## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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## 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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension Be	neill Guaranty Corporation	▶ Complete all entries in accord	rdance with the instr	uctions to the Form 550	0-SF.	·
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2015 or fis	cal plan year beginning 01/01/2015		and ending 12/3	31/2015	
A This retu	urn/report is for:			an (not multiemployer) (F ployer information in acco	_	
<b>B</b> This retu	rn/report is		he final return/report a short plan year returr	n/report (less than 12 mon	nths)	
C Check b	oox if filing under:	片	automatic extension		DFVC prog	gram
D ( II	Deele Blee Inte	special extension (enter description	<i>'</i>			
Part II		rmation—enter all requested informa	ition		41	
<b>1a</b> Name of FLORIDA EN		NABETES CENTER RETIREMENT PLA	AN		<b>1b</b> Three-digit plan number (PN) ▶	001
				•	1c Effective date of 01/0	of plan 01/2014
Mailing	address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box			<b>2b</b> Employer Ident (EIN) 46-2	ification Number 2301084
		e, country, and ZIP or foreign postal coo ABETES CENTER, LLC	de (If foreign, see instr	uctions)	2c Sponsor's telep	phone number 623-9913
				7	2d Business code	(see instructions)
	NGER CIRCLE RBOR, FL 34695				621	111
3a Plan ac	dministrator's name an	d address Same as Plan Sponsor.		;	<b>3b</b> Administrator's	EIN
				;	3c Administrator's	telephone number
4 If the n	ame and/or EIN of the	plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	<b>4b</b> EIN	
	EIN, and the plan num	nber from the last return/report.	·	_	4c PN	
<b>5a</b> Total n	number of participants	at the beginning of the plan year			5a	4
		at the end of the plan year		1	5b	4
C Number	er of participants with a	account balances as of the end of the p	lan year (defined bene	fit plans do not	5c	4
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the plan ye	ar		5d(1)	4
` '	·	ticipants at the end of the plan year			5d(2)	3
<b>e</b> Numb	er of participants that t	terminated employment during the plan	year with accrued ber	nefits that were less	5e	1
		or incomplete filing of this return/rep			e is established.	
SB or Sche		ner penalties set forth in the instructions and signed by an enrolled actuary, as we lete.				
SIGN	Filed with authorized/\	valid electronic signature.	10/03/2016	VENKATA BUDHARAJI	U	
HERE	Signature of plan ac	dministrator	Date	Enter name of individua	al signing as plan ad	ministrator

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page <b>2</b>								
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 indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and must	ccount	ant (IQ	PA)  <b>Form</b>	5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ction 4	021)?		Yes	No	N	lot dete	rmined
Par	t III   Financial Information	1	<u> </u>			1					
7	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of		
	Total plan assets	. 7a		57	7488					116	
	Total plan liabilities	7b			0					440	0
	Net plan assets (subtract line 7b from line 7a)	7c	(-) A		7488	11645					450
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	ınt				(E	) Tot	aı	
	(1) Employers	8a(1)		37	7908						
	(2) Participants	8a(2)		21	052						
	3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b			2						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								58	962
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
ii	Net income (loss) (subtract line 8h from line 8c)	. 8i								58	962
j	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in t	the ins	tructio	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 Cod	les in th	ne instr	uction	ns:	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		F	Mount	
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		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a					X					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X					
	2520.101-3.)			10h		^					
	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)									Ye	s 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	requireme	ents of section 412 of the	he Cod	e or se	ction 3	302 of E	RISA	·	Ye	s 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)		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		a 11 0
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

