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

For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/	<u>2015 </u>	and ending 1	2/31/2015					
_		X a single-employer plan			er) (Filers checking this box must attach a					
A This ret	turn/report is for:	a one-participant plan	_ ' ' "	employer information in a	n in accordance with the form instructions)					
		a one-participant plan	a foreign plan							
R This retu	urn/report is	the first return/report	the final return/report	İ						
D THIS ICE	um/report is	an amended return/report	H	urn/report (less than 12 m	nonths)					
•				,	_					
C Check I	box if filing under:	X Form 5558	automatic extension		☐ DFVC	program				
		special extension (enter desc	• '							
Part II		ormation—enter all requested in	nformation		T					
1a Name	•	IDANIOE 4044 DDOET OLIABINA	DI ANI O TRUCT		1b Three-digit					
NENEZIAN	& ASSOCIATES INSU	JRANCE 401K PROFIT SHARING	5 PLAN & TRUST		plan numb (PN) ▶	001				
					1c Effective d	late of plan				
						01/01/2007				
		oyer, if for a single-employer plan)	0 D \		2b Employer I	Identification Number				
		m, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		structions)	(EIN)	59-1801673				
		RANCE AGENCY, INC.	(,		telephone number 305-512-3103				
						code (see instructions)				
8181 NW 15	4 ST STE 230				ZG Business c	ode (see mandalons)				
MIAMI LAKE	S, FL 33016-5882					524210				
0		🗔			01					
3a Plan a	idministrator's name ar	nd address XSame as Plan Spon	isor.		3b Administra	itor's EIN				
					3c Administra	itor's telephone number				
					7.0	itor o toropriorio riarribor				
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
name	, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the						
name a Spons	e, EIN, and the plan nui sor's name	mber from the last return/report.			4c PN					
name a Spons	e, EIN, and the plan nui sor's name				4c PN 5a	41				
name a Spons 5a Total i b Total i	e, EIN, and the plan nur cor's name number of participants number of participants	mber from the last return/report. s at the beginning of the plan year. s at the end of the plan year			4c PN 5a	41 45				
name a Spons 5a Total i b Total i c Numb	e, EIN, and the plan nur cor's name number of participants number of participants per of participants with	s at the beginning of the plan year. at the end of the plan year	the plan year (defined be	nefit plans do not	4c PN 5a					
name a Spons 5a Total i b Total i c Numb	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	s at the beginning of the plan year. at the end of the plan year account balances as of the end of	the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c	45				
name a Spons 5a Total i b Total i c Numb compl d(1) Total	e, EIN, and the plan number of participants number of participants number of participants with lete this item)	mber from the last return/report. at the beginning of the plan year. at the end of the plan year account balances as of the end of	the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c 5d(1)	45 79 37				
name a Spons 5a Total I b Total I c Numb compl d(1) Tota d(2) Total	e, EIN, and the plan number of participants number of participants over of participants with lete this item)	s at the beginning of the plan year. account balances as of the end of the plan year account balances as of the end of the plan year articipants at the beginning of the participants at the end of the plan year	the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	45 79 37 42				
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tot e Numb than	e, EIN, and the plan number of participants number of participants or of participants with lete this item)	s at the beginning of the plan year. s at the end of the plan year	the plan year (defined be blan year earear with accrued b	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	45 79 37 42 0				
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this returning the plan year terminated employment during the or incomplete filing of this returning the plan year terminated employment during the plan year.	the plan year (defined be	nefit plans do not enefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	45 79 37 42 0				
name a Spons 5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena	e, EIN, and the plan number of participants number of participants or of participants with lete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the termina	the plan year (defined be	nefit plans do not enefits that were less d unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe	45 79 37 42 0 ed. applicable, a Schedule				
name a Spons 5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the termina	the plan year (defined be bear	nefit plans do not enefits that were less d unless reasonable ca e examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe	45 79 37 42 0 ed. applicable, a Schedule				
name a Spons 5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the termina	the plan year (defined be	nefit plans do not enefits that were less d unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establishe	45 79 37 42 0 ed. applicable, a Schedule				
name a Spons 5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pens SB or Sche belief, it is s	e, EIN, and the plan number of participants number of participants over of participants with lete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the penalties set forth in the instrument signed by an enrolled actuary, plete.	the plan year (defined be bear	nefit plans do not enefits that were less d unless reasonable ca e examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establisher, and to the best	45 79 37 42 0 ed. applicable, a Schedule of my knowledge and				
name a Spons 5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan number of participants number of participants or of participants with lete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the plan year terminated employment during the penalties set forth in the instrument signed by an enrolled actuary, plete.	the plan year (defined be blan year	nefit plans do not enefits that were less d unless reasonable care examined this return/reportersion of this return/reportersion.	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is establisher, and to the best	45 79 37 42 0 ed. applicable, a Schedule of my knowledge and				
name a Spons 5a Total I b Total I c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is is SIGN HERE	p. EIN, and the plan number of participants number of participants or of participants with lete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, plete. Avalid electronic signature.	the plan year (defined be blan year	nefit plans do not enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report OSCAR SEIKALY Enter name of individ	4c PN 5a 5b 5c 5d(1) 5e use is established aport, including, if art, and to the best dual signing as plant.	45 79 37 42 0 ed. applicable, a Schedule of my knowledge and				
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is i	p. EIN, and the plan number of participants number of participants or of participants with lete this item)	at the beginning of the plan year. at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year terminated employment during the terminated employment during the or incomplete filing of this returned signed by an enrolled actuary, plete. Avalid electronic signature.	the plan year (defined be plan year	nefit plans do not enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report OSCAR SEIKALY Enter name of individ	4c PN 5a 5b 5c 5d(1) 5e use is established aport, including, if art, and to the best dual signing as plant.	45 79 37 42 0 ed. applicable, a Schedule of my knowledge and an administrator				
name a Spons 5a Total i b Total i c Numb compl d(1) Tota d(2) Tot e Numb than Caution: A Under pens SB or Sche belief, it is i	p. EIN, and the plan number of participants number of participants or of participants with lete this item)	mber from the last return/report. at the beginning of the plan year. at the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the cor incomplete filing of this return ther penalties set forth in the instrument signed by an enrolled actuary, plete. Avalid electronic signature. Administrator	the plan year (defined be plan year	nefit plans do not enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report OSCAR SEIKALY Enter name of individ	4c PN 5a 5b 5c 5d(1) 5e use is established aport, including, if art, and to the best dual signing as plandual signing as em	45 79 37 42 0 ed. applicable, a Schedule of my knowledge and an administrator				

