Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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	Annual Report	Identification Information							
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12	/31/2015				
A This ret	urn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) of the control of the cont					
B This retu	urn/report is	rn/report (less than 12 mo	months)						
C Check I	box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC	orogram			
Part II	Basic Plan Info	prmation—enter all requested in	. ,						
1a Name	of plan	PROFIT SHARING PLAN	omaton		1b Three-digit plan number (PN) ▶ 1c Effective da	002 ate of plan			
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C		ructions)	2b Employer lo	01/01/1989 dentification Number 11-2979790			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALVATORE E. BENISATTO PC					2c Sponsor's telephone number 516-935-1903				
75 NORTH ERICHO, N	BROADWAY, SUITE Y 11753	201				ode (see instructions) 541110			
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Administrate	or's EIN			
					3c Administrat	or's telephone number			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total r	number of participants	at the beginning of the plan year			5a	2			
b Total r	number of participants	at the end of the plan year			5b	2			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c	2			
d(1) Total number of active participants at the beginning of the plan year					5d(1) 2				
		articipants at the end of the plan ye	-	Ť	5d(2)	2			
e Numb	per of participants that	terminated employment during the	e plan year with accrued be	enefits that were less	5e	0			
		or incomplete filing of this retur							
SB or Sche		ther penalties set forth in the instru nd signed by an enrolled actuary, a plete.							
SIGN		/valid electronic signature.	07/19/2016	SALVATORE E. BENIS	SATTO				

Date

Date

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 2								
b Are you clai under 29 CF If you answ	the plan's assets during the plan year invested in eligible ming a waiver of the annual examination and report of FR 2520.104-46? (See instructions on waiver eligibility vered "No" to either line 6a or line 6b, the plan can	an indeper and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	ccount	ant (IQ	PA) Form	 5500.			X Ye	s 🗌 No
	a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No	<u></u>	lot dete	rmined
Part III Fin	ancial Information		Γ								
	and Liabilities		(a) Beginning					(b) E	nd of		
	ssets	. 7a		332	2451					336	763
	abilities	. 7b		222	0 2451					226	0 763
	sets (subtract line 7b from line 7a) penses, and Transfers for this Plan Year	. 7c	(a) Ama-		.431			/1-	\ T_4		703
	s received or receivable from:		(a) Amou	ınt				(1)) Tot	aı	
	ers	. 8a(1)			0						
(2) Particip	ants	. 8a(2)			0						
	including rollovers)	. 8a(3)			0						
	e (loss)	. 8b		4	312						
	e (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								4	312
•	d (including direct rollovers and insurance premiums enefits)	. 8d			0						
e Certain deer	med and/or corrective distributions (see instructions)	. 8e			0						
f Administrati	ve service providers (salaries, fees, commissions)	. 8f			0						
g Other exper	ises	. 8g			0						
h Total expens	ses (add lines 8d, 8e, 8f, and 8g)	. 8h									0
	(loss) (subtract line 8h from line 8c)									4	312
j Transfers to	(from) the plan (see instructions)	· 8j			0						
	an Characteristics										
9a If the plan p	provides pension benefits, enter the applicable pension	n feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the inst	ructio	ns:	
	provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uction	ns:	
	··										
Part V Com	pliance Questions					1	1				
10 During the					Yes	No	N/A		Α	mount	1
described	a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's \	Voluntary F	iduciary Correction	10a		X					
	e any nonexempt transactions with any party-in-interes					V					
	n line 10a.)			10b		X					
	lan covered by a fidelity bond?			10c		X					
	n have a loss, whether or not reimbursed by the plan's dishonesty?			10d		X					
carrier, ins	fees or commissions paid to any brokers, agents, or ot urance service, or other organization that provides sor See instructions.)	ne or all of	the benefits under	10e		X					
	an failed to provide any benefit when due under the pla			10f		X					
g Did the pla	in have any participant loans? (If "Yes," enter amount a	as of vear e	end.)	10g		Χ					
h If this is an	individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X					
i If 10h was	answered "Yes," check the box if you either provided to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10ii							
	in trust incur unrelated business taxable income?			10i 10j							
Part VI Pens	sion Funding Compliance			,			<u> </u>				
11 Is this a de	fined benefit plan subject to minimum funding requiren									Ye	s No
	inpaid minimum required contribution for all years from						11a	<u> </u>		<u> </u>	
	efined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA?	·	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1							
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling		
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal			
b	Enter th	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d					
		ve amount)			Yes	No	N/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No			
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No		
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>			
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)		
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)		
Dant		Turnet hafe amount on							
Part	Name o	Trust Information		14h 1	Γrust's Ell	N			
ı T a	Name 0	ii iiust		140	TUSES EII	14			
14c	Name	of trustee or custodian				s or custodia e number	an's		
					tolophon	o mambon			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	s	No			
					esign-				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ased safe arbor	∐ ADF test	P/ACP		
450					ethod				
150	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-					Yes No			
	2(a)(2)(ii))?								
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio Average percentage benefit to			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No			
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable			
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A		