## OMB Nos. 1210-0110 1210-0009 Form 6600-SF Short Form Annual Return/Report of Small Employee Benefit Plan Department of the Treasury Internal Revenue Service 2015 This form is required to be filed under sections 104 and 4085 of the Employee Retirement income Security Act of 1874 (ERISA), and sections 6057(b) and 6058(a) of the Internal Department of Labor Employee Benefits Security Administration This Form is Open to Revenue Code (the Code). **Public Inspection** Penalan Benefil Guaranty Conscision Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 a single-employer plan a multiple-employer plan (not multiemployer). (Filers checking this box must attach a A This return/report is for; list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan The final return/report the first return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filling under: Form 5558 automatic extensión DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Fiorida Endocrinology & Diabetes Center Retirement Plan plan number 001 (PN) 1¢ Effective date of plan 01/01/2014 2a Plan sponsor's name (employer, if for a single-employer plan) 25 Employer Identification Number Mailing address (include room, apt., suits no. and street, or P.O. Box) City or town, state or province, country, and ZBP or foreign postal code (if foreign, see instructions) (EIN) 46-2301084 2¢ Spensor's telephone number Fiorida Endocrinology & Diabetes Center, LLC (727) 623-9913 2d Business code (see instructions) 621111 2314 Messenger Circle Safety Harbor, FL 34695 38 Plan administrator's name and address K Same as Plan Sponsor. 3b Administrator's EIN 3¢ Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a. Total number of participants at the beginning of the plan year... 5a b Total number of participants at the end of the plan year ..... 6b C. Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 4 5d(1) d(1) Total number of active participants at the baginning of the plan year 5d(2) d(2) Total number of active participants at the end of the plan year. e Number of participants that terminated employment during the plan year with accrued benefits that were less then 100% vasied. Caution: A penalty for the late or incomplete filling 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 exemined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an amount of the second control of this return/report, and to the best of my knowledge and 12/1/12 Venkata Budheraiu HERE Signature of plan adminish Date Enter name of individual signing as plan administrator SIGN Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number.) Preparer's telephone rumber

		Page 2					
Sa Were all of the plen's essets during the plan year invested in eligib	in necessary	Eas instrument à			<del></del> -		K Yes No
b Are you defining a waiver of the annual examination and report of	an independ	Sent qualified Aubile accou	ndand f	MODAL			_
under 29 CFR 2520.104-467 (See instructions on waiver etigibility If you answered "No" to either line 4s or line 8b, the plan came	and condition	)TE.)					K Yes [] No
C If the plan is a defined benefit plan, is it covered under the PBGC w						7 No. 1	har/malah fali :
Part III Financial Information		officers (See Favors or recon	4041)	171	***	110	HCL (CUS) 1.2420
7 Plan Assets and Liebēlčies					_		
	<del></del>	(a) Beginning of \	987 488	+		(b) End	of Year
Total plan assets     Total plan kebilities	7a		20				116450
C Net plan assets (subtract line 7b from (ine 7a)	76	57	488	+			116450
8 Income, Expenses, and Transfers for this Plan Year	70	<del>-</del>	100	-			
S Confidentions received or receivable from:		(a) Amount		-		<u>(b) 1</u>	<u> </u>
(1) Employers	Ba(t)	37	BOB				
(2) Participants	Ba(2)	21	052		_		
(3) Others (Including reliovers)	Ba(3)						
b Other Income (loss)	86		2				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	B¢						58962
d Benefits paid (including direct reliavans and insurance pramiums to provide benefits)	84						
Certain deemed and/or corrective distributions (see instructions)	80	<u> </u>					
f Administrative service providers (anlaries, fees, commissions)	86						
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	- 8h						
Net income (loss) (subtract line 8h from line 8c)	Bi						58962
Transfers to (from) the plan (see instructions)	84						
Part IV Plan Characteristics		<del></del>			_		
	feature cod	es from the List of Plan Ci	iş/acti	eristic Co	des in	the instru	cations:
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D  B if the plan provides welfare benefits, enter the applicable welfare f  Part V   Compliance Questions							
2A 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare f  Part V Compliance Questions			racter	istic Co			tions;
B if the plan provides welfare benefits, eriter the applicable welfare f  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any periodent contributes of the plan and policy.	Mature dode dions within foluntary Flo	s from the List of Pian Chi the time period duckary Correction	Ye	istic Co	ies In th		
B if the plan provides welfare benefits, eriter the applicable welfare if  Part V Compliance Questions  10 During the plan year:  3 Was there a failure to transmit to the plan any participant contributions.	Bature dode	the time period	Ye	istic Cod	ies In th		tions;
2A 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, erifer the applicable welfare f  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions of the plan and policy to the plan and policy t	leature dode dions within Journary Flo 17 (Do not in	the time period duckary Correction	Ye	istic Cor	ies In th		tions;
