## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

| Pa          | rt I   Annual Repoi   | rt Identification Informatioı   | 1  |   |  |
|-------------|---|---|--|---|--|
| For c       | alendar plan year 2015 or                                   | fiscal plan year beginning 01/01/   | /2015 and ending 1:  | 2/31/2015                                 |  |
| <b>A</b> T  | his 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>B</b> Th | nis 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                                      | nonths)                                   |  |
| <b>C</b> C  | heck box if filing under:                                   | <ul><li>X Form 5558</li><li>☐ special extension (enter desc</li></ul>   | automatic extension  | DFV                                       | C program  |
| Par         | rt II Basic Plan In   | formation—enter all requested in  | nformation   |   |  |
| 1a 1        | Name of plan  | CENTRAL FLORIDA, P. A. 401(K)   |  | 1b Three-dig plan num (PN) ▶ 1c Effective | ber 001 date of plan   |
| N           | Mailing address (include ro<br>City or town, state or provi | loyer, if for a single-employer plan) som, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos | O. Box)<br>tal code (if foreign, see instructions)   | (EIN)                                     | 01/01/2015 Identification Number 27-3003560 s telephone number |
|             | CITRUS TOWER BLVD<br>MONT, FL 34711                         |   |  | 2d Business                               | 352-240-3812<br>code (see instructions)<br>621111              |
| 3a F        | Plan administrator's name                                   | and address ⊠Same as Plan Spor  | nsor.  | 3b Administr  3c Administr                | ator's EIN ator's telephone number                             |
|             |   | he plan sponsor has changed since number from the last return/report.   | e the last return/report filed for this plan, enter the  | 4b EIN<br>4c PN                           |  |
| _           | •   | to at the besteries of the oter   |  | 5a  | 5  |
| _           |   |   |  | 5b  | 5  |
| C           | Number of participants wit                                  | h account balances as of the end of   | f the plan year (defined benefit plans do not  | 5c  | 4  |
|             |   |   | olan year  | 5d(1)                                     | 5  |
| •           | •   |   | ,<br>ear   | 5d(2)                                     | 5  |
| е           | Number of participants that than 100% vested                | at terminated employment during th  | e plan year with accrued benefits that were less   | 5e  | 0  |
|             |   |   | rn/report will be assessed unless reasonable car   |   |  |
|             |   |   | actions, I declare that I have examined this return/re   |   |  |

belief, it is true, correct, and complete.