Form 5500-SF 2015		Page 2					
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 t	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	account t instea	ant (IQ	PA) Form	5500.	X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes X	No Not determined
Part III Financial Information					_		
7 Plan Assets and Liabilities		(a) Beginning	•		-		(b) End of Year
a Total plan assets	7a		1103	248			1174147
b Total plan liabilities	7b		1103	248			1174147
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		240			(b) Total
a Contributions received or receivable from:		(a) Alliot	u11t				(b) Total
(1) Employers	8a(1)		51	615			
(2) Participants	8a(2)		81	573			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-33	084			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						100104
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		28	823			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f			382			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						29205
i Net income (loss) (subtract line 8h from line 8c)	8i						70899
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3D 2E 2T	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	e instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:
Part V Compliance Questions							
10 During the plan year:			1	Yes	No	N/A	Amount
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 Were there any nonexempt transactions with any party-in-interest					X		
reported on line 10a.)			10b		^		
C Was the plan covered by a fidelity bond?			10c	X			500000
d 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 some	ner persons ne or all of t	by an insurance he benefits under	100	X			4497
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the pla			10e	^	V		4497
			101	.,	X		
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g	X			6413
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		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			10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of EF	RISA? Yes X No

	F	orm 5500-SF 2015 Page 3 - 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)		13c(3) 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 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).

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

Part I	Annual Report	Identification Information	1						
For calenda	calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015								
A This reto	urn/report is for:	X a single-employer plan a one-participant plan		lan (not multiemployer) aployer information in ac					
B This retu	rn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check b	ox if filing under:		automatic extension		DFVC pro	gram			
Part II	Rasic Plan Info	ormation—enter all requested in	1 /						
1a Name		ormation—enter an requested in	normation		1b Three-digit				
		URANCE 401K PROFIT SHARING	S PLAN & TRUST		plan number (PN)	001			
					1c Effective date 01/01/2007	of plan			
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.		uctions)	2b Employer Iden (EIN) 59-1801				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NENEZIAN & ASSOCIATES INSURANCE AGENCY, INC.				uctions)	2c Sponsor's telephone number (305) 512-3103				
8181 NW 15	4 ST STE 230				2d Business code 524210	e (see instructions)			
MIAMI LAKE	S, FL 33016-5882								
3a Plan ac	dministrator's name a	and address X Same as Plan Spor	isor.		3b Administrator's	s EIN			
					3c Administrator's	s telephone number			
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
a Sponso	·				4c PN				
5a Total r	number of participant	s at the beginning of the plan year.			5a	41			
b Total r	number of participant	s at the end of the plan year		•••••••	5b	45			
		account balances as of the end o			5c	79			
d(1) Tota	al number of active pa	articipants at the beginning of the p	olan year		5d(1)	37			
d(2) Tota	al number of active p	articipants at the end of the plan ye	ear		5d(2)	42			
than '	100% vested	t terminated employment during th			5e	0			
Under pena SB or Sche	alties of perjury and o	or incomplete filing of this retuing of the retuing the penalties set forth in the instrument signed by an enrolled actuary, aplete.	actions, I declare that I have	examined this return/re	port, including, if app				
SIGN	()	1	DX/26/16	Oscar Seikaly					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan a	dministrator			
SIGN HERE					700				
		oyer/plan sponsor name, if applicable) and address (Date	Enter name of individ	lual signing as emplo Preparer's telephor	Account to the last of the las			
i repaiers	mane (motioning intil	mamo, ii applicable) and address (moduc room of suite number	A	Treparer s telephor	к нипрог			

