For	m 5500-SF				oyee	OMB Nos. 1210-0 1210-0			
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plai		etirement	2015			
Employee B	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to c Inspection		
Pension Be		Complete all entries in Ientification Information		structions to the Form 5	500-SF.				
	ar plan year 2015 or fisca			and ending 1	2/31/2015				
A This ret	urn/report is for:	a single-employer plan a one-participant plan		er plan (not multiemployer) employer information in ac		-			
B This retu	urn/report is	the first return/report an amended return/report	the final return/repo	ort turn/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558	automatic extensio	n	0 D	DFVC program			
Part II	Basic Plan Inform	special extension (enter desc nation—enter all requested ir							
1a Name			Iomaion		1b Three plan r (PN) 1c Effect	number	001 plan		
							/2003		
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos		nstructions)	(EIN)	16-09	cation Number		
OOT-LONG	GINC.				2c Sponsor's telephone number 716-662-1411				
1 GRAYST					2d Busin	ess code (s	ee instructions)		
	PARK, NY 14127					7225	13		
3a Plan a	dministrator's name and	address XSame as Plan Spor	sor.		3b Admir	nistrator's E	IN		
							elephone number		
		lan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
_		the beginning of the plan year.			5a 5b		3		
		the end of the plan year count balances as of the end of			5b		3		
compl	ete this item)				5c		3		
• •		cipants at the beginning of the p	-		5d(1)		3		
e Numb	per of participants that te	cipants at the end of the plan ye rminated employment during th	e plan year with accrued	benefits that were less	5d(2) 5e		3		
		incomplete filing of this retur				lished	Ŭ		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instru signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	port, includin	ng, if applica			
SIGN	Filed with authorized/va		10/13/2016	NANCY MARTIN					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	ıs plan adm	inistrator		
SIGN HERE	Simulations of the later				hal at wat				
Preparer's	Signature of employed name (including firm nar	er/plan sponsor ne, if applicable) and address (i	Date nclude room or suite nur	Enter name of individ	lual signing a Preparer's				
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see th	ne instructions for Form 5	500-SF.			Form 5500-SF (2015)		

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No			
b	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					,		X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cann										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA se	ection 4	021)?		Yes	No Not determined			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year			
a	Total plan assets	7a		341	515			362451			
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c		341	515			362451			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int			(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)		33	701						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		-9	870	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		23831			
a	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		2	895						
<u>g</u>	Other expenses	8g				_					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2895			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						20936			
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics							a			
9a	If the plan provides pension benefits, enter the applicable pension $2E 3D$	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plar	n Chara	cterist	tic Coo	des in th	ne instructions:			
_											
Par											
10	During the plan year:	41 a.a. a	the time posied		Yes	No	N/A	Amount			
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V										
	Program)			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x					
С	Was the plan covered by a fidelity bond?			10c	х			50000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
e		ner person ne or all of	s by an insurance the benefits under	10e		x					
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 a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i		х					
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	ents? (If "	Yes," see instructions a	and con	nplete	Scheo	dule SB	(Form			

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

Yes X No

11a

Form 5500-SF 2015

Page **3 -** 1

					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
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	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of the PBGC?								
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b Trust's EIN					
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		Average benefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