|      | Filed with authorized/valid electronic signature.   | 10/13/2016 | BAO HUYNH  |   |  |  |
|------|---|------------|--|---|--|--|
| 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 individ                                  | ual signing as employer or plan sponsor                             |  |  |
|      | Signature of employer/plan sponsor name (including firm name, if applicable) and address (include r |            |  | ual 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<br>Are you claiming a waiver of the annual examination and report of<br>under 29 CFR 2520.104-46? (See instructions on waiver eligibility a<br>If you answered "No" to either line 6a or line 6b, the plan cann | an indepe<br>and condit<br>not use Fo | ndent qualified public a<br>ions.)<br>orm 5500-SF and must | ccount  | ant (IQ   | PA)<br><br><b>Form</b> | 5500.     |          |           | X Ye     | es No   |
|          | f the plan is a defined benefit plan, is it covered under the PBGC in   | nsurance p                            | orogram (see ERISA se                                      | ction 4 | 021)? .   |                        | Yes       | No       | <u> </u>  | Not dete | ermined |
| Par      |   |                                       | <u> </u>   |         |           |                        |           |          |           |          |         |
|          | Plan Assets and Liabilities   | _                                     | (a) Beginning  | of Ye   | ar        |                        |           | (b) E    | nd of     |          | 1707    |
|          | Total plan assets   | . 7a                                  |  |         |           |                        |           |          |           | 21       | 1707    |
|          | Total plan liabilities  Net plan assets (subtract line 7b from line 7a)   | 7b<br>7c                              |  |         | 0         | -                      |           |          |           | 21       | 1707    |
|          | ncome, Expenses, and Transfers for this Plan Year   | . 70                                  | (a) Amou   | ınt     |           |                        |           | /h       | ) Tot     |          | 1707    |
|          | Contributions received or receivable from:  |                                       | (a) Amot   |         |           |                        |           |          | , 100     | .aı      |         |
|          | 1) Employers  | . 8a(1)                               |  |         | 079       |                        |           |          |           |          |         |
|          | (2) Participants  | . 8a(2)                               |  | 18      | 877       |                        |           |          |           |          |         |
|          | (3) Others (including rollovers)  | . 8a(3)                               |  |         |           |                        |           |          |           |          |         |
|          | Other income (loss)   | . 8b                                  |  |         | ·171      |                        |           |          |           | 0.4      | 1705    |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | . 8c                                  |  |         |           |                        |           |          |           | 21       | 1785    |
|          | to provide benefits)  | . 8d                                  |  |         |           |                        |           |          |           |          |         |
| е (      | Certain deemed and/or corrective distributions (see instructions)   | . 8e                                  |  |         |           |                        |           |          |           |          |         |
| f_       | Administrative service providers (salaries, fees, commissions)  | . 8f                                  |  |         |           |                        |           |          |           |          |         |
| g        | Other expenses  | . 8g                                  |  |         | 78        |                        |           |          |           |          |         |
|          | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 1                                     |  |         |           |                        |           |          |           |          | 78      |
|          | Net income (loss) (subtract line 8h from line 8c)   | . 8i                                  |  |         |           |                        |           |          |           | 21       | 1707    |
| _        | Transfers to (from) the plan (see instructions)   | 8j                                    |  |         |           |                        |           |          |           |          |         |
| Par      |   | footuro                               | ados from the List of Di                                   | on Cha  | ro oto ri | atio Co                | doo in t  | the ine  | les sodis |          |         |
| 9a       | If the plan provides pension benefits, enter the applicable pension 3D $$ 2J $$ 2A $$ 2E  | reature co                            | odes from the List of Pi                                   | an Cha  | racteris  | suc Cc                 | ides in i | me ms    | .rucuc    | ons.     |         |
| В        | If the plan provides welfare benefits, enter the applicable welfare for   | eature cod                            | des from the List of Plan                                  | n Chara | acterist  | ic Cod                 | les in th | ne instr | uctior    | ns:      |         |
|          |   |                                       |  |         |           |                        |           |          |           |          |         |
| Part     | •   |                                       |  |         | Vac       | Na                     | NI/A      |          |           |          |         |
| 10<br>a  | During the plan year:  Was there a failure to transmit to the plan any participant contribu   | ıtions withi                          | n the time period  |         | Yes       | No                     | N/A       |          |           | Amoun    | t       |
|          | described in 29 CFR 2510.3-102? (See instructions and DOL's V<br>Program)   | oluntary F                            | iduciary Correction  | 10a     |           | X                      |           |          |           |          |         |
| b        | Were there any nonexempt transactions with any party-in-interest  |                                       |  | 401     |           | X                      |           |          |           |          |         |
|          | reported on line 10a.)  |                                       |  | 10b     |           |                        |           |          |           |          |         |
|          | 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   |                                       |  | 10t     |           | X                      |           |          |           |          |         |
|          | Did the plan have any participant loans? (If "Yes," enter amount a  |                                       |  |         |           | X                      |           |          |           |          |         |
| <u>g</u> | If this is an individual account plan, was there a blackout period?   |                                       |  | 10g     |           | ^                      |           |          |           |          |         |
|          | 2520.101-3.)  |                                       |  | 10h     |           | X                      |           |          |           |          |         |
| i        | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10   |                                       |  | 10i     |           |                        |           |          |           |          |         |
| j        | Did the plan trust incur unrelated business taxable income?   |                                       |  | 10j     |           |                        |           |          |           |          |         |
| Part     | VI Pension Funding Compliance   |                                       |  | •       |           | •                      |           |          |           |          |         |
| 11       | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  |                                       |  |         |           |                        |           |          |           | Ye       | s X 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  | requirem                              | ents of section 412 of the                                 | he Cod  | e or se   | ction 3                | 302 of E  | RISA     | ,         | Ye       | es X No |