		Page 2					
 Were all of the plan's assets during the plan year invested in eligib 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 cann 	an independe and condition	nt qualified public ac s.)	counta	ant (IQI	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities	EU STEEL	(a) Beginning	of Yes	ır			(b) End of Year
a Total plan assets	7a		10324				1174147
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	1	10324	8		3/13/5	1174147
8 Income, Expenses, and Transfers for this Plan Year	NAME OF THE OWNER OWNER OF THE OWNER O	(a) Amour	nt	-			(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		5161	5			
(2) Participants	8a(2)		8157	3			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b	0.000	-3308	4			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						100104
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2882	3			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		38	2			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		29205
Net income (loss) (subtract line 8h from line 8c)	8i						70899
Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j						
B If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan	Chara	cteristi	o Cod	-	
Part V Compliance Questions	-				- Cou	es in the	e instructions;
Part V Compliance Questions 10 During the plan year:			-	Yes	No	es in the	Amount
	oluntary Fidu	ciary Correction	10a				
During the plan year: a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fidu	uciary Correction	10a		No X		
During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	oluntary Fidu?? (Do not inc	lude transactions		Yes	No		Amount
During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidu?? (Do not inc	lude transactions	10a		No X		
During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	? (Do not inc	lude transactions that was caused	10a	Yes	No X		Amount
During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond?	? (Do not inc	that was caused y an insurance benefits under	10a 10b 10c	Yes	No X		Amount
During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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? Were any fees or commissions paid to any brokers, agents, or other plan's party-in-interest reported on the plan have a loss.	? (Do not inc	that was caused y an insurance benefits under	10a 10b 10c 10d	Yes	No X		Amount 500000
 During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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? 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.) Has the plan failed to provide any benefit when due under the plan 	? (Do not inc	that was caused y an insurance benefits under	10a 10b 10c 10d 10e	Yes X	No X X		Amount 500000 4497
 During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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? 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.) Has the plan failed to provide any benefit when due under the plangoid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 	? (Do not inc	that was caused y an insurance benefits under	10a 10b 10c 10d	Yes	No X X		Amount 500000
 During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 	fidelity bond, ner persons bee or all of the	that was caused y an insurance benefits under	10a 10b 10c 10d 10e 10f 10g	Yes X	No X X X		Amount 500000 4497
 During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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? 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,) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a lf 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 plan in the plan in the provided the provided the provided the plan in the provided the provided the plan in the provided the plan in the plan	fidelity bond, ner persons bee or all of the soft year end (See instruction he required n 1-3	that was caused y an insurance benefits under ons and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h	Yes X	No X X X		Amount 500000 4497
 During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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? Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a lf 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 2520.10 Did the plan trust incur unrelated business taxable income? 	fidelity bond, ner persons bee or all of the soft year end (See instruction he required n 1-3	that was caused y an insurance benefits under ons and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes X	No X X X		Amount 500000 4497
 During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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? 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.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a lf 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 2520.10 Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	fidelity bond, ner persons been all of the s of year end (See instruction the required notes) the required notes are required notes.	that was caused y an insurance benefits under ons and 29 CFR otice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	X	X X X	N/A	Amount 500000 4497 6413
 During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 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? 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.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a lf 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 2520.10 Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance 	fidelity bond, ner persons bee or all of the soft year end (See instruction required in 1-3	that was caused y an insurance benefits under ons and 29 CFR otice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	X	No X X X X	N/A	Amount 500000 4497 6413

	Form 5500-SF 2015 Page 3 - 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 insigranting the waiver.	tructions, and e lonth	nter the		ne letter rul Year	ing	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.		1			
bı	Enter the minimum required contribution for this plan year		12b				
C E	nter the amount contributed by the employer to the plan for this plan year		12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part \	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	No No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?		ntrol		Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
1	3c(1) Name of plan(s):	13c(2) [EIN(s)		13c(3) F	N(s)	
Part	VIII Trust Information						
14a N	lame of trust		14b	Trust's EIN			
14c	Name of trustee or custodian		14d	Trustee's telephone	or custodia number	an's	
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Ye	es	No		
15b	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)?	l employer	bi	esign- ased safe arbor aethod	ADF test	P/ACP	
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	Ye	es	No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio percentage test			Average benefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Ye	es	No		
17a	Has the plan been timely amended for all required tax law changes?		Ye	es	No	N/A	
	Date the last plan amendment/restatement for the required tax law changes was adoptedfor tax law changes and codes).	Enter the a	pplicat	le code _	(See in	structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial	number				or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		the pla	n's last fav	orable		
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Ye	s	No		
19	Were in-service distributions made during the plan year?		Ye	es	No		
	If "Yes," enter amount		19				
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of what retired), as required under section 401(a)(9)?		Y	es	No	□ N/A	