## 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 i Annu	iai Keport i	dentification information				
For calendar plan ye	ear 2015 or fisc	cal plan year beginning 01/01/	2015	and ending 1	2/31/2015	
_		x a single-employer plan		plan (not multiemployer)		
A This return/repor	rt is for:	O a and norticinant plan		mployer information in a	ccordance with the	e form instructions)
		a one-participant plan	a foreign plan			
<b>B</b> This return/report	tie	the first return/report	the final return/report			
D This return/report	. 15	an amended return/report	H	rn/report (less than 12 m	onthe)	
				m/report (1655 triair 12 ii	_	
C Check box if filin	g under:	Form 5558	automatic extension		DFVC	program
		special extension (enter desc	ription)			
Part II Basic	Plan Infor	mation—enter all requested ir	formation		_	
1a Name of plan					<b>1b</b> Three-digi	
PYRAMID MEDICAL	. ASSOCOIATE	ES, P.C. PROFIT SHARING PLA	۸N		plan numb	oer 001
					(PN) 1c Effective of	
					TC Ellective C	04/01/1994
2a Plan sponsor's	name (employe	er, if for a single-employer plan)			<b>2b</b> Employer	Identification Number
Mailing address	(include room	, apt., suite no. and street, or P.0			(EIN)	13-3748939
City or town, sta		, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	2c Sponsor's	telephone number
THO WILD WEDTONE	10000111120					212-535-3220
000 FIFTH AVENUE		000 FIF	ELLANCENILE		2d Business	code (see instructions)
923 FIFTH AVENUE NEW YORK, NY 1002	21		ΓΗ AVENUE DRK, NY 10021			621111
3a Plan administra	tor's name and	d address XSame as Plan Spon	sor.		<b>3b</b> Administra	ator's EIN
					<b>3c</b> Administra	ator's telephone number
		plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
<b>a</b> Sponsor's name	•	ber from the last return/report.			4c PN	
		at the beginning of the plan year.			_	8
_					5b	8
		at the end of the plan year ccount balances as of the end of				
	•			•	5c	8
d(1) Total numbe	r of active part	icipants at the beginning of the p	lan year		5d(1)	6
		icipants at the end of the plan ye			5d(2)	6
` '	•	erminated employment during the			5e	0
		r incomplete filing of this retur er penalties set forth in the instru				
SB or Schedule MB	completed and	d signed by an enrolled actuary,				
belief, it is true, corre				1		
	th authorized/v	alid electronic signature.	08/08/2016	MICHAEL COLIN		
HERE Signat	ure of plan ad	ministrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN						
HERE	ure of employ	rer/plan sponsor	Date	Enter name of individ	lual signing as em	nployer or plan sponsor
		me, if applicable) and address (i			Preparer's telep	· · · · · · · · · · · · · · · · · · ·
1	-				l ·	

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in elig</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can</li> </ul>	of an independ ty and condition	dent qualified public a	ccount	ant (IQ	PA)			□	es No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets			612	934				62:	2059
b Total plan liabilities			640	0024				60	2050
Net plan assets (subtract line 7b from line 7a)      Income. Expenses. and Transfers for this Plan Year	7с	(a) Ama-		934			/b\ T		2059
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(D) I	otal	
(1) Employers	8a(1)		45	000					
(2) Participants	8a(2)								
(3) Others (including rollovers)	<b>-</b>								
<b>b</b> Other income (loss)			-18	648					0050
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	8c							2	6352
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16	352					
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f			875					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	7227
i Net income (loss) (subtract line 8h from line 8c)									9125
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	on feature cod	les from the List of Pi	an Cha	racteris	stic Co	odes in t	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	e feature code	s from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruct	ions:	
Part V   Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	S Voluntary Fig	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				
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of the	ne benefits under	10e	X					875
f Has the plan failed to provide any benefit when due under the p			10f		Х				0.70
g Did the plan have any participant loans? (If "Yes," enter amount					X				
h If this is an individual account plan, was there a blackout period		,	10g		^				
2520.101-3.)	· · · · · · · · · · · · · · · · · · ·		10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.			10i		X				
j Did the plan trust incur unrelated business taxable income?	·····	<u> </u>	10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Ye	es No
11a Enter the unpaid minimum required contribution for all years fro	m Schedule S	BB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	ng requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	Y	es X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	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)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

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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