|      | F                | orm 5500-SF 2015 Page <b>3</b> - 1  |                   |                  |                                       |                         |                    |
|------|------------------|---|-------------------|------------------|---------------------------------------|-------------------------|--------------------|
|      | (If "Ye          | 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<br>ng the waiver   |                   | enter the<br>Day | e date of t                           | he letter rul<br>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 th         | he 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    |                  | act 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?   |                   |                  | Yes                                   | No X                    | 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              |                                       | Ш                       |                    |
| b    |                  | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough  |                   | ontrol           |                                       | Yes X                   | No                 |
| С    |                  | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)   | fy the plan(s) to | ı                |                                       |                         |                    |
| 1    | 1 <b>3c(1)</b> N | lame of plan(s):  | 13c(2)            | EIN(s)           |                                       | 13c(3) F                | PN(s)              |
|      |                  |   |                   |                  |                                       |                         |                    |
| Part | VIII             | Trust Information   |                   | 1                |                                       |                         |                    |
| 14a  | Name o           | of trust  |                   | 14b ⊺            | Trust's EIN                           | N                       |                    |
| 14c  | Name             | of trustee or custodian   |                   |                  | Trustee's telephone                   | or custodia<br>e number | an's               |
| 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<br>ha         | esign-<br>ased safe<br>arbor<br>ethod | ADF                     | 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))?   | l01(m)-           | Ye               |                                       | No                      |                    |
|      |                  | the box to indicate the method used by the plan to satisfy the coverage requirements under secti  |                   |                  | atio<br>ercentage<br>st               |                         | erage<br>efit test |
| 16b  |                  | he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comen 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 planger planger is an adopter of a pre-approved master and prototype (M&P) or volume submitter planger is an adopter of that favorable letter/ and the letter's serial r |                   | t to a fa        | vorable If                            | 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<br>, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin   |                   | Yes              | 3                                     | 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                |

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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2015

