4149492							
Complete Schedule I if the plan covered fer small plan under the 80-120 participant rule Part 1 Small Plan Financial in	ver than 100 participants as o	of the be	glnning of the plan	yea	r. You m	y also comp	ete Sched	ula Lif you are files			
Literation of the company of the com	Fifth Marrier on dellar				-						
Report below the current value of assets a assets held in more than one trust. Do not benefit at a future date. Include all income insurance carriers. Round off amounts to 1 Plan Assets and Liabilities:	enter the value of the portion and exponses of the plan inc	ses, trar n of an l cluding :	isiers and change nsurance contract any trust(s) or sen	e in : I that erate	net asset guarante alv mainte	s during the pee during the	olari year. Is plan y e a	Combine the value our to pay a specific do	f plan llar		
7 Plan Assets and Liablifities:	WIN HORIVAL GOHER.					(8)	and any i	payments/recoipts to/	from		
a Total plan assets			(a) Beg	ginni	ng of Yea	r	(b) End of Year				
b Total plan liabilities.				····		298259	268340				
C Net plan assets (subtract line 1b from line 1a)		16		0				0			
2 Income, Expenses, and Transfers for this Plan Year:		1c		208259				268340			
a Contributions received or receivable:			(a	(a) Amount			(b) Total				
				·			·	12) . 0101	***		
(1) Employers (2) Participants		28(1)		17000							
		2a(2)		0							
("Interest Strates Str		2a(3)		Ó							
b Nancash contributions		2b		0							
		2c		-46919							
and 2c). 2a(1), 2a(2), 2a(3), 2b, and 2c)		2d						20046			
o penents paid (including direct rollovers)		2e		0				-29919			
Corrective distributions (see instructions)		2f	-	0							
Gertain deemed distributions of participant loans (see instructions)											
h Administrative service providers (sataries, fees, and commissions)		2g		0							
Other expenses		2h		0							
Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)		21		0							
K Net Income (loss) (subtract line 2) from line 2d)		2						· · · · · · · · · · · · · · · · · · ·	0		
[[Ansfers to (from) the wise (see		2k						-29	919		
Specific Assets: If the plan held assets a remaining in the plan as of the and at the	i anytime during the plan year	In any o	the following cates	gorles	3, check "	res" and ente	r the currer	nt value of any assets			
by-line basis unless the trust meets one of	he specific exceptions describe	ed in the	instructions.	en Ble	zu iiust Çç	nuaining the a	ssets of m	ore than one plan on a	lin o -		
Partnership/joint venture interests				a	Yes	No X		Amount			
Employer real property				-		X					
Real estate (other than employor real property)		,	3	b		 					
Employer socurities			3	-		X	T-40-00-01-01				
Participant loans.			3	d		X					
Participant loans.			3	9		×					

	Schedule I (Form 5500) 2015			Page 2	. [1		
					1		,,,,
3f	Loans (other than to participants)			Yes	No	-	Amount
g	Tangible personal property	•	3f	ļ	X		
p	art II Compliance Questions		3g	<u> </u>	X		
<u>.</u>	art II Compliance Questions During the plan year:				-		
а			Yes	No	N/A	4	Amount
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntery Fiduciary Correction Program.)			X			
b	plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance			T _x			
С	Were any leases to which the plan was a party in default or classified during the year as	-			ļ		111111111111111111111111111111111111111
đ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4s.)			X		-	
e	Was the plan covered by a fidelity bond?			X	<u> </u>		
•	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by the plan's fidelity bond, that was caused	40		X			
8	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an Independent third party appraiser?	4f		X			
•	on an established market nor set by an independent third party engage.	40		Х			
	parcel of real estate, or partnership/ioint venture interest?	4h		_ X _	•	<u> </u>	
Ŀ,	vere as the plan assets either distributed to perticipants or beneficiaries, transferred to another	41		X			
₽	countant (IQPA) under 29 CFR 2520.104-46? If "No." attach an IQPA's roport or 2520.104-50	4]		×		<u></u>	i.
	on marker displays and conditions.)	4k	X				
	this is an individual account rian, was there a black	41	-	Х			***
if		lm		X		4,4,	
-	Did the plan trust incur unrelated business taxable income?	in		X		-	
,	Were in-service distributions and a decision in the service of the	lo		Х			
П	is a resolution to terminate the plan book adopted divine	р		х			
	"Yes," enter the amount of any plan assets that reverted to the employer this year f, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ransferred. (See instructions.)		Yes tify the	No Nan(s)	Ar to wh	nount:	or liabiliting was
	b(1) Name of plan(s)		,	,,,,,,	10 771	nun baata	2 to paramids Mete
		\dashv		5b(2) EIN(s)		EIN(s)	5b(3) Ph
		+				, , , , , , , , , , , , , , , , , , ,	
		_	*******				
ıe.	the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se						

Schedule I (Form 5500) 2015	Page 3			
Part III Trust Information				
6a Name of trust	6b Trust's EIN			
6C Name of trustee or custodian				
OC Name of trustee of custodian	6d Trustee's or custodian's telephone number	lian's telephone number		