	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emp Benefit Plan							
	rtment of the Treasury rnal Revenue Service	This form is required to be file		I 4065 of the Employee Reti	irement	2015				
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the In	he Internal This Form is Op Public Inspect					
	enefit Guaranty Corporation			tructions to the Form 550						
For calend		scal plan year beginning 01/01/2		and ending 12/3	31/2015					
		X a single-employer plan		plan (not multiemployer) (F		cking this bo	x must attach a			
A This ret	turn/report is for:	a one-participant plan		employer information in acco		-				
B This ret	urn/report is	the first return/report	the final return/report	t						
		an amended return/report	a short plan year retu	urn/report (less than 12 mon	nths)					
C Check	box if filing under:	Form 5558	automatic extension		י 🗌	OFVC progr	am			
•		special extension (enter desc	1 ,							
Part II		ormation—enter all requested in	formation							
1a Name ONEIDA HE		OGY ROBERT MARC GOLDBER	G SELF-EMPLOYED 401		1b Thre plan (PN)	number	001			
				•	()	tive date of	plan			
					ol –		/2004			
Mailing	g address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C co. country, and ZIP or foreign port			2b Emp (EIN)	· · · · · · · · · · · · · · · · · · ·	cation Number			
		ce, country, and ZIP or foreign post DGY ASSOCIATES, PC	ai code (il loreign, see ins		2c Spor	nsor's teleph	none number			
				:	2d Busii	ness code (s	see instructions)			
	STON CIRCLE LLE, NY 13066-1708		EVILLE, NY 13066-1708			6211	11			
	,		,			0211				
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.	:	3b Adm	inistrator's E	IN			
					SC Adm	inistrator s te	elephone number			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Spons	or's name				4c pn					
5a Total	number of participants	at the beginning of the plan year			5a		2			
		at the end of the plan year			5b		2			
		account balances as of the end of			5c		2			
	,	articipants at the beginning of the pl			5d(1)		2			
• •		articipants at the end of the plan ye	•	F	5d(2)		2			
e Numi	per of participants that	terminated employment during the	e plan year with accrued b	enefits that were less	5e					
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable caus						
SB or Sche		ther penalties set forth in the instru- ind signed by an enrolled actuary, a inlete								
SIGN		/valid electronic signature.	07/24/2016	ROBERT M GOLDBER	G					
HERE	Signature of plan	administrator	Date	Enter name of individua	al signing	as plan adm	inistrator			
SIGN HERE										
	Signature of emplo	byer/plan sponsor name, if applicable) and address (ir	Date	Enter name of individua		as employer telephone				
					Teparers	telephone	number			
For Paperw	ork Reduction Act Noti	ce and OMB Control Numbers, see th	e instructions for Form 550	0-SF.			Form 5500-SF (2015)			

62	Were all of the plan's assets during the plan year invested in eligib	la assats?	(See instructions)					X Yes 🗌 No				
	Are you claiming a waiver of the annual examination and report of		· ,									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							Yes No				
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined				
	rt III Financial Information	isulance p			021):		163					
7				- 6 14 -								
<u> </u>	Plan Assets and Liabilities	70	(a) Beginning		ar 604	+		(b) End of Year 963448				
· · ·	Total plan assets Total plan liabilities	7a 7b		075	004	+		303440				
	Net plan assets (subtract line 7b from line 7a)	70 70		873604				963448				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou			(b) Total						
	Contributions received or receivable from:											
	(1) Employers	8a(1)		53	750							
	(2) Participants	8a(2)		36	000							
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b			94							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		89844				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
e	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h										
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						89844				
j	Transfers to (from) the plan (see instructions)	8j										
Pa	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension $\frac{2E}{2G}$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:				
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:				
Par	V Compliance Questions											
10	During the plan year:				Yes	No	N/A	Amount				
а		itions with	n the time period									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			10-		х						
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		~						
	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's by fraud or dishonesty?			10d		x						
е	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	the benefits under	10e		х						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10g		Х						
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	he require	d notice or one of the	10i		х						
j	Did the plan trust incur unrelated business taxable income?			10j								
Part				. 0]	1	1	1	1				
						<u> </u>						

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scher 5500) and line 11a below)	lule SB	(Form	Yes	< No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	< No