This Form is Open to Public Inspection

| Part I   |  | t Identification Information   |  |   |  |   |  |  |  |
|--|--|--|--|---|--|---|--|--|--|
| For calenda  | ar plan year 2015 or f   | fiscal plan year beginning   | 01/01/2015   | and ending  | 12/31/20   | )15   |  |  |  |
| A This retu  | urn/report is for:   |  | list of participating em   | lan (not multiemployer)<br>nployer information in a   |  |   |  |  |  |
|  |  | a one participant plan   | a foreign plan   |   |  |   |  |  |  |
| <b>B</b> This retu   | ırn/report is  | the first return/report  | first return/report  |   |  |   |  |  |  |
|  |  | an amended return/report   | a short plan year return   | n/report (less than 12 r  | months)  |   |  |  |  |
| C Check b  | oox if filing under:   | Form 5558  | automatic extension  |   | ☐ DFVC pro   | ogram   |  |  |  |
|  |  | special extension (enter desc  | ы  |   |  |   |  |  |  |
| Part II  | Basic Plan Info  | ormation—enter all requested in  | formation  | -   | -  | _   |  |  |  |
| 1a Name of ADVANCE   | The second secon | E OF CENTRAL FLORIDA,  | P. A.  |   | 1b Three-digit plan number   |   |  |  |  |
| 401(K)   | PROFIT SHARII  | NG PLAN  |  |   | (PN) •   | 001   |  |  |  |
|  |  |  |  |   | 1c Effective date 01/01/20   |   |  |  |  |
| Mailing  | address (include roo   | oyer, if for a single-employer plan)<br>om, apt., suite no. and street, or P.C<br>ce, country, and ZIP or foreign posi   |  | ructions)   | <b>2b</b> Employer Idea (EIN) 27-3   |   |  |  |  |
| ADVANCE  | D KIDNEY CARI<br>RAL FLORIDA,  | E  | tal code (il loreign, see ilisti   | uctions)  | 2c Sponsor's tele<br>(352)240  |   |  |  |  |
|  | ,  |  |  |   | 2d Business code   | e (see instructions)  |  |  |  |
| 3175 CI  | TRUS TOWER B   | LAD  |  |   | 621111   |   |  |  |  |
| CLERMON  |  |  |  | 34711   |  |   |  |  |  |
| 3a Plan ac   | dministrator's name a  | and address $oxed{X}$ Same as Plan Spon  | sor.   |   | <b>3b</b> Administrator  | s EIN   |  |  |  |
|  |  |  |  |   |  |   |  |  |  |
|  |  |  |  |   | 3c Administrator   | s telephone number  |  |  |  |
|  |  |  |  |   | 3c Administrator   | s telephone number  |  |  |  |
|  |  |  |  |   | 3c Administrator   | s telephone number  |  |  |  |
|  | name and/or FIN of th  | ne plan sponsor has changed since  | the last return/report filed for   | or this plan enter the  |  | s telephone number  |  |  |  |
| 4 If the n name,   | EIN, and the plan nu   | ne plan sponsor has changed since<br>umber from the last return/report.  | the last return/report filed for   | or this plan, enter the   | 4b EIN   | s telephone number  |  |  |  |
| 4 If the n name, a Sponso  | EIN, and the plan nu<br>or's name  | umber from the last return/report.   |  |   | 4b EIN<br>4c PN  |   |  |  |  |
| 4 If the name, a Sponso  | EIN, and the plan nu<br>or's name<br>number of participants  | umber from the last return/report. s at the beginning of the plan year.  |  |   | 4b EIN<br>4c PN<br>5a  | 5   |  |  |  |
| 4 If the mame, a Sponso 5a Total m b Total m   | EIN, and the plan nu<br>or's name<br>number of participants<br>number of participants  | umber from the last return/report.  s at the beginning of the plan years at the end of the plan year   |  |   | 4b EIN<br>4c PN<br>5a  |   |  |  |  |
| 4 If the mame, a Sponso 5a Total m b Total m c Number  | EIN, and the plan nu<br>or's name<br>number of participants<br>number of participants<br>er of participants with   | umber from the last return/report. s at the beginning of the plan year.  | the plan year (defined bene  | efit plans do not   | 4b EIN<br>4c PN<br>5a  | 5   |  |  |  |
| 4 If the mane, a Sponso 5a Total m b Total m c Number completed.   | EIN, and the plan nuor's name number of participants er of participants with ete this item)  | s at the beginning of the plan years at the bedinning of the plan year   | the plan year (defined bene  | efit plans do not   | 4b EIN<br>4c PN<br>5a<br>5b<br>5c<br>5d(1)   | 5   |  |  |  |
| 4 If the mane, a Sponso 5a Total m b Total m c Number completed (1) Total d(2) Total d(2)  | EIN, and the plan nubr's name number of participants number of participants er of participants with ete this item)   | s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year.   | the plan year (defined bene<br>lan year  | efit plans do not   | 4b EIN<br>4c PN<br>5a<br>5b<br>5c<br>5d(1)   | 5<br>5<br>4   |  |  |  |
| 4 If the name, a Sponso 5a Total n b Total n c Number completed (1) Total d(2) Total e Number name (2)   | EIN, and the plan nuor's name number of participants are of participants with ete this item) al number of active pa al number of active pa er of participants tha  | s at the beginning of the plan year sat the end of the plan year account balances as of the end of articipants at the beginning of the participants at the end of the plan year terminated employment during the   | the plan year (defined bene<br>lan yearare plan year with accrued be   | efit plans do not   | 4b EIN<br>4c PN<br>5a<br>5b<br>5c<br>5d(1)   | 5<br>5<br>4<br>5  |  |  |  |
| 4 If the mane, a Sponso 5a Total m b Total m c Number complet d(1) Total d(2) Total e Number than 1 Caution: A   | EIN, and the plan number of participants and the plan for the participants with ete this item)   | s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the por incomplete filing of this return  | the plan year (defined bene<br>lan yeareplan year with accrued be  | efit plans do not nefits that were less   | 4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is established.  | 5<br>5<br>4<br>5<br>5                                       |  |  |  |
| 4 If the mane, a Sponso 5a Total m b Total m c Number complet d(1) Total d(2) Total e Number than 1 Caution: A Under pena  | EIN, and the plan number of participants and the plan number of participants with the tet his item)  | s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the participants at the end of the plan year terminated employment during the process of the end of the plan year terminated employment during the process of the penalties set forth in the instruand signed by an enrolled actuary,  | the plan year (defined beneather the plan year (defined beneather the plan year with accrued be not plan year will be assessed toons, I declare that I have  | nefits that were less unless reasonable co  | 4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e ause is established.   | 5<br>5<br>4<br>5<br>5<br>0<br>Ilicable, a Schedule          |  |  |  |
| 4 If the mane, a Sponso 5a Total m b Total m c Number complet d(1) Total d(2) Total e Number than 1 Caution: A Under pena  | EIN, and the plan number of participants and the plan in the number of participants with ete this item)  | s at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the participants at the end of the plan year terminated employment during the process of the end of the plan year terminated employment during the process of the penalties set forth in the instruand signed by an enrolled actuary,  | the plan year (defined beneather the plan year (defined beneather the plan year with accrued be not plan year will be assessed toons, I declare that I have  | nefits that were less unless reasonable co  | 4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e ause is established.   | 5<br>5<br>4<br>5<br>5<br>0<br>Ilicable, a Schedule          |  |  |  |
