## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part	Annual Repor	rt Identification Information							
For cale	ndar plan year 2015 or	fiscal plan year beginning 01/01/20	)15	and ending 12/31	/2015				
A This	return/report is for:	a single-employer plan	ers checking this b dance with the form						
_		a one-participant plan	a foreign plan						
<b>B</b> This	return/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 montl	hs)				
C Che	ck box if filing under:			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_				
One	ck box if filling drider.	Form 5558 special extension (enter descri	automatic extension		DFVC prog	ram			
Part l	I Rasic Plan In	formation—enter all requested info	,						
1a Nar	ne of plan	COUP, INC. 401(K) PROFIT SHARING		1	b Three-digit plan number	001			
				1	(PN) ►  C Effective date o  01/0				
Mai	ling address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O.			<b>b</b> Employer Identi (EIN) 59-3	fication Number 535383			
	ED HEALTHCARE GRO	nce, country, and ZIP or foreign posta OUP, INC.	i code (ii foreign, see insti	<b>2</b>	2c Sponsor's telephone number 407-933-1500				
	NROY-WINDERMERE I D, FL 32835	ROAD #171		2	<b>d</b> Business code (				
33 Dla	a administrator's name	and address XSame as Plan Sponso	Dr.	2	<b>b</b> Administrator's	EIN			
Ja Fla	n auministrator s name	and address Spanie as Flan Sponso	JI.	3	D Administrators	LIIN			
				3	C Administrator's	telephone number			
		the plan sponsor has changed since the plan sponsor has changed since the last return/report.	he last return/report filed for	or this plan, enter the 4	<b>b</b> EIN				
<b>a</b> Spo	onsor's name			4	C PN				
<b>5a</b> To	al number of participan	ts at the beginning of the plan year			5a	6			
		ts at the end of the plan year		<del></del>	5b	0			
		h account balances as of the end of the			5c	0			
d(1)	Total number of active p	participants at the beginning of the pla	n year	<del> </del>	id(1)	0			
		participants at the end of the plan yea			id(2)	0			
th	an 100% vested	at terminated employment during the			5e	0			
		e or incomplete filing of this return							
SB or S		other penalties set forth in the instruct and signed by an enrolled actuary, as mplete.							
SIGN	Filed with authorize	ed/valid electronic signature.	02/09/2016	IHAN RODRIGUEZ					
HERE	Signature of plan	administrator	Date	Enter name of individual	signing as plan adr	ninistrator			
SIGN									
HERE	Signature of emp	olover/plan sponsor	ual signing as employer or plan sponsor						

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

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 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 indepenand and condition	dent qualified public a	ccount	ant (IQ	PA)				Yes
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 de	etermine
Part III Financial Information					-				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Yea	
a Total plan assets	7a		1079						0
<b>b</b> Total plan liabilities	7b		1070	0					0
Net plan assets (subtract line 7b from line 7a)  Income. Expenses, and Transfers for this Plan Year	7c	(a) A	1079	1204			(L.) :	F - 4 - 1	U
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
<b>b</b> Other income (loss)	8b		13	212					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								13212
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1090	817					
e Certain deemed and/or corrective distributions (see instructions)	8e			162					
f Administrative service providers (salaries, fees, commissions)	8f		1	517					
<b>g</b> Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	92496
i Net income (loss) (subtract line 8h from line 8c)	i Net income (loss) (subtract line 8h from line 8c)							-10	79284
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
Part V   Compliance Questions				T					
10 During the plan year:				Yes	No	N/A		Amou	unt
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					600
<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					16
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			10g		Χ				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			10)		<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								П	Yes $\square$
11a Enter the unpaid minimum required contribution for all years from						11a		· <u>ı                                    </u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	П	Yes X

	F	orm 5500-SF 2015 Page <b>3</b> - 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_		Τσαι		
b	Enter ti	he 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	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part		Trust Information						
14a	Name o	f trust		14b 1	rust's Ell	N		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	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)?		based safe ADP/AC harbor test method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye	No			
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?						
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		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, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		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	5	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