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Page **3 -** 1

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year	13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
D		e PBGC?				Yes 🗙	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust		14b Trust's EIN					
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method			ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Y€	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A		

Form 5500-SF	Short Form		n/Report of Small afit Plan	Emplo	oyee	OMB 1	Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is require Retirement Income S	of the E	mployee	2015			
Department of Labor Employee Benefits Security Administration		of the Internal Reve	enue Code (the Code).				m is Open
Pension Benefit Guaranty Corporation Part I Annual Report	Complete all entrie Identification Infor	es in accordance	with the instructions to	the Fo	rm 5500-SF.	to Public	Inspection
For calendar plan year 2015 or fi			2015	and en	dina 1	2/31/20	15
A This return/report is for:	X a single-employe		ultiple-employer plan (not m				
			articipating employer inform				
_	a one-participant	plan a fo	preign plan				,
B This return/report is	the first return/re	• 11	final return/report				
C Check box if filing under:	an amended retu	· F-1	hort plan year return/repo	ort (less	than 12 month	-,	
• Check box in hing under:	Form 5558	auto [] auto n (enter description)	omatic extension			DFVC program	n
Part II Basic Plan Info	rmation - enter all rec	uested information	<u>) </u>				
1a Name of plan	and a second			1b	Three-digit		
ONEIDA HEALTHCAR					plan number (F	N) 🕨	001
ROBERT MARC GOLD				1c	Effective date of		
SELF-EMPLOYED 40				0		1/2004	
2a Plan sponsor's name (emplo Mailing address (include room	m. apt., suite no. and str	reet, or P.O. Box)		2b	Employer Ident		ber (EIN)
City or town, state or province ONEIDA HEALTHCAR	e, country, and ZIP or for E RADIOLOGY	oreign postal code	(if foreign, see instr.)	2c	Sponsor's teler	598615	r
6805 HOLLISTON C	IRCLE		.,				
				2d	Business code	(see instruction	ons)
FAYETTEVILLE		066-1708	*****		62113	11	
3a Plan administrator's name ar	id address 🛛 Same a	as Plan Sponsor.		3b /	Administrator's	EIN	
				3c	Administrator's	telenhone nu	mber
					-uninistrator 3	relephone nu	
 4 If the name and/or EIN of the plan, enter the name, EIN, and a Sponsor's name 					EIN PN		
					14		
5a Total number of participants				5a			2
b Total number of participants				5b	·····		2
 C Number of participants with benefit plans do not complete 	to this item)			5c			2
d (1) Total number of active p	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ning of the plan ve		5d(1)			2
d (2) Total number of active p				5d(2)	*****		2
e Number of participants that							
benefits that were less than			<u></u>	5e			
Caution: A penalty for the late	or incomplete filing of her penalties set forth in	this return/report	will be assessed unles	s reaso	nable cause is return/report	s established	applicable a
Under penalties of perjury and ot Schedule SB or Schedule MB co my knowledge and belief, it is tru	mpleted and signed by a	an enrolled actuary	, as well as the electronic	c versio	n of this return	/report, and to	the best of
Dai-11 AA	e, concert and complete	$\frac{7}{1}$					
HERE CALT Hold		7/24/16	ROBERT M G	OLDI	BERG		
Signature of plan admir	vistrator	Date /	Enter name of indiv	idual sig	ning as plan a	dministrator	
SIGN D. FMM		7/24/14					
HERE Kall Yold	~	111-1115	ROBERT M G				
Signature of employer# Preparer's name (including firm i		Date /	Enter name of indivi	T		· · · · · · · · · · · · · · · · · · ·	
reparers name (including intri	iame, il applicable) anu	address (include ro	som of suite number)		Preparer's tele	phone numbe	ir I
				Γ			
For Paperwork Reduction Act N	lotice and OMB Contro	Numbers, see th	e instructions for Form	5500-9		Form 5	500-SF (2015)