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|       | Form 5500-SF 2015  |             | Page <b>2</b>               |         |               |         |              |                        |
|-------|--|-------------|-----------------------------|---------|---------------|---------|--------------|------------------------|
|       | Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line for a ruling for the plan cannot be a supported to the plan cannot be a supp |             |                             |         |               |         |              |                        |
| _     | If you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan is it covered under the RRCC in  |             |                             |         |               |         |              | No.     Not determined |
|       | If the plan is a defined benefit plan, is it covered under the PBGC in   | surance p   | orogram (see ERISA se       | ction 4 | 021)?.        |         | Yes 🔲        | No Not determined      |
| Pa    | rt III Financial Information   |             | 1                           |         |               |         |              |                        |
| 7     | Plan Assets and Liabilities  |             | (a) Beginning               | of Yea  | ar            |         | (t           | o) End of Year         |
|       | Total plan assets  | 7a          |                             |         |               | _       |              | 21,707                 |
|       | Total plan liabilities   | 7b          |                             |         |               | _       |              |                        |
|       | Net plan assets (subtract line 7b from line 7a)  | 7c          |                             |         | (             |         |              | 21,707                 |
| 8     | Income, Expenses, and Transfers for this Plan Year   |             | (a) Amou                    | ınt     |               | _       |              | (b) Total              |
| а<br> | Contributions received or receivable from: (1) Employers   | 8a(1)       |                             |         | 3,07          | 9       |              |                        |
|       | (2) Participants   | 8a(2)       |                             | 18      | 8 <b>,</b> 87 | 7       |              |                        |
|       | (3) Others (including rollovers)   | 8a(3)       |                             |         |               | $\perp$ |              | _                      |
| b     | Other income (loss)  | 8b          |                             |         | -17           | 1       |              |                        |
| С     | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c          |                             |         |               | $\perp$ |              | 21,785                 |
| d     | Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d          |                             |         |               |         |              |                        |
| е     | Certain deemed and/or corrective distributions (see instructions)  | 8e          |                             |         |               |         |              |                        |
| f     | Administrative service providers (salaries, fees, commissions)   | 8f          | 10 - 544 5 - 50 C (SEE SEE) |         |               |         |              |                        |
| g     | Other expenses   | 8g          |                             |         | 7:            | 3       |              |                        |
| h     | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h          |                             |         |               |         |              | 78                     |
| i     | Net income (loss) (subtract line 8h from line 8c)  | 8i          |                             |         |               |         |              | 21,707                 |
| j     | Transfers to (from) the plan (see instructions)  | 8j          |                             |         |               |         |              |                        |
| Pa    | rt IV Plan Characteristics   |             |                             |         |               |         |              |                        |
| 9a    | If the plan provides pension benefits, enter the applicable pension 3D 2J 2A 2E  | feature co  | odes from the List of Pl    | an Cha  | racteris      | stic Co | des in the   | instructions:          |
| В     | If the plan provides welfare benefits, enter the applicable welfare fe   | eature cod  | des from the List of Pla    | n Chara | acterist      | ic Cod  | les in the i | instructions:          |
| Par   | t V Compliance Questions   |             |                             |         |               |         |              |                        |
| 10    | During the plan year:  |             |                             |         | Yes           | No      | N/A          | Amount                 |
| 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  | oluntary F  | Fiduciary Correction        |         |               | V       |              |                        |
| h     | Program)  Were there any nonexempt transactions with any party-in-interest   |             |                             | 10a     |               | Х       |              |                        |
|       | reported on line 10a.)   |             |                             | 10b     |               | Χ       |              |                        |
| С     | Was the plan covered by a fidelity bond?   |             |                             | 10c     |               | Χ       |              |                        |
| d     | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  |             |                             | 10d     |               | Х       |              |                        |
| е     | Were any fees or commissions paid to any brokers, agents, or oth<br>carrier, insurance service, or other organization that provides som<br>the plan? (See instructions.)   | e or all of | the benefits under          | 10e     |               | Х       |              |                        |
| f     | Has the plan failed to provide any benefit when due under the plan   | n?          |                             | 10f     |               | Х       |              |                        |
| g     | 200000000000000000000000000000000000000  |             |                             | 10g     |               | Х       |              |                        |
| h     | If this is an individual account plan, was there a blackout period? (2520.101-3.)  |             |                             | 10h     |               | Х       |              |                        |
| j     | 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     |               |         |              |                        |
| Par   | t VI Pension Funding Compliance  |             |                             |         |               |         |              |                        |

