## 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		dentification information	<u> </u>								
For calend	lar plan year 2015 or fisc	cal plan year beginning 01/01/2	<u>2015</u>	and ending 12	2/31/2015						
A This re	turn/report is for:	x a single-employer plan		plan (not multiemployer) mployer information in ac							
		a one-participant plan	a foreign plan			,					
<b>B</b> This ret	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram					
		special extension (enter desc									
Part II		mation—enter all requested in	formation		Ι	1					
1a Name QUEST ME	•	NC. PROFIT SHARING PLAN AN	ND TRUST		<b>1b</b> Three-digit plan number (PN) ▶	001					
					1c Effective date	e of plan					
22 Plan a	ananaar'a nama (amplay	or if for a single employer plan)				1/01/2013					
		er, if for a single-employer plan) n, apt., suite no. and street, or P.0	D. Box)		2b Employer Ide (EIN) 20	ntification Number 0-8342005					
	r town, state or province DICAL EQUIPMENT, IN	country, and ZIP or foreign post	tal code (if foreign, see ins	tructions)	<b>2c</b> Sponsor's tel						
						e (see instructions)					
SARASOTA	OSIDE ROAD , FL 34242				54	11990					
					_						
3a Plan a	administrator's name and	d address XSame as Plan Spon	sor.		<b>3b</b> Administrator	's EIN					
					<b>3c</b> Administrator	's telephone number					
		plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN						
	e, EIN, and the plan num sor's name	ber from the last return/report.			4c PN						
<del></del>		at the beginning of the plan year			5a	3					
_		at the end of the plan year			5b	3					
		ccount balances as of the end of									
					5c	3					
<b>d(1)</b> Tot	tal number of active part	icipants at the beginning of the p	lan year		5d(1)	3					
		ticipants at the end of the plan ye			5d(2)	3					
than	100% vested	erminated employment during the			5e	0					
		r incomplete filing of this retur				oliophia a Cabadula					
SB or Sche		er penalties set forth in the instru d signed by an enrolled actuary, a lete.									
SIGN	Filed with authorized/v	ralid electronic signature.	10/04/2016	JOHN P. SOBCZAK							
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing as plan a	administrator					
SIGN											
HERE Signature of employer/plan sponsor Date Enter name of				Enter name of individ	dividual signing as employer or plan sponsor						
Preparer's		nme, if applicable) and address (in	nclude room or suite numb		Preparer's telepho						

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of 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</li></ul>	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	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	No Not	determined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End of Ye	
a Total plan assets	7a		167	734	-			197463
<b>b</b> Total plan liabilities	7b		167	0				0
Net plan assets (subtract line 7b from line 7a)      Income. Expenses, and Transfers for this Plan Year	7c	(a) A		734			(b) T-1-1	197463
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)		31	469				
(2) Participants	8a(2)		12	588				
(3) Others (including rollovers)	8a(3)			0				
<b>b</b> Other income (loss)	8b		2	572				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							46629
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16	725				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			175				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							16900
i Net income (loss) (subtract line 8h from line 8c)	8i							29729
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	e instructions	s:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	as from the List of Pla	n Char	octorist	ic Coc	les in the	instructions:	
If the plan provides well are benefits, effect the applicable well are to	catare coat	23 HOM the List of Flat	ii Onaie	actorist	.10 000	103 111 1110	, mondonono.	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Am	ount
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 Fi	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest			4.01		X			
reported on line 10a.)			10b		^			
C Was the plan covered by a fidelity bond?			10c	X				25000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons	by an insurance he benefits under			X			
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the pla			10e					
			10f		X			
g 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		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					-	<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years from						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 El	RISA?	Yes 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 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)?		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).

