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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part	Annual Report	Identification Information							
For cale	ndar plan year 2015 or fi	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/20	015				
A This	return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	•	•				
B This	return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)					
C Che	ck box if filing under:	X Form 5558 special extension (enter description)	automatic extension		DFVC progr	ram			
Part I	I Basic Plan Info	ormation—enter all requested in	formation						
	ne of plan DLO INTERNATIONAL, L	LC EMPLOYEES 401K RETIREME	ENT PLAN	1b	Three-digit plan number (PN)	001			
				1c	Effective date of 01/0	[:] plan 1/1993			
Mai	ling address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	,	2b	Employer Identif (EIN) 13-4	ication Number 121066			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IMODOLO INTERNATIONAL, LLC					2c Sponsor's telephone number 212-826-3600				
10 GREE JUITE 80 IEW YOF				2d	Business code (,			
3a Plai	n administrator's name a	nd address Same as Plan Spons	sor.	3b	Administrator's I	EIN			
				3с	Administrator's t	elephone number			
naı	me, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b					
a Spo	onsor's name			4c	ı				
5a Tot	al number of participants	s at the beginning of the plan year		5		22			
b Tot	al number of participants	s at the end of the plan year		51	b	22			
			the plan year (defined benefit plans do not	5		16			
d(1)	Total number of active pa	articipants at the beginning of the pl	an year	5d((1)	7			
d(2)	Total number of active pa	articipants at the end of the plan yea	ar	5d((2)	7			
tha	an 100% vested		plan year with accrued benefits that were less	5		0			
		<u> </u>	n/report will be assessed unless reasonable cau			-1-10-1-1-1			
under p	enaities of perjury and of	tner penaities set forth in the instruc	ctions, I declare that I have examined this return/rep	port, ir	iciuaing, it applic	abie, a Schedule			

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.

	Filed with authorized/valid electronic signature.	10/05/2016	DONA SHARMAT			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor Date Enter name of in			ual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number		

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 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 indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	rogram (see ERISA se	ection 4	021)? .		Yes	No Not determi	ned
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year	
a Total plan assets	7a		835	725			839202	2
b Total plan liabilities	7b		005	705			00000	
C Net plan assets (subtract line 7b from line 7a)	7c			725			839202	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)							
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		7	337				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7337	7
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		3	8860				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3860)
i Net income (loss) (subtract line 8h from line 8c)	8i						3477	7
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 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instructions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Char	acterist	ic Cod	les in the	e instructions:	
— In the plant provides we have believed, other the applicable we have	odialo oodi	oo nom the List of Fra	ii Onait	20101101	10 000		mon donorio.	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
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 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				75000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persons	s by an insurance the benefits under			X			
the plan? (See instructions.)			10e					
f Has the plan failed to provide any benefit when due under the plan			10f		Χ			
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.	ne required	notice or one of the	10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			٠٠,	1				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								No
11a Enter the unpaid minimum required contribution for all years from						11a	<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding							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	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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a									
		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		
	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 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