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

For calendar		Identification Information	1			
	r plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/20)15
A This retu	rn/report is for:	X a single-employer plan □ a one-participant plan	a multiple-employer plan			
		a one-participant plan	a foreign plan			
B This retur	n/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return/	report (less than 12 m	onths)	
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter desc	cription)			
Part II	Basic Plan Info	ormation—enter all requested in	nformation			
1a Name of Salvator		tto PC Profit Sharing	g Plan		1b Three-digit plan number (PN) ▶	002
					1c Effective dat 01/01/19	
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no, and street, or P.			2b Employer Ide (EIN) 11-2	entification Number 979790
•	ore E. Benis	ce, country, and ZIP or foreign pos atto PC	gai code (ii foreign, see instru	ctions}	2c Sponsor's te 516-935	
375 No	rth Broadway	, Suite 201			2d Business coo 541110	de (see instructions)
Jerich		NY 11753				
3a Plan ac	lministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrato	r's EIN
4 If the n	and and/or FIN of N	he plan sponsor has changed since	a the lead columnian and filed for	this plan splan the		r's telephone number
name,	EIN, and the plan ne	umber from the last return/report.	e the last return/report med to	i this plan, enter the	4b EIN	
a Sponso	or's name	,				
F		· ·			4c PN	
	number of participant	ls at the beginning of the plan year			5a	2
b Total r	number of participant	· ·			5a 5b	2 2
b Total r c Number	number of participant number of participant er of participants will ete this item)	is at the beginning of the plan year	of the plan year (defined bene	fit plans do not	5a 5b 5c	2
b Total r c Number complete d(1) Total	number of participant number of participant er of participants with ete this item) al number of active p	Is at the beginning of the plan year	of the plan year (defined bene	fit plans do not	5a 5b 5c 5d(1)	2 2 2
b Total r c Number completed (1) Total d(2) Total	number of participant number of participant er of participants witl ete this item) al number of active p al number of active p	is at the beginning of the plan year	of the plan year (defined bene plan year	fit plans do not	5a 5b 5c 5d(1) 5d(2)	2
b Total r c Number completed (1) Total d(2) Total e Number than	number of participant number of participants with ele this item)	Is at the beginning of the plan year	of the plan year (defined bene plan year earear with accrued ber	fit plans do not	5a 5b 5c 5d(1) 5d(2) 5e	2 2 2 2 2
b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena	number of participant number of participant er of participants witl ele this item) al number of active p al number of active p per of participants the 100% vested penalty for the late alties of perjury and	is at the beginning of the plan year list at the end of the plan year marked account balances as of the end of the plan year carticipants at the beginning of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instrand signed by an enrolled actuary.	plan year (defined bene plan year ear	fit plans do not efits that were less unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established	2 2 2 2 2 0 poplicable, a Schedule
b Total r c Number completed d(1) Total d(2) Total e Number Inan Caution: A Under pena SB or Schelbelief, it is to	number of participant number of participants with ele this item)	is at the beginning of the plan year list at the end of the plan year marked account balances as of the end of the plan year carticipants at the beginning of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instrand signed by an enrolled actuary.	plan year (defined bene plan year ear	fit plans do not efits that were less unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if airt, and to the best of	2 2 2 2 2 0 poplicable, a Schedule
b Total r c Number completed d(1) Total d(2) Total e Number than r Caution: A Under pena SB or Schel belief, it is to	number of participant number of participants with ele this item)	Is at the beginning of the plan year at the end of the plan year	plan year (defined bene plan year ear	fit plans do not nefits that were less unless reasonable ca examined this return/repo	5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if and to the best of the be	2 2 2 2 0 . opplicable, a Schedule f my knowledge and
b Total r c Number completed d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schelbelief, it is it SIGN HERE	number of participant number of participants will ete this item)	Is at the beginning of the plan year at the end of the plan year	plan year (defined bene plan year ear ne plan year with accrued ben urn/report will be assessed a uctions, I declare that I have a as well as the electronic vers	fit plans do not sefits that were less unless reasonable ca examined this return/repo Salvatore E.	5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if and to the best of the be	2 2 2 2 0 . opplicable, a Schedule f my knowledge and
b Total r c Number completed d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schete belief, it is to SIGN HERE	number of participant number of participants will ete this item)	Is at the beginning of the plan year list at the end of the plan year list at the end of the plan year marticipants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this return and signed by an enrolled actuary may be administrator	plan year (defined bene plan year	fit plans do not nefits that were less unless reasonable ca examined this return/repo Salvatore E. Enter name of individent	5a 5b 5c 5d(1) 5e use is established aport, including, if and to the best of t	2 2 2 2 0
b Total r c Number completed d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schete belief, it is to SIGN HERE	number of participant number of participants will ete this item)	Is at the beginning of the plan year list at the end of the plan year list at the end of the plan year marticipants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instruction of the plan year terminated by an enrolled actuary implete.	plan year (defined bene plan year	fit plans do not nefits that were less unless reasonable ca examined this return/repo Salvatore E. Enter name of individent	5a 5b 5c 5d(1) 5e use is established aport, including, if and to the best of t	2 2 2 2 0