Part I Annual Report Identification Inform					
For calendar plan year 2015 or fiscal plan year beginning	01/01/201	.5	and end	ting 12/31/20	)15
A This return/report is for:	plan a multiple	e-employer plan (not m	ultiemplo	oyer) (Filers checking this box	must attach a list
	plan a foreign n/report a short p automat (enter description)	- , ,		than 12 months)	
Part II Basic Plan Information - enter all requ	uested information		d la =		· · · · · · · · · · · · · · · · · · ·
1a Name of plan PYRAMID MEDICAL ASSOCOIATES, PROFIT SHARING PLAN	P.C.		F	Three-digit plan number (PN)	001
				04/01/1994	
2a Plan sponsor's name (employer, if for a single-employ Mailing address (include room, apt., suite no. and stre City or town, state or province, country, and ZIP or for	er plan) eet, or P.O. Box) reign postal code (if fo	reign, see instr.)		Employer Identification Nur 13-3748939	
PYRAMID MEDICAL ASSOCIATES, 1923 FIFTH AVENUE	PC			Sponsor's telephone numb -535-3220	er
NEW YORK NY 100	021		2d 8	Business code (see instruc 621111	tions)
3a Plan administrator's name and address X Same a	s Plan Sponsor.		3b /	Administrator's EIN	
			3c /	Administrator's telephone r	number
4 If the name and/or EIN of the plan sponsor has change		/report filed for this	4b E	EIN	
plan, enter the name, EIN, and the plan number from t a Sponsor's name	ne last return/report.		4c F	PN	
5a Total number of participants at the beginning of the	plan year		5a		8
<b>b</b> Total number of participants at the end of the plan y			5b		8
C Number of participants with account balances as of			5c		8
benefit plans do not complete this item)d (1) Total number of active participants at the beginn			5d(1)		6
d (2) Total number of active participants at the end of			5d(2)	<u> </u>	6
e Number of participants that terminated employment	• • · · · · · · · · · · · · · · · · · ·				_
benefits that were less than 100% vested			5e		0
Caution: A penalty for the late or incomplete filing of Under penalties of periury and other penalties set forth in Schedule SB or Schedule MB completed and signed by	this return/report will the instructions, I dec	lbe assessed unles lare that I have exam	s reasonined the	onable cause is establishing is return/report, including, on of this return/report, and	ed. if applicable, a
my knowledge and belief, it is true, correct, and complete	).				
SIGN UM CHAUM CHAM	08/08/2016	MICHAEL CO		gning as plan administrato	
Signature of plan administrator	Date	Enter name of indiv	riouai si	gring as plan administrato	
SIGN HERE	10-4-	Enter name of indiv	idual sid	gning as employer or plan	sponsor.
Signature of employer/plan sponsor	Date		iuuai si		<del> </del>
Preparer's name (including firm name, if applicable) and	address (include room	or suite number,		Preparer's telephone num	Der

6a	Were all of the plan's assets during the plan year invested in eligible assets? (\$	See instr	uctions.)	-			-	X Yes	∏ No
	Are you claiming a waiver of the annual examination and report of an independ						•••••		
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and							X Yes	∏ No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form	5500-S	F and mus	t inst	ea <u>d</u> u	se For	<u>m</u> 5500.	_	
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see	ERISA se	ection 4021)	?	<u>. []`</u>	/es	No	Not de	etermined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Begi				(b	) End of Y	
a	Total plan assets	7a		61	2,9	34		62	22,059
	Total plan liabilities	7b							
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			2,9	34			22,059
	Income, Expenses, and Transfers for this Plan Year	+	(a)	Amo	unt			(b) Total	<u> </u>
а	Contributions received or receivable from:			4	E 0	ا ۸۸			
	(1) Employers	8a(1)		4	5,0	00			
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)		1	0 6	40	Cm3 r	DEMENT	n 1
	Other income (loss)	8b	<del>_</del>		8,6	40	STA	PEMEN	26,352
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							20,332
a	Benefits paid (including direct rollovers and insurance premiums to provide	1		1	6,3	52	CIU VI	rement	ר וו
	benefits)	8d			.0,5	<del></del>	BIR.	LEMEN.	
	Certain deemed and/or corrective distributions (see instructions)	8e			<u> </u>	75	SUPV	rement	r 3
	Administrative service providers (salaries, fees, commissions)	8f				<del></del> -	DIA.	. 2011211	
	Other expenses	8g 8h					<del>.</del>		17,227
	Total expenses (add lines 8d, 8e, 8f, and 8g)	Bi Bi	_						9,125
	Net income (loss) (subtract line 8h from line 8c)	81							3,220
	Transfers to (from) the plan (see instructions)rt IV Plan Characteristics	9)		-					
Pa	rt V Compliance Questions				_				
10	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? (See instructions and DOL's Volunta	ary		1		\			
	Fiduciary Correction Program.)		10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not in				l				
	transactions reported on line 10a.)		10b	<u> </u>	X			_	
	Was the plan covered by a fidelity bond?		10c	<b> </b>	Х				
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon				X				
_	was caused by fraud or dishonesty?		10d	-	<u> </u>				
е	Were any fees or commissions paid to any brokers, agents, or other persons					1 1			
	insurance carrier, insurance service, or other organization that provides some	or all of	10e	x		1			875
_	the benefits under the plan? (See instructions.)		10e		X				- 0,0
	Has the plan failed to provide any benefit when due under the plan?	nd )	10g		X				
	If this is an individual account plan, was there a blackout period? (See instruc		109	┢─	<del>                                     </del>				<del></del>
• • •	and 29 CFR 2520.101-3.)		10h		x				
$\overline{}$	If 10h was answered "Yes," check the box if you either provided the required	notice o							
•	one of the exceptions to providing the notice applied under 29 CFR 2520.10		10i		X				
ī	Did the plan trust incur unrelated business taxable income?		10j						
Pa	rt VI Pension Funding Compliance				•				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y	es," see	instruction	s and	comp	lete			
	Schedule SB (Form 5500) and line 11a below)						<u></u>	Yes	No
	Enter the unpaid minimum required contribution for all years from Schedule S					11a			
12	Is this a defined contribution plan subject to the minimum funding requirement				Code	or	[	п	₩
	section 302 of ERISA?	······		······				Yes	X No