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 ......

Yes X No

Yes X No

12

5500) and line 11a below) .....

|      | F        | orm 5500-SF 2015 Page <b>3 -</b>   |  |   |  |                       |                     |
|------|----------|--|--|---|--|-----------------------|---------------------|
|      | (If "Ye  | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)   |  |   |  |                       |                     |
| а    |          | iver of the minimum funding standard for a prior year is being amortized in this plan year, see in<br>ng the waiver.   |  | enter th<br>Day                               | e date of                              | the letter ru<br>Year | ling                |
| If   |          | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line   |  | Day   |  | Teal                  |                     |
| b    | Enter tl | 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    |          | nct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)   | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | 12d   |  |                       |                     |
| е    | Will th  | e minimum funding amount reported on line 12d be met by the funding deadline?  |  |   | Yes                                    | No X                  | 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 🛭 No                |                     |
|      |          | s," enter the amount of any plan assets that reverted to the employer this year  |  | 13a   |  |                       |                     |
|      | of the   | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?   |  |   |  | Yes 🛚                 | No                  |
|      | which    | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets 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  |  |   |  |                       |                     |
|      | Name o   | of trust   |  | 14b   | Trust's El                             | N                     |                     |
|      |          |  |  |   |  |                       |                     |
| 14c  | Name     | of trustee or custodian  |  | 14d Trustee's or custodian's telephone number |  |                       | an's                |
|      |          |  |  |   |  |                       |                     |
| Par  | t IX     | IRS Compliance Questions   |  |   |  |                       |                     |
| 15a  | Is the   | plan a 401(k) plan?  |  | Y   | es                                     | 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)?  | 100 00                                   | b<br>h  | esign-<br>ased safe<br>arbor<br>nethod | ADF                   | PIACP               |
| 15c  | testing  | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "comethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?  |  | _ Y   | es                                     | No                    |                     |
| 16a  | 1.7.7    | the box to indicate the method used by the plan to satisfy the coverage requirements under sect  | ion 410(b):                              | Ц р   | tatio<br>ercentage<br>est              |                       | erage<br>nefit test |
| 16b  |          | he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con<br>an with any other plans under the permissive aggregation rules?  |  | _ Y   | es                                     | No                    |                     |
| 17a  | Has th   | e plan been timely amended for all required tax law changes?   |  | _ Y   | es                                     | No                    | N/A                 |
| 17   |          | the last plan amendment/restatement for the required tax law changes was adoptedlaw changes and codes).  | Enter the ap                             | plicabl                                       | e code                                 | (See ins              | tructions           |
| 17c  |          | lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl<br>ry letter, enter the date of that favorable letter and the letter's serial nu   |  | t to a t                                      | avorable                               | IRS opinion           | or                  |
| 17d  | If the p | plan is an individually-designed plan and received a favorable determination letter from the IRS, entire letter serial includes the letter serial includes t |  | the pla                                       | n's last fa                            | vorable               |                     |
| 18   | Is the   | 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. Virgir  |  | Ye  | es                                     | No                    |                     |
| 19   | Were i   | n-service distributions made during the plan year?   |  | _ Y   | es                                     | ∏ No                  |                     |
|      | If "Yes  | ," enter amount  |  | 19  |  |                       |                     |
| 20   |          | equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w<br>), as required under section 401(a)(9)?   |  | _ Y   | es                                     | No                    | N/A                 |