		Identification Informatio							
For calend	ar plan year 2015 or fis	scal plan year beginning	01/01/2015	and ending	12/31/20	15			
A This re	turn/report is for:	a single-employer plan	a multiple-employer pl list of participating em						
		a one-participant plan	a foreign plan						
B This reti	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12	months)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter des							
Part II		rmation—enter all requested in	nformation						
1a Name DIMODOI		NAL, LLC EMPLOYEES 4	01K RETIREMENT PL	AN	1b Three-digit plan number (PN) ▶	001			
					1c Effective date 01/01/19				
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.	O. Box)		2b Employer Idea (EIN) 13-4	ntification Number			
	town, state or province olo Internatio	e, country, and ZIP or foreign pos onal, Llc	stal code (if foreign, see instr	uctions)	2c Sponsor's tel- 212-826-	ephone number			
110 Gr	reene St				2d Business cod				
Suite					423990				
New Yo	rk	NY 10012							
3a Plan a	dministrator's name an	nd address XSame as Plan Spor	nsor,		3b Administrator's EIN				
A 1645-									
name	EIN, and the plan nur	e plan sponsor has changed since nber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN				
name, a Spons	EIN, and the plan nur or's name	mber from the last return/report.			4c PN				
a Sponso	EIN, and the plan nur or's name number of participants	nber from the last return/report.			4c PN 5a	22			
name a Sponse 5a Total r b Total r	EIN, and the plan nur or's name number of participants number of participants	at the beginning of the plan year at the end of the plan year			4c PN 5a	22			
a Sponso 5a Total r b Total r c Number	EIN, and the plan nur or's name number of participants number of participants er of participants with a	nber from the last return/report.	f the plan year (defined bene	fit plans do not	4c PN 5a 5b				
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name, a Sponso 5a Total r b Total r C Number comple d(1) Total	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete 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 account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year.	f the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c 5d(1)	22 16			
name, a Sponso 5a Total n b Total n c Numbe compl d(1) Tota d(2) Tota e Numb	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the beginning of the pricipants at the end of the plan year terminated employment during the	f the plan year (defined bene blan year earear with accrued ben	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	22 16 7			
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name, a Sponso 5a Total r b Total r c Number compl d(1) Total d(2) Total e Number than Caution: A Under pena SB or Sche	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item) al number of active par er of participants that 100% vested penalty for the late of dule MB completed an	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year tricipants at the end of the plan year tricipants at the end of the plan year terminated employment during the princomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary,	f the plan year (defined bene plan yearearee plan year with accrued bene prn/report will be assessed unctions, I declare that I have to	fit plans do not efits that were less unless reasonable caexamined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if app	22 16 7 7 0 licable, a Schedule			
name, a Sponso 5a Total r b Total r C Number compl d(1) Total r d(2) Total r e Number than r Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item) al number of active par er of participants that 100% vested penalty for the late o	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year tricipants at the end of the plan year tricipants at the end of the plan year terminated employment during the princomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary,	f the plan year (defined bene plan yearearee plan year with accrued bene prn/report will be assessed unctions, I declare that I have to	fit plans do not efits that were less unless reasonable caexamined this return/re	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if app	22 16 7 7 0 licable, a Schedule			
name, a Sponso 5a Total r b Total r C Number compl d(1) Total d(2) Total e Number than Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item) al number of active par er of participants that 100% vested penalty for the late of dule MB completed an	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year tricipants at the end of the plan year tricipants at the end of the plan year terminated employment during the princomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, plete.	f the plan year (defined bene plan yearearee plan year with accrued bene prn/report will be assessed unctions, I declare that I have to	fit plans do not nefits that were less unless reasonable ca examined this return/resion of this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if app	22 16 7 7 0 licable, a Schedule hy knowledge and			
name, a Sponso 5a Total r b Total r c Number compl d(1) Total r d(2) Total r e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item) al number of active par er of participants that loo% vested penalty for the late of the completed an rue, correct, and comp Signature of plan ac	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the plans at the beginning of the participants at the end of the plan year tricipants at the end of the plan year terminated employment during the prince penalties set forth in the instruction of the plans at the plans of this return the plant is set forth in the instruction of the plans at the plant is the prince penalties set forth in the instruction of the plant is the plant in the instruction of the plant is the plant in th	olan year (defined bene olan year eare plan year with accrued bene orn/report will be assessed unctions, I declare that I have a	fit plans do not nefits that were less unless reasonable ca examined this return/resion of this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e seport, including, if apport, and to the best of response to the second of the secon	22 16 7 7 0 licable, a Schedule hy knowledge and			
name, a Spons. 5a Total r b Total r C Number compl d(1) Total r d(2) Total r e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete 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 tricipants at the beginning of the participants at the end of the plan year terminated employment during the principal set of the plan year incomplete filing of this returner penalties set forth in the instruction of the plan year penalties set forth in the instruction of the plan year penalties.	of the plan year (defined bene blan year	intername of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if apport, and to the best of reduced the second dual signing as plan and dual signing as emplo	16 7 7 0 licable, a Schedule ny knowledge and dministrator			
name, a Spons. 5a Total r b Total r C Number completed (1) Total r d (2) Total r e Number than a Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the plans at the beginning of the participants at the end of the plan year tricipants at the end of the plan year terminated employment during the prince penalties set forth in the instruction of the plans at the plans of this return the plant is set forth in the instruction of the plans at the plant is the prince penalties set forth in the instruction of the plant is the plant in the instruction of the plant is the plant in th	of the plan year (defined bene blan year	intername of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if apport, and to the best of reduced the second dual signing as plan a	16 7 7 0 licable, a Schedule ny knowledge and dministrator			
name, a Spons. 5a Total r b Total r C Number completed (1) Total r d (2) Total r e Number than a Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with a ete 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 tricipants at the beginning of the participants at the end of the plan year terminated employment during the principal set of the plan year incomplete filing of this returner penalties set forth in the instruction of the plan year penalties set forth in the instruction of the plan year penalties.	of the plan year (defined bene blan year	intername of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if apport, and to the best of reduced the second dual signing as plan and dual signing as emplo	16 7 7 0 licable, a Schedule ny knowledge and dministrator			