Form 5500-SF 2015 Pa	ge <b>3-</b> [		1			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructi	ons, a	nd enter t	he dat	e of th	ne letter
ruling granting the waiver. Month	Da	ıy		Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.					
b Enter the minimum required contribution for this plan year		12b	<u> </u>			
C Enter the amount contributed by the employer to the plan for this plan year		12c	<u> </u>			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to		l	1			
the left of a negative amount)		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		111	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?		Ш	Yes 🏋	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or be	rought			_		<b>-</b>
under the control of the PBGC?				ΠYε		X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide	ntify the	plan(s	s) to which	asset	s or	
liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):	13c(2	) EIN(s	3)	13	c(3) P	N(s)
			- 1			
Part VIII Trust Information	1 4 41					
14a Name of trust	14b	Trust's	EIN			
440	444			•		
14c Name of trustee or custodian	14a	Truste	e's or cust	ndian	'S	
	1				_	
	1		one numb		_	
	1					
Part IX   IRS Compliance Questions	1					
Part IX   IRS Compliance Questions	1	teleph	one numb			
15a is the pian a 401(k) pian?		teleph		er	No	
15a Is the plan a 401(k) plan?  15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals	and	T S	es esign-basaafe harbor	er	No ADP/	ACP
15a Is the plan a 401(k) plan?  15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	and	T S	es esign-base	er	No	ACP
15a Is the plan a 401(k) plan?  15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the	and	T S	es esign-basaafe harbor	er	No ADP/	ACP
<ul> <li>15a Is the plan a 401(k) plan?</li> <li>15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>15c 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</li> </ul>	s and	Y D Si	es esign-basare harbor nethod	er	No ADP/ test	ACP
15a Is the plan a 401(k) plan?  15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  15c 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)·2(a)(2)(ii))?	s and	Y P	es esign-basaafe harbor	er	No ADP/ test	
<ul> <li>15a Is the plan a 401(k) plan?</li> <li>15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>15c 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)·2(a)(2)(iii)?</li> <li>16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under</li> </ul>	s and	Y Y	es esign-base afe harbor ethod es atio ercentage	er	No ADP/ test	nge
<ul> <li>15a Is the plan a 401(k) plan?</li> <li>15b If "Yes." how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>15c 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)·2(a)(2)(ii))?</li> <li>16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):</li> </ul>	s and	Y Y	es esign-base are harbornethod	er	No ADP/ test	
<ul> <li>15a Is the plan a 401(k) plan?</li> <li>15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>15c 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)·2(a)(2)(ii))?</li> <li>16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):</li> <li>16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by</li> </ul>	s and	Y Y R P P te	es esign-bas afe harbor ethod es atio ercentage	er	No ADP/ test	nge
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FORM 5500-SF	OTHER INCOME (LOSS)	STATEMENT	1
DESCRIPTION		AMOUNT	
INTEREST BEARING CASH DIVIDENDS FROM COMMON ST NET INVESTMENT GAIN (LOS	OCK SS) FROM POOLED SEPARATE ACCOUNTS	2: 5,5 -24,4	
TOTAL TO FORM 5500-SF, I	INE 8B	-18,6	48.
FORM 5500-SF	BENEFITS PAID	STATEMENT	2
DESCRIPTION		AMOUNT	
PAYMENTS DIRECTLY TO PAR	RTICIPANTS OR BENEFICIARIES	16,3	52.
TOTAL TO FORM 5500-SF, I	JINE 8D	16,3	52.
FORM 5500-SF	ADMINISTRATIVE SERVICE PROVIDERS	STATEMENT	3
DESCRIPTION		AMOUNT	
ADMINISTRATIVE SERVICE F	PROVIDERS	8	75.
TOTAL TO FORM 5500-SF, I	INE 8F	8	75.