Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

HERE

SIGN HERE Filed with authorized/valid electronic signature.

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

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

Signature of plan administrator

Signature of employer/plan sponsor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Р	art I An	nual Report Id	lentification Information										
Fo	calendar plar	n year 2015 or fisca	al plan year beginning 01/01/2	2015 and ending 12	2/31/2015								
Α	This return/re	port is for:	a single-employer plan a one-participant plan		olan (not multiemployer) (Filers checking this box must attach a nployer information in accordance with the form instructions)								
В	This return/rep	port is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nan 12 months)								
С	Check box if t	filing under:	Form 5558 special extension (enter descr	automatic extension DFVC program escription)									
Р	art II Ba	sic Plan Inforr		formation									
1a	Name of plan		·		1b Three-d plan nui	mber	004						
					1c Effective		f plan 1/2012						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DYNAX CORPORATION						2b Employer Identification Number (EIN) 06-1319124 2c Sponsor's telephone number 914-764-0202							
P. O. BOX 285 POUND RIDGE, NY 10576					2d Business code (see instructions) 541990								
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number													
4			olan sponsor has changed since per from the last return/report.	the last return/report filed for this plan, enter the	4b EIN								
a	Sponsor's na	ame			4c PN								
5a	Total number	er of participants at	the beginning of the plan year		5a		11						
b			· ·		5b		11						
С		•	count balances as of the end of	the plan year (defined benefit plans do not	5c		11						
d	(1) Total num	ber of active partic	cipants at the beginning of the plants	an year	5d(1)		10						
	. ,	•	•	ar	5d(2)		10						
	than 100%	vested		plan year with accrued benefits that were less	5e		0						
				n/report will be assessed unless reasonable cau			able a Oakaalal						
SB	or Schedule I		signed by an enrolled actuary, a	ctions, I declare that I have examined this return/reports well as the electronic version of this return/report									

08/31/2016

Date

Date

EDUARD K. KLEINER

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No	1	Not dete	ermined
Par	t III Financial Information	1	<u> </u>			1					
7	Plan Assets and Liabilities		(a) Beginning	•				(b) E	nd of	Year	
	Total plan assets	. 7a		738	947	-				994	1820
	Total plan liabilities	7b		720	10.47	-				00/	1000
	Net plan assets (subtract line 7b from line 7a)	7c	(2) A		947				\ T - 4		1820
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				(D) Tot	aı	
	(1) Employers	8a(1)	Ba(1) 88432								
	(2) Participants	8a(2)	a(2) 17784								
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	. 8b			966						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								267	7240
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		11	367						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f .	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								11	1367
	Net income (loss) (subtract line 8h from line 8c)	8i								255	5873
j	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2R 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the inst	truction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uction	าร:	
Part	V Compliance Questions					1	1	ı			
10	During the plan year:				Yes	No	N/A		-	Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c		X					
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		X					
f	Has the plan failed to provide any benefit when due under the pla			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	uctions 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	he require	d notice or one of the	10ii							
j	Did the plan trust incur unrelated business taxable income?			10j		X					
Part	VI Pension Funding Compliance			•	•						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	es X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	·	Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 1									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
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 VII Plan Terminations and Transfers of Assets										
	13a Has a resolution to terminate the plan been adopted in any plan year?										
		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 Trust's EIN							
14c	Name	of trustee or custodian		14d Trustee's or custodian's							
	140 Name of trustee of custodian						telephone number				
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)?		Design- based safe ADP/ACP harbor test method							
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 section 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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	art I Annual Repor	l Identification Information						
For	calendar plan year 2015 or f	iscal plan year beginning	01/01/2015 and ending	12/31	/2015			
В	This return/report is for: This return/report is: Check box if filing under:	 a single-employer plan a one-participant plan the first return/report an amended return/report Form 5558 special extension (enter descr 	a multiple-employer plan (not multiemployer) (a list of participating employer information in a a foreign plan the final return/report a short plan year return/report (less than 12 m automatic extension iption)	onths)				
n	ert II Pacia Plan Inf	Ш.						
-	Name of plan	ormation enter all requested PROFIT-SHARING PLAN	information	(PN)	number ▶ 004			
					tive date of plan 01/2012			
2a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street or P.C nce, country, and ZIP or foreign posi). Box)	2b Employer Identification Number (EIN) 06-1319124				
	DYNAX CORPORATION	2c Sponsor's telephone number (914) 764-0202						
	P. O. BOX 285			2d Business code (see instructions) 541990				
	US POUND RIDGE NY 10576							
3a	Plan administrator's name	and address 🗵 Same as Plan Sp	onsor Name	3b Admi	inistrator's EIN			
				3c Adm	inistrator's telephone number			
4		he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
а	Sponsor's name			4c PN				
5a	Total number of participant	s at the beginning of the plan year		5a	11			
b	Total number of participant	s at the end of the plan year		5b	11			
С			the plan year (defined benefit plans do not	5c	11			
d	(1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1)	10			
d	• •		ar	5d(2)	10			
е			plan year with accrued benefits that were	5e	0			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete.										
SIGN	MIL Lie	EDUARD K. KLEINI	EDUARD K. KLEINER							
HERE	Signature of plan administrator	Enter name of individua	lividual signing as plan administrator							
SIGN	HT Xers		EDUARD K. KLEINER							
	Signature of employer/plan sponsor	Enter name of individua	name of individual signing as employer or plan sponsor							
Prepare	r's name (including firm name, if applicable) and address; include	per	Preparer's telephone number							