2A 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, erifer the applicable welfare if  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2810.3-102? (See Instructions and DOL's Vince there any nonexempt transactions with any party-in-interest reported on line 10s.).  C Was the plan covered by a fidelity bond?	hature code flore within fountary Fig. 17 (Do not in	the time period ductary Correction 100 chude transactions 100 100 100 100 100 100 100 100 100 10	Ye	istic Cod	ies In th		tions;
2A 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, errier the applicable welfare if  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2810.3-102? (See instructions and DOL's Northead in 29 CFR 2810.3-102?)  b Ware there any nonexempt transactions with any party-in-interest reported on line 10s.)	tions within foundary Fig. 17 (Do not in	the time period duckary Correction 100 thus transactions 100 d. that was caused	Ye	s No	ies In th		tions;
Part V Compliance Questions  10 During the plan year:  a Was there seliture to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See Instructions and DOL's vertically the plan covered by a feelity bond?  C Was the plan covered by a feelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's by traud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or officeries, insurance service, or officer organization that provides son	fliature dode  (flians within Joluntary Fix  17 (Do not in flidelity bone  flidelity bone  fix persons no or all of it	the time period ductary Correction 186 chude transactions 100 d, thet was caused 100 by an insurance he benefits under	Ye	s No X	ies In th		tions;
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See Instructions and DOL's v. Program)  b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  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 traud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or old carrier, insurance service, or officer organization that provides son the plan? (See instructions).	fliature dode  (flians within Joluntary Fix  17 (Do not in flidelity bone  flidelity bone  are or sill of it	the time period fluctary Correction 100 fluctary Corre	Ye	s No X X X X	ies In th		tions;
### 2A 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, errier the applicable welfare f  Part V   Compliance Questions  10   During the plan year:  ### Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2810.3-1027 (See instructions and DOL's V Program)  ### Ware there any nonexempt transactions with any party-in-interest reported on line 10s.)  #### C Was the plan covared by a fidelity bond?  #### Old the plan have a loss, whether or not reimbursed by the plan's by traud or dishonesty?  ##### Were any fees or commissions paid to smy brokers, agents, or old carrier, insurance service, or other organization that provides son the plan? (See instructions).	fliature dode  flions within  /oluntary Fix  fidelity bond  fideli	the time period fluctory Correction 186 fluctory Correction 186 fluctory Correction 186 fluctory Correction 186 fluctory Correction 188 fluctory Corre	Ye	s No X X X X	ies In th		tions;
### Part V   Compliance Questions    Compliance Questions	fliature dode  flions within  /oluntary Fix  fidelity bone  fideli	the time period fuciary Correction 186 fuciar	Ye	s No X X X X	ies In th		tions;
### Part V   Compliance Questions    Compliance Questions	filters within following Fix 17 (Do not in fildelity bonomer persons ne or all of it	the time period ductary Correction 100 schude transactions 100 dt, their was caused 100 by an insurance he benefits under 100 dt, 100	Ye	s No X X X X	ies In th		tions;
### Part V   Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2810.3-102? (See Instructions and DOL's vergoram)  b Ware there any nonexampt transactions with any party-in-interest reported on line 19a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a foss, whether or not reimbursed by the plan's by traud or dishonesty?  Were any fees or commissions paid to any brokers, egents, or old carrier, insurance service, or officering insurance service, or officer 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? (# "Yes," enter amount a lift this is an individual account plan, was there a bleckout period?	itions within doluntary Fic.  (Do not in fideliny bonner persons ne or all of it in fideliny bonner persons ne or all of it in fideliny bonner persons ne or all of it in fideliny bonner persons ne or all of it in fideliny bonner persons ne or all of it in fideliny bonner persons ne or all of it in fideliny bonner persons ne or all of its person	the time period duckary Correction 100 chule transactions and 29 CFR 100 chule transactions and 20 CFR 100	Ye	s No X X X X X X X X	ies In th		tions;
B if the plan provides welfare benefits, erifer the applicable welfare I Part V Compliance Questions 10 During the plan year:  a Was there a failure to transmit to the plan any pericipant contributes of the plan and pericipant contributes of the plan any pericipant contributes of the plan and plan have any participant loans? (If "Yee," enter amount a lift to the plan and pericipant count plan, was there a blackout period? 250, 101-3.)	filters within filters within following Fix (Oo not in fildelity bonds are or all of it filters as of year en (See instruction for required filts)	the time period ductary Correction 100 actude transactions 100 dt. their was caused 100 by an insurance he benefits under 100 dt.) 100 dt.]	Ye	s No X X X X X X X X	ies In th		tions;