Form 5500-SF	Short Form	Annual Return/ Benefit		Emp	loyee	OMBI	Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor	Retirement Income S	ed to be filed under se ecurity Act of 1974 (E	ections 104 and 4065 RISA), and sections 6	of the 6057(b)	Employee) and 6058(a)	20	015
Employee Benefits Security Administration	Complete all entri	of the Internal Revenues in concernation					m is Open
Pension Benefit Guaranty Corporation Part I Annual Report	Identification Info			the F	orm 5500-SF.	to Public	Inspection
For calendar plan year 2015 or f)15	and e	odina 1	2/31/20	15
A This return/report is for:	X a single-employe		ple-employer plan (not n				
	Ē	of parti	icipating employer inform				
B This return/report is	a one-participant	port the fin	ign plan al return/report				
C a b b b b b b b b b b	an amended retu	· – –	t plan year return/rep	ort (les	s than 12 mont	-	
C Check box if filing under:	X Form 5558		atic extension			DFVC progra	m
Part II Basic Plan Info	rmation - enter all rec	(enter description)	3		·		
1a Name of plan		pesteu momation		1b			
FOOT-LONG INC. P	ROFTT SHARTN	C PLAN			Three-digit plan number (F	NI N	001
	NOT 21 DIMACIA	GIDAN		1c	Effective date		
						1/2003	
2a Plan sponsor's name (emplo	ver. if for a single-emplo	ver plan)		2b	Employer Iden		ber /ElNi)
Mailing address (include room, apt., suite no. and street, or P.O. Box)						920396	ber (En4)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instr.)					Sponsor's tele		
71 GRAYSTONE LANE					L6) 662-		•
ORCHARD PARK NY 14127					Business code 7225	(see instructi	ons)
3a Plan administrator's name and address X Same as Plan Sponsor.				3b	Administrator's		
	E LECIOCO E CLINO				Administrators		
				3c	Administrator's	telephone nu	Imber
4 If the name and/or EIN of the		od cinco the last setu	m/report filed for this	4b	EIN		
plan, enter the name, EIN, and			mineport med for this	40	EIN		
a Sponsor's name	a the bight rightber notifi	the last return/report.		4c	PN	<u></u>	
					FIN		
5a Total number of participants	s at the beginning of the	nlan year		5a			3
b Total number of participants				5b			3
C Number of participants with			ear (defined				
benefit plans do not comple			·····	5c			3
d (1) Total number of active p				5d(1)			3
d (2) Total number of active p				5d(2)			3
Number of participants that							
benefits that were less than	100% vested			5e	<u> </u>		0
Caution: A penalty for the late	or incomplete filing of	this return/report wi	ill be assessed unles	is reas	ionable cause i	s established	<u>l. </u>
Under penalties of periury and ot Schedule SB or Schedule MB co my knowledge and belief, it is tru	mpleted and signed by a e, correct, and complete) the instructions, I de an enrolled actuary, a e.	clare that I have exam s well as the electroni	nined t c versi	his return/repor on of this return	t, including, if h/report, and t	applicable, a o the best of
SIGNY SIGN	11 6						
HERE	Martin	10/13/16	NANCY MART	TIN			
Signature of plan admin	listrator	Date	Enter name of indiv	idual s	igлing as plan a	Idministrator	
SIGNO UN	01. + 1	1 1 1					
HERE	Marten	10/13/16			9.01	35.	
Signature of employer/r		Date	Enter name of indiv	idual s	igning as emplo	yer or plan sp	onsor
Preparer's name (including firm i	name, if applicable) and	address (include roor	n or suite number)		Preparer's tele	phone numbe	ər
							3
			11		L		
For Paperwork Reduction Act N 518571 12-07-15	lotice and OMB Contro	I Numbers, see the i	instructions for Form	n 5500	-SF.	Form 5	500-SF (2015) v.150123