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to

The state of the s	rient Guaranty Corporation	Complete all entries in	accordance with the in	structions to the Form	5500-SF.	Public Inspection
Part	Annual Report	Identification Information				
Por calend	ar plan year 2015 or fi	scal plan year beginning  X a single-employer plan	01/01/2015	and ending	12,	/31/2015
A This ret	um/report is for:	r plan (not multiempleyer employer information in a	) (Filers che accordance w	cking this box must attach a rith the form instructions)		
-	•		a foreign plan			
B This retu	ım/report is	the first return/report an amended return/report	the final return/repo	rt lurn/report (less than 12 r	months)	
C Check I	oox if filing under:	☐ Form 5558	_			
		special extension (enter descr		П		DFVC program
Part II	Basic Plan Info	rmation-enter all requested in	formation	5.17		360. 10
1a Name ADVANCE		GROUP, INC. 401(K) P	ROFIT SHARING	PLAN	(PN)	number 001
20 Olas -			· · · · · · · · · · · · · · · · · · ·		1c Effec	tive date of plan 01/2004
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	Borl			oyer Identification Number
City or	town, state or provinc	e, country, and ZIP or foreign posts	al code (if foreign, see in	structions)		59-3535383
	ED HEALTHCARI	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			407	sor's telephone number -933–1500
8815 C	onroy-Windern	mere Road #171			2d Busin 621	ess code (see instructions) 310
Orland		FL 32835				
3a Plan a	fministrator's name ar	nd address XSame as Plan Spons	or.		3b Admir	nistrator's EIN
					3c Admir	nistrator's telephone number
4 If the n	ame and/or FIN of the	plan sponsor has changed since t	he lest set as to 100		l	
name, a Sponso	EIN, and the plan nur	nber from the last return/report.	не наы гесопутероп шес	for this plan, enter the	4b EIN	
		of the hadening of the standard			4c PN	
h Total a	umber of participants	at the beginning of the plan year			5a	6
C Numbe	et of participants	at the end of the plan year account balances as of the end of t			5b	0
comple	te this item)		ne plan year (delined be	nelil plans do not	5c	0
d(1) Tota	I number of active par	rticipants at the beginning of the pla	in year	***************************************	5d(1)	0
d(2) Tota	I number of active par	ticipants at the end of the plan yea	г		5d(2)	0
than 1	er of participants that 00% vested	terminated employment during the	plan year with accrued b	enefits that were less	5e	
- Odditon A	bengith for the late (	or incomplete tiling of this return	report will he accoree	dunlace enseanable	ise is establ	The second secon
SB or Sche	mes or partially aria off	der penalties set forth in the instruct ad signed by an egrolled actuary as	tone I doctore that I have	a avancia ad this entreet	A CALL OF A CASE	
SIGN HERE	940		02/09/20	Than Rodrigue	z	
	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	s plan administrator
SIGN HERE						
Direction of the same	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as	employer or plan sponsor
Preparers (	lame (including firm n	ame, if applicable) and address (inc	clude room or suite numb	eer)	Preparer's t	elephone number