### Part V   Compliance Questions    Compliance Questions	filters within filters within following Fix (Oo not in fildelity bonds are or all of it filters as of year en (See instruction for required filts)	the time period ductary Correction 186 total Corrections and 29 CFR 186	Ye	s No X X X X X X X X	ies In th		tions;
### It the plan provides welfare benefits, errier the applicable welfare for the plan provides welfare benefits, errier the applicable welfare for the plan provides welfare benefits, errier the applicable welfare for the plan pear.  #### Part V   Compliance Questions  #### Uses there a failure to transmit to the plan any perticipant contributed on 29 CFR 2610.3-102? (See instructions and DOL's verogram)  #### Ware there any nonexempt transactions with any party-in-interest reported on line 10st,	floris within doluntary Fig. 17 (Do not in fldelity bond in floridation i	the time period flucture transactions 100 fl	Ye	x X X X X X X X X X X X X X X X X X X X	NIA	e instruc	Amount
### Part V   Compliance Questions    Compliance Questions	floring within the persons no or all of it in the persons no or all of it in the persons no or all of it in?	the time period flucture transactions for the List of Pian Children Children flow flower transactions for the benefits under flower flo	Ye	x x x x x x x x x x x x x x x x x x x	NIA	e instruc	tions;

	Form \$500-9F 2615							
	(II "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, as epplicable.)							
a	If a waiver of the minimum funding elandard for a prior year is being amortized in this plan year, see in			e date			ing	
-к	granting the waiver. you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month	Day		Yea	<u>r</u>	<u> </u>	
			12b	Т				
	Enter the minimum required contribution for this plan year			┿	•			
	Enter the amount contributed by the employer to the plan for this plan year		12c	-				
	Subtract the amount in line 125 from the amount in line 12b, Eater the result (enter a minus sign to the negative amount)		120					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>	Yes	□ N	· 🗌	NA	
Part	The state of the s							
13a	Mas a resolution to terminate the plan been adopted in any plan year?			0	Yes X	No		
	(C'Yes," enter the amount of any plan assets that reverted to the employer this year	##4 rdres 1980 11 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13a					
b	Were all the plan assets distributed to participants or baneficiaries, transferred to another plan, or brough the PBGC?	g	entral		Yes	· 🛭	No	'
¢	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- which assets or liabilities were transferred, (See (natructions.)		1					
1	I3¢(1) Name of plan(s):	130(2)	EiN(s)		13	c(3) P	N(e)	
					1			
		<u>L</u>						
Part			- ver					
148	Name of trust		14b	Trust's	EIN			
140	Name of trustee or custodian	<del></del>	1,4,4	Teres	BE'S OF CL	intest-	role.	
.40	EARLING OF BETWEEN PL ARMINISTE		ING		BEBOICK TOTAL		II)'S	
				•				
Par	tiX IRS Compliance Questions							
15a	Is the plan a 401(k) plan?		_ Y			No		
15b	If "Yes," how does the 401(k) plan salisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	□ե	lesign- esed a arbor relihod		ADP.		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii)?	101/m)-	□ Y₁	es.	Ĺ	No		
16a	Check the box to Indicate the method used by the plan to satisfy the coverage requirements under sections.		P	atio ercenta	age [	Ave	rage eff lest	
16b	Does the plan salisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by coming plan with any other plans under the permissive aggregation rules?	bining	] 4	<b>b</b> 5		No		
	Has the plan been timely emended for all required tax law changes?		[] Ye	<b>5</b>	E	No	[]N/A	
	for tax few otherges and codes).	, Enter the a					structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plandwisory letter, enter the date of that feverable 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, e determination letter		ihe pie	n's les	il favoreb	le ——		
18	is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1922(i)(2 made), American Samoa, Quam, the Commonwealth of the Northern Mariana latands or the U.S. Virgin		[]Ye	E		No		
19	Ware in-service distributions made during the plan year?		[] Y	78		No		
	if "Yas," erier amount	. <u>.</u> . V	19					
20	Were required minimum distributions made to 5% owners who have attained age 70 % (regardless of wirelined), as required under section 40 (ratio)?	hether or not	□ Y <sub>1</sub>	28	C	No	∏ N/A	