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6a v	Vere all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)						X Yes	□No
u	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								x Yes	No
l1	you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must ins							
c li	the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	n 402	21)?	[Yes	No	Not de	termined
Par	t III Financial Information									
7 F	lan Assets and Liabilities		(a) Beginning of	Yea	<u>r</u>			(b) End o	of Year	
								994,	820	
	Net plan assets (subtract line 7b from line 7a)						(b) T	994,	820	
	Contributions received or receivable from:		(a) Amount					(0) 1	Otai	
(1) Employers	8a(1)		88,4						
	2) Participants	8a(2)	17	7,8	42					
 ,	3) Others (including rollovers)	8a(3)				-				
	Other income (loss)	8b		9	66					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Something the Control of						267,	240
•	provide benefits)	8d	1	1,3	67					
e (Certain deemed and/or corrective distributions (see instructions)	8e								100
<u>f</u> /	dministrative service providers (salaries, fees, commissions)	8f			************					
g	Other expenses	8g								100
<u>h 1</u>	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							11,	
<u>i 1</u>	let income (loss) (subtract line 8h from line 8c)	8i							255,	873
	ransfers to (from) the plan (see instructions)	8j								
233920000000000000000000000000000000000	t IV Plan Characteristics									
9a 1	f the plan provides pension benefits, enter the applicable pension f	eature cod	es from the List of Plan C	harac	teristi	ic Cod	les in th	ne instruct	ions:	
_	2E 2J 2R 3D									
b i	f the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Ch	aract	eristic	Code	es in the	nstructio	ons:	
	41/ Compliance Questions							***************************************	.,,	
Par 10	t V Compliance Questions During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		103	140	1417-		Amount	
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi									
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest			406		x				
	reported on line 10a.)			10b 10c		x				
<u>c</u>	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's		·····	100		┝┷				
u	by fraud or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or ot									
	carrier, insurance service, or other organization that provides somethe plan? (See instructions.)			10e		х				
f	Has the plan failed to provide any benefit when due under the pla			10f		x				
						┼─				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		······································	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?	•••••		10j		x				
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Yes	s X No
11a	Enter the unpaid minimum required contribution for current year f						11a			
	Is this a defined contribution plan subject to the minimum funding						302 of I	ERISA?	Yes	x No

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	(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 instructions, and enter the date of the letter ruling granting the waiver. Month Day Year										
	If you completed 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							
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 negative amount)	a minus sign to th	ne left of a	12d						
———	Will the minimum funding amount reported on line 12d be met by the funding deadling] []	Yes [□ No □] N/A				
Part										
13a	Has a resolution to terminate the plan been adopted in any plan year?		es 🗵 N	o						
	If "Yes," 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 an of the PBGC?				[☐ Yes [X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)									
	3c(1) Name of plan(s):		130	(2) EIN	(s)	13c(3)	PN(s)			
	oot y reality.			<u>, , , , , , , , , , , , , , , , , , , </u>						
	SSSSAGOSCASC									
Part	VIII Trust Information			T						
14a	Name of trust			14b Trust's EIN						
140	Name of trustee or custodian			14d Trustee or custodian's						
170	Name of trustee of outloadin			telephone number						
	IDC Compliance Overtions			<u> </u>						
Par	t IX IRS Compliance Questions			ļ		,				
15a	Is the plan a 401(k) plan:		•••••	Yes No						
15h	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for em	nlovee deferrals	and employer	Design- based safe ADP/ACP						
130	matching contributions (as applicable) under sections $401(k)(3)$ and $401(m)(2)$?									
				Thethod						
15c	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using method!! for pophishly companyed ampleyons (Trops, Pop, section 1.401(k)			☐ Ye	s	☐ No				
	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k 2(a)(2)(ii))?									
				┌ Ra		Avera				
16a	Check the box to indicate the method used by the plan to satisfy the coverage require	rements under se	ection 410(b):	Pe Te	rcentage		fit Test			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by c		☐ Ye		☐ No				
17a	Has the Plan been timely amended for all required law changes?			☐ Ye	s	☐ No	□ N/A			
17k	Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).	adopted/_	_/Enter th	e applic	able code	(Se	е			
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volu		to a favo	rable IRS	opinion or	7				
17c	If the plan is an individually-designed plan and recieved a favorable determination le	<u>ne letter's serial r</u> tter from IRS, pl	number. ease enter the da	te of pla	n's last fa	vorable	**************************************			
18	determination letter / / Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS/made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	A section 1022(i)	(2) has been	∏ Ye		□ No				
40	Were in-service distributions made during the plan year?		J 10.01.40/.	∏ Ye		□ No				
19			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	If Yes, enter amount			19						
20	Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?			Ye	S	∐ No	N/A			