▶ 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 Repor	t Identification Information	)					
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015 and ending	12/31/2015				
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a					
	a one-participant plan	a foreign plan		·			
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year return/report (less than 12 n	nonths)				
C Check box if filing under:	X Form 5558	automatic extension	DFVC program				
	special extension (enter desc						
	ormation—enter all requested in	formation					
	ment, Inc. Profit Sha	ring Plan	<b>1b</b> Three-digit plan number				
and Trust				01			
			1c Effective date of plan 01/01/2013				
Mailing address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)	2b Employer Identification (EIN) 20-834200				
Quest Medical Equip		tal code (if foreign, see instructions)	2c Sponsor's telephone number (412) 445-4455				
			2d Business code (see ins				
4568 Woodside Road		•	541990	ni dollons)			
Sarasota		FL 34242					
3a Plan administrator's name a	and address XSame as Plan Spon		3b Administrator's EIN				
			3c Administrator's telepho				
			7 Administrator 3 teleprio	The marriage			
4 If the name and/or EIN of the name, EIN, and the plan no	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
a Sponsor's name			4c PN				
5a Total number of participant	s at the beginning of the plan year.		5a	3			
			1	3			
C Number of participants with	account balances as of the end of	the plan year (defined benefit plans do not	5c	3			
		lan year	5d(1)	3			
		ar	5d(2)	3			
		e plan year with accrued benefits that were less					
than 100% yested.)		plan year was accraca perions that were less	5e	0			
Caution: A penalty for the late	or incomplete/filing of this retur	n/report will be assessed unless reasonable ca	use is established.				
SB or Schedule MB completed a belief, it is true, correct, and completed a	and sighed bly als enrolled actuary.	ctions, I declare that I have examined this return/reas well as the electronic version of this return/repo	eport, including, if applicable, a rt, and to the best of my knowle	Schedule edge and			
SIGN HERE		- 10 3/16 John P. Sobc	zak				
Signature of plan	administrator /	Date Enter name of individ	lual signing as plan administra	itor			
SIGN C	-4.X-	/ 10/3/16 John P. Sobe:	zak				
ু সাব্যারি তার empl		Date Enter name of individ	lual signing as employer or pla				
rieparer s name (including firm	name, if applicable) and address (ir	nclude room or suite number)	Preparer's telephone numbe	ır			

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6a Were all of the plan's assets during the plan year invested in eligi b Are you claiming a waiver of the annual examination and report or under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	f an indeper and cond not use F	endent qualified public itions.) orm 5500-SF and mus	accoun st inste	tant (IC	QPA) • Forn	n 5500.	Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC  Part III Financial Information	insurance	program (see ERISA s	ection 4	1021)?	······ <u>L</u>	Yes	No Not determined
	Talka sa						
7 Plan Assets and Liabilities		(a) Beginnin		ar 7,73	4		(b) End of Year 197, 463
a Total plan assets      b Total plan liabilities	T		1. 0		0		107,400
C Net plan assets (subtract line 7b from line 7a)	. 7b . 7c		16	7,73	<u> </u>		197,463
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo		7,73	1		(b) Total
a Contributions received or receivable from:	1	(a) Amo	unt		1000		(b) rotai
(1) Employers	. 8a(1)		3	1,46	9		
(2) Participants	. 8a(2)		1	2,58	8		
(3) Others (including rollovers)	. 8a(3)				0		
b Other income (loss)	. 8b		******	2 <b>,</b> 57	2		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      Benefits paid (including direct rollovers and insurance premiums).	. 8c		13.3			era grandere	46,629
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1	6 <b>,</b> 72	5		
e Certain deemed and/or corrective distributions (see instructions)	. 8e				0		
f Administrative service providers (salaries, fees, commissions)	. 8f		***************************************	17	5		
g Other expenses	8g				0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)							16,900
i Net income (loss) (subtract line 8h from line 8c)						29,	
j Transfers to (from) the plan (see instructions)	- 8i		************		0		
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D  B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable pension 2E 2F 2F 2G 2J 2K 3D							
10 During the plan year:				Yes	No		
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	/oluntary F	iduciary Correction				N/A	Amount
b Were there any nonexempt transactions with any party-in-interes	t2 (Do not		10a		Х	N/A	Amount
reported on line 10a.)	ו: (בט ווטנ	include transactions				N/A	Amount
		include transactions	10a 10b		Х	N/A	Amount
C Was the plan covered by a fidelity bond?		include transactions		X		N/A	Amount 25,000
C Was the plan covered by a fidelity bond?	fidelity bo	include transactions	10b	X		N/A	
C Was the plan covered by a fidelity bond?      d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?      e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son	fidelity bo	nd, that was caused s by an insurance the benefits under	10b 10c	Х	Х	N/A	