518571 12-07-15

b	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
	Are you claiming a waiver of the annual examination and report of an indepen	dent qualit	fied public	c accounta	 nt	••••••	X Yes	∐ No
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions	.) .)				X Yes	
	If you answered "No" to either line 6a or line 6b, the plan cannot use For	n 5500-SF	and mus	st instead	ise For	m 5500	22 100	
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se	e ERISA sec	ction 4021)	?	Yes	No		determined
Pa	Irt III Financial Information							dotorrininod
7	Plan Assets and Liabilities		(a) Beg	inning of Y	'ear	(1) End of	Year
a	Total plan assets	7a	<u>-</u>	873		<u>`</u>		963448
b	Total plan liabilities	7b	*******				***************	
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		873	604			963448
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amount			(b) Tot	
а	Contributions received or receivable from:							
	(1) Employers	8a(1)		53	750			
	(2) Participants	8a(2)			000			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b			94	STA	LEWEN	ITT 1
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						89844
d	Benefits paid (including direct rollovers and insurance premiums to provide			*******				
	benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	*****************					
i	Net income (loss) (subtract line 8h from line 8c)	8i						89844
j	Transfers to (from) the plan (see instructions)	8i					*****	
Pa	rt IV Plan Characteristics							
Pa	If the plan provides welfare benefits, enter the applicable welfare feature co							
10	rt V Compliance Questions							
				Yes No	N/A		Amour	
а	During the plan year:	the time		Yes No	N/A		Amour	nt
а	During the plan year: Was there a failure to transmit to the plan any participant contributions withir			Yes No	N/A		Amour	nt
а	During the plan year: Was there a failure to transmit to the plan any participant contributions withir period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta	ary	10a		N/A		Amour	nt
	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.)	ary	10a	Yes No	N/A		Amour	nt
•	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in	ary clude		x	N/A		Amour	nt
b	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.)	ary clude	10b	x	N/A		Amour	nt
b	During the plan year: Was there a failure to transmit to the plan any participant contributions withir period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.) Was the plan covered by a fidelity bond?	ary clude	10b	x	N/A		Amour	<u>nt</u>
b	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions 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 fidelity bon	ary clude d, that	10b 10c	x x x	N/A		Amour	nt
b c d	During the plan year: Was there a failure to transmit to the plan any participant contributions withir period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions reported on line 10a.) Was the plan covered by a fidelity bond?	ary clude d, that	10b	x	N/A		Amour	nt
b c d	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions 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 fidelity bon was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons	ary clude d, that by an	10b 10c	x x x	N/A		Amour	nt
b c d	During the plan year: Was there a failure to transmit to the plan any participant contributions withir period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions 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 fidelity bon was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some	ary Clude d, that by an or all of	10b 10c 10d	x x x x	N/A		Amour	nt
b c d	During the plan year: Was there a failure to transmit to the plan any participant contributions withir period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions 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 fidelity bon was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.)	ary Clude d, that by an or all of	10b 10c 10d		N/A		Amour	nt
b d e f	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions 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 fidelity bon was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?	ary clude d, that by an or all of	10b 10c 10d 10e 10e		N/A		Amour	nt
b d e f	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions 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 fidelity bon was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some the benefits under 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 of year en	ary Clude d, that by an or all of d.)	10b 10c 10d		N/A		Amour	nt
b d e f	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions 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 fidelity bon was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some the benefits under 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 of year end If this is an individual account plan, was there a blackout period? (See instructions)	ary clude d, that by an or all of d.)	10b 10c 10d 10d 10e 10f 10g		N/A		Amour	nt
b d e f	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions 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 fidelity bon was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some the benefits under 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 of year en If this is an individual account plan, was there a blackout period? (See instruc- and 29 CFR 2520.101-3.)	ary clude d, that by an or all of d.)	10b 10c 10d 10d 10e 10f 10g		N/A		Amour	nt
b cc d d e f h	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions 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 fidelity bon was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some the benefits under 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 of year em If this is an individual account plan, was there a blackout period? (See instruc- and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required	ary clude d, that by an or all of d.) tions notice or	10b 10c 10d 10e 10e 10f 10g		N/A		Amour	nt
b cc d d e f h	During the plan year: Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta Fiduciary Correction Program.) Were there any nonexempt transactions with any party-in-interest? (Do not in transactions 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 fidelity bon was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons insurance carrier, insurance service, or other organization that provides some the benefits under 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 of year em If this is an individual account plan, was there a blackout period? (See instruc- and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required one of the exceptions to providing the notice applied under 29 CFR 2520.101	ary clude d, that by an or all of d.) tions notice or -3	10b 10c 10d 10d 10e 10f 10g 10h		N/A		Amour	nt
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TOTAL TO FORM 5500-SF, LINE 8B			94.