_	Form 5500-SF 2015		Page 2							
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 independ and condition of use Form	dent qualified public a ons.) m 5500-SF and mus	t inste	ad use	PA) Form	n 5500.		X Yes	
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	ogram (see ERISA se	ection 4	1021)?		Yes	No	Not deter	mined
Pa	t III Financial Information					_				
	Plan Assets and Liabilities		(a) Beginnin			_		(b) End o		
-	Total plan assets	7a		83	5,72	5			83	9,202
	Total plan liabilities	7b		0.2	E 70	E			0.2	0 202
8	Net plan assets (subtract line 7b from line 7a)	7c	704 40000		5,72	5				9,202
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amo	unt		+		(b) To	tai	THE STATE OF
	(1) Employers	8a(1)	WWW.							
	(2) Participants	8a(2)							46.31	
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b			7,33	7				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								7,337
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e				+				44.70
-	Administrative service providers (salaries, fees, commissions)	8f			3,86	0				
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)									3,860
1.0	Net income (loss) (subtract line 8h from line 8c)	8i								3,477
j	Transfers to (from) the plan (see instructions)	8j							THE R	
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for									
Parl										
10	During the plan year:				Yes	No	N/A	,	Amount	
а	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 Fid	luciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х				Ш	75,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	d, that was caused	10d		Х				
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.)	e or all of th	e benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as					Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruct	tions and 29 CFR	10g		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required r	notice or one of the	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)	ents? (If "Ye	es," see instructions	and cor	nplete	Sched	dule SB	(Form	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						302 of E	RISA?	Yes	X No

	Form 5500-SF 2015 Page 3 -				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver		er the date of Day	the letter ruling 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	1	2b		
С	Enter the amount contributed by the employer to the plan for this plan year	1	2c		
d	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)		2d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	in(s) to			
1	13c(1) Name of plan(s):	13c(2) EIN	l(s)	13c(3) PN(s)	
Part	t VIII Trust Information				
14a	Name of trust	14	1b Trust's E	N	
14c	Name of trustee or custodian	1		s or custodian's e number	
Part	t IX IRS Compliance Questions				
15a	Is the plan a 401(k) plan?	[Yes	No	
15b	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)?		Design- based safe harbor method	ADP/ACP test	
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	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b);	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 combining this plan with any other plans under the permissive aggregation rules?		Yes	No	
17a	Has the plan been timely amended for all required tax law changes?		Yes	□ No □ N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted Ent for tax law changes and codes).	er the app	olicable code	(See instructions	
	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 _				
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter		plan's last fa	avorable	
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)		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 ½ (regardless of whether or retired), as required under section 401(a)(9)?	not	Yes	□ No □ N/A	