C 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 otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	fidelity bo ner person ne or all of	nd, that was caused s by an insurance the benefits under	10b 10c 10d	X	X	N/A	
C Was the plan covered by a fidelity bond?      d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?      e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)      f Has the plan failed to provide any benefit when due under the plantage.	fidelity bo	nd, that was caused s by an insurance the benefits under	10b 10c 10d 10e 10f	X	X X X	N/A	
C Was the plan covered by a fidelity bond?      d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?      e Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)      f Has the plan failed to provide any benefit when due under the planged Did the plan have any participant loans? (If "Yes," enter amount a half this is an individual account plan, was there a blackout period?	fidelity bo her person he or all of her? here of year of	nd, that was caused s by an insurance the benefits under	10b 10c 10d 10e 10f 10g	X	X X X X	N/A	
<ul> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the planged by Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided to the plan have any participant loans?</li> </ul>	fidelity bo her person he or all of nn? s of year of	nd, that was caused s by an insurance the benefits under end.)	10b 10c 10d 10e 10f	X	X X X	N/A	
C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan g 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.)  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	fidelity bo her person he or all of in? s of year e (See instru he required	nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X	N/A	
C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  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  j Did the plan trust incur unrelated business taxable income?	fidelity bo her person he or all of in? s of year e (See instru he required	nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR	10b 10c 10d 10e 10f 10g 10h	X	X X X X	N/A	
C Was the plan covered by a fidelity bond?      d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?      e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)      f Has the plan failed to provide any benefit when due under the plange Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)      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      j Did the plan trust incur unrelated business taxable income?  Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirem	fidelity bo her person he or all of her so of year of (See instruction he required 1-3	nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i 10j	nplete	X X X X X X Sched	ule SB	25,000
C Was the plan covered by a fidelity bond?      d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?      e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)      f Has the plan failed to provide any benefit when due under the plange Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)      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      j Did the plan trust incur unrelated business taxable income?  Part VI Pension Funding Compliance	fidelity bo her person he or all of in? is of year e (See instru he required 1-3. hents? (If "	nd, that was caused s by an insurance the benefits under end.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i 10j	nplete	X X X X X X SSched	lule SB	25,000

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	s, and e	enter the Day	date of t	he letter r Year	uling
1	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
	Enter the minimum required contribution for this plan year		12b			
	Enter 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 left of a negative amount)		12d			
E	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Pari	VII Plan Terminations and Transfers of Assets					
13	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	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 another plan, or brought unde of the PBGC?	r the co	ontrol		Yes 🛚	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planting this plan to another planting this plan to another planting the planting this planting t	an(s) to				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Par	t VIII Trust Information					
14a	Name of trust		<b>14b</b> Tru	ust's EIN		
140	Name of trustee or custodian			rustee's elephone	or custodi number	an's
Par	t IX IRS Compliance Questions					
15a	I s the plan a 401(k) plan?		Yes		No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Des base harb meth	ed safe oor	ADF test	P/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current ye testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b	):	Ration Perconnection	o entage	Ave	erage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes		No	
17a	I Has the plan been timely amended for all required tax law changes?		Yes		No	☐ N/A
	for tax law changes and codes).		olicable co		_(See inst	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number			•		or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter		he plan's	last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)	n ?	Yes		No	
19	Were in-service distributions made during the plan year?		Yes		No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whether or retired), as required under section 401(a)(9)?	not	Yes		□ No	□ N/A