_	Form 5500-SF 2015		Page 2								
6a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independe	ent qualified public	accour	ntant (I	QPA)				Ye	s   N
C	If you answered "No" to either line 6a or line 6b, the plan cans If the plan is a defined benefit plan, is it covered under the PBGC i	10t use Form	1 5500-SF and mu	et inct	and me	o For	- FFAA		п.	_	_
Pa	rt III   Financial Information	· ·	gram (see LINOA :	section	4021)		Yes	Пио [	Пи	ot dete	rmined
7	Plan Assets and Liabilities	morning	AVB. I	~		_					
а	Total plan assets	7a	(a) Beginnii	100		04		(b) En	d of \	ear	
b	Total plan liabilities	7b			0792	0	-		-		10
С	Net plan assets (subtract line 7b from line 7a)	7c		10	0792	-					
8	Income, Expenses, and Transfers for this Plan Year		(a) Ame	(a) Amount			_	184		W.	
а	Contributions received or receivable from: (1) Employers	8a(1)	(a) Aille	o			(b) Total				
700	(2) Participants	8a(2)				0	J. Pilling	74, 17-2	T.	45.7	4
-	(3) Others (including rollovers)	8a(3)				0		He The Free	Pipe (	FIRE IN	Capacita
b	Other income (loss)	8b			1321	12	Marie C		120		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		TANK.	112	200 200	and the later of	AN COUNTY OF	265		13212
d	Benefits paid (including direct rollovers and insurance premiums				A STATE OF THE STA	2		STATE OF	TI.	en de la	13212
A	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d		10	9081	.7					200
f	Administrative service providers (salaries, fees, commissions)	8e			16			5 n			
		. 8f			151	.7					ALGE SE
h	Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	8g	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	In the second	entari —	1.4	12 63				F LANGE
	Net income (loss) (subtract line 8h from line 8c)	8h				- ab	109245				92496
i	Transfers to (from) the plan (see instructions)	8i	THE PARTY OF THE P			A Serve	-107928			79284	
Contract :	t IV Plan Characteristics	8j				Figur.	1704-W		1	1:4	1000
B	If the plan provides welfare benefits, enter the applicable welfare for	eature codes t	from the List of Pla	n Char	acterist	tic Cod	les in th	e instruct	ions:		
10											
a	During the plan year:  Was there a failure to transmit to the plan any and ideal to the plan and a silvert to the				Yes					~t	
_	described in 29 CFR 2510.3-102? (See instructions and DOI 's M	ions within th	e time period			No	N/A		Am	Ount	
b	- rogramy	oluntary Fiduo	ciary Correction	10a		X	N/A		Am	ount	
-	reported on line 10a.)	oluntary Fiduo	ciary Correction	10a			N/A		Am	ount	
С	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?	Oluntary Fiduo	ciary Correction	10b	х	х	N/A		Am	ount	6000
d	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?	oluntary Fiduce  (Do not inclusive i	ide transactions that was caused		X	х	N/A		Am	ount	6000
d	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 to 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	Oluntary Fiduce  (Do not inclusive fidelity bond, to the persons by the persons b	de transactions  that was caused  an insurance	10b 10c 10d	x	x	N/A		Am	ount	
d	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 to 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.)	Oluntary Fiduce  (Do not inclusive fidelity bond, to persons by correct of the leavest fidelity bond)	de transactions  that was caused  an insurance benefits under	10b 10c 10d		x x	N/A		Am	ount	
d e	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	Oluntary Fiduce (Do not inclusive persons by er all of the lease)	de transactions  that was caused  an insurance benefits under	10b 10c 10d 10e 10f		x x	N/A		Am	Ount	200
d e f g	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	Oluntary Fiduce  (Do not inclusive persons by e or all of the large of year end.)	that was caused an insurance benefits under	10b 10c 10d 10e 10f 10g		x x	N/A	entry of the second of the sec	Am	ount.	200
d e f g	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	Oluntary Fiduce  (Do not inclusive persons by a or all of the second of year end.)	that was caused an insurance benefits under	10b 10c 10d 10e 10f		x x x	N/A	and the second s	Am	Ount	
d e f g	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	oluntary Fiduce  (Do not inclusive persons by ear all of the learning of year end.)  See instructions  required not-3	that was caused an insurance benefits under	10b 10c 10d 10e 10f 10g 10h		x x x	N/A	Control of the Contro	Am	Ount	200
d e f g h i	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 to 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?	oluntary Fiduce  (Do not inclusive persons by e or all of the least of year end.)  See instruction of year end.	that was caused an insurance benefits under	10b 10c 10d 10e 10f 10g 10h 10i 10j	х	x x x x			Am	Ount	200
d e f g h i	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 to 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?  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below).	oluntary Fiduce  (Do not inclusive fidelity bond, the persons by the persons by the fidelity bond)  (Propersons by the persons	clary Correction  Ide transactions  Ide transactions  In that was caused  In the insurance benefits under  In the insurance of the insurance o	10b 10c 10d 10e 10f 10g 10h 10i 10j	X x	X X X X X X X X		Form	Am		164
d e f g h i	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 to 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?	oluntary Fiduce  (Do not included inclu	an insurance benefits under sand 29 CFR ice or one of the see instructions a	10b 10c 10d 10e 10f 10g 10h 10i 10j	X	X X X X X X X X	uie SB (i		Am	Yes	

	Form 5500-SF 2015 Page 3 -								
9	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				-				
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	tructions, and	enter th	e date of	the letter	ruling			
1	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	Day		Year_				
t	Enter the minimum required contribution for this plan year	uniconno do s	12b						
C	Enter the amount contributed by the employer to the plan for this plan year		12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I negative amount)	2 12	12d			******			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		117,072,771		1	1			
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	T 0. 0.							
50.7	If "Yes," enter the amount of any plan assets that reverted to the employer this year		X Yes No						
b	Were all the plan assets distributed to participants or heneficiaries, transferred to spether also as the	C 10 10 10 10 10 10 10 10 10 10 10 10 10	13a ontrol	x	Yes	l Na			
С	of the PBGC?	y the plan(s) to			ies [	INO			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN/s)			
		Time .	<u> </u>		130(3)	1 14(5)			
				1					
Part	VIII Trust Information								
14a	Name of trust		441						
			14b Trust's EIN						
44-									
140	Name of trustee or custodian		14d Trustee's or custodian's						
			t	elephone	number				
Par	t IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan?	T	Yes		П				
			Yes No			-			
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				ADP/ACP test				
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cur testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40	rent year	Yes No						
	2(a)(2)(ii))?				Ц				
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):	Rati pero	centage		erage nefit test			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combithis plan with any other plans under the permissive aggregation rules?	ning	Yes		No				
17a	Has the plan been timely amended for all required tax law changes?		Yes	===	∏No	□N/A			
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).					nstructions			
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter					or			
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter	er the date of ti	ne 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)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been lands)?	Yes		No				
19	Were in-service distributions made during the plan year?		Yes		No				
	If "Yes," enter amount		19						
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of when retired), as required under section 401(a)(9)?		Yes		No	□ N/A			