		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 at If you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in 	an independ and conditio ot use Forn	ent qualified public acns.)ns.) m 5500-SF and must	instead	nt (IQF	PA)	5500.	X Yes No
	surance pro	gram (see ERISA se		21) /		res _	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities	_	(a) Beginning		r 2451	+	_	(b) End of Year 336763
a Total plan assets	7a			(245	+		336763
b Total plan liabilities	7b	_		245	-		336763
8 Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		210.	+-		(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	(a) Alliou	111	((b) Total
(2) Participants	8a(2)			()		
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b			431	2		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4312
d Benefits paid (including direct rollovers and insurance premiums	0.4						
to provide benefits)	8d				01		
f Administrative service providers (salaries, fees, commissions)	8e 8f				0		
g Other expenses	8g				0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)					1		0
i Net income (loss) (subtract line 8h from line 8c)							4312
j Transfers to (from) the plan (see instructions)	. 8i				0		
Part IV Plan Characteristics	<u> </u>			_			
B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature code	es from the List of Pla	n Chara	cterist	ic Cod	les in the	e instructions:
During the plan year:				Yes	No	N/A	Amount
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)	√oluntary Fi	ductary Correction	10a		Х		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х		
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's by fraud or dishonesty?			10d		Х		
 Were any fees or commissions paid to any brokers, agents, or of 	her persons	by an insurance					
carrier, insurance service, or other organization that provides so the plan? (See instructions.)			10e		Х		
	<u></u>		10e		Х		
the plan? (See instructions.)	an?		_		-		
f Has the plan failed to provide any benefit when due under the plange Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period?	an?as of year e	nd.)ctions and 29 CFR	10f		Х		
f Has the plan failed to provide any benefit when due under the pl. g Did the plan have any participant loans? (If "Yes," enter amount	an?as of year e	nd.)	10f 10g		Х		
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided	an?as of year e (See instru the required	nd.)ctions and 29 CFR	10f 10g 10h		Х		
the plan? (See instructions.). f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes." enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.). i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1. j Did the plan trust incur unrelated business taxable income?	an?as of year e (See instru the required	nd.)ctions and 29 CFR	10f 10g 10h		Х		
the plan? (See instructions.)	an?as of year e (See instru the required 01-3	nd.)	10f 10g 10h 10i 10j	mplete	X X X	dule SB	(Form Yes No
the plan? (See instructions.)	an?as of year e (See instruthe required 01-3	nd.)	10f 10g 10h 10i 10j	<u>.</u>	X X X		(Form Yes No

F	orm 5500-SF 2015 Page 3				
(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
grantir	siver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an ng the waiverMonth	d enter th Day		e letter rulin Year	g
If you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter ti	he minimum required contribution for this plan year	12b			
c Enter th	ne amount contributed by the employer to the plan for this plan year	12c			
	set the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)	12d	<u></u>		
e Will th	e 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 Hasa	resolution to lerminate the plan been adopted in any plan year?		X Yes	No	
If "Yes	s," enter the amount of any plan assets that reverted to the employer this year	13a			0
	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?			Yes X N	0
	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred. (See instructions.)	to			
13c(1) 1	Name of plan(s):	2) EIN(s)		13c(3) Pi	V(s)
Part VIII 14a Name	Trust Information of trust	14b	Trust's EIN	1	
14c Name	e of trustee or custodian	140	Trustee's telephone	or custodia number	n's
Part IX	IRS Compliance Questions				
15a is the	plan a 401(k) plan?	D \	'es	No	
	s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method	ADP lest	/ACP
testin	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2)(ii))?		⁄es	No	
16a Check	k the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Ratio percentage test		rage efit test
	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining lan with any other plans under the permissive aggregation rules?		Yes	No	
17a Has ti	he plan been timely amended for all required tax law changes?		Yes	No	N/A
	the last plan amendment/restatement for the required tax law changes was adopted Enter x faw changes and codes).	he applic	able code	(See in	struction
17c If the	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is su ory letter, enter the date of that favorable letter and the letter's serial number	bject to a	favorable l	RS opinion	or
17d If the	plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the dat mination letter	e of the p	lan's last fa	vorable	
	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been e). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		'es	No	
19 Were	in-service distributions made during the plan year?		Yes	No	
If "Ye	es," enter amount	19			
20 Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or no d), as required under section 401(a)(9)?	ot 🗍	Yes	No	N/A