v.150123

Form	5500-SF	2015
------	---------	------

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No	
b	Are you claiming a waiver of the annual examination and report of an independent	dent qua	lified public	c acco	untan	t				
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and o	condition	ns.)					X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form	n 5500-S	F and mus	st inst	ead u	se For	m 5500.			
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see	ERISA si	ection 4021)	?	с П I	Yes	No	Not de	etermined	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beg	inning	of Ye	ear	(b) End of Y	'ear	
a	Total plan assets	7a		34	1,5	515		36	52,451	
<u>b</u>	Total plan liabilities	7b					_			
C	Net plan assets (subtract line 7b from line 7a)	7c		. 34	1,5	515		36	52,451	
8	Income, Expenses, and Transfers for this Plan Year		(a)) Amo	unt		(b) Totai			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		3	13,7	01				
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		14	9,8	170	STAT	EMENT	1	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			2	23,831	
d	Benefits paid (including direct rollovers and insurance premiums to provide									
_	benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	Bf			2,8	95	STAT	EMENT	2	
<u> </u>	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,895	
i	Net income (loss) (subtract line 8h from line 8c)	<u>- 8i</u>						2	0,936	
Ļ_	Transfers to (from) the plan (see instructions)	81								
<u> </u>	rt IV Plan Characteristics									
9a	a set preserve person person and and applicable person reache of	odes fron	n the List o	f Plan	Chara	acterist	ic Codes	in the inst	ructions:	
	2E_3D									
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	les from	the List of	Plan C	harac	teristic	Codes in	the instru	ctions:	
Pa										
<u>10</u>	During the plan year:			Yes	No	N/A		Amount		
a	Was there a failure to transmit to the plan any participant contributions within									
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta	iry								
	_Fiduciary Correction Program.)		10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not inc									
	transactions reported on line 10a.)		10b		X					
<u> </u>	Was the plan covered by a fidelity bond?		10c	X				5	0,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond									
	was caused by fraud or dishonesty?		10d		X		_			
е	Were any fees or commissions paid to any brokers, agents, or other persons I	by an								
	insurance carrier, insurance service, or other organization that provides some									
	the benefits under the plan? (See instructions.)		10e		X					
<u>f</u>	Has the plan failed to provide any benefit when due under the plan?		10f		X					
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount as of year end	d.)	10g		X	-				
h	If this is an individual account plan, was there a blackout period? (See instruct	tions								
	and 29 CFR 2520.101-3.)		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the required	notice or								
	one of the exceptions to providing the notice applied under 29 CFR 2520.101	.3	10i		X					
<u> </u>	Did the plan trust incur unrelated business taxable income?		10j							
_	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye	es," see i	instruction	s and	comp	lete				
	Schedule SB (Form 5500) and line 11a below)	<u></u>						Yes	No No	
<u>11a</u>	Enter the unpaid minimum required contribution for all years from Schedule Si	B (Form S	5500) line 4	10		11a				
12	Is this a defined contribution plan subject to the minimum funding requiremen				ode o					
	section 302 of ERISA?						1.53.77	Yes	X No	

518572 12-07-15

3

For	n 5500-SF 2015	^p age 3-			ו				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
2	I If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, so	e instru	ctior	IS AI	nd enter i	the d	te of th	e letter	
	ruling granting the waiver. Month		Dav			Yea			
[vou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.							
	Enter the minimum required contribution for this plan year			12b					
	Enter the amount contributed by the employer to the plan for this plan year			12c					
Ċ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to	2	Т						
	the left of a negative amount)			12đ					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>			les	No		N/A	
13a	Has a resolution to terminate the plan been adopted in any plan year?		T	Πī	/es				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	63 6		·		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or			100				· · · · · · · · · · · · · · · · · · ·	
	under the control of the PBGC?	-				$\square_{\mathbf{v}}$	'es	X No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), is	dentify th	ne ol	an(s)	to which			2110	
	liabilities were transferred. (See instructions.)			2, 110	,				
	13c(1) Name of plan(s):	13c	(2) E	IN(s		1	3c(3) P	N(s)	
							001071		
Pa	rt VIII Trust Information								
14a	Name of trust	14b	Tru	ıst's	EIN				
14c	Name of trustee or custodian	14d	fd Trustee's or custodian's						
			telephone number						
				•					
1	rt IX IRS Compliance Questions								
<u>15a</u>	Is the plan a 401(k) plan?			Ye			No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferra		_		sign bas fe harboi		ADP//	ACP	
	employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				athod		test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using t	he							
	"current year testing method" for nonhighly compensated employees (Treas. Reg sections					_			
	1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?			Ye			No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under	r	_		itio rcentage	_	Avera	ae	
	_section 410(b):	<u></u>		tes			Avera benef	it 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?			Ye	S		No		
<u>17a</u>	Has the plan been timely amended for all required tay law changes?			Ye	S		No	<u>N/A</u>	
- 7 L	Has the plan been timely amended for all required tax law changes?		1				ode		
170	Date the last plan amendment/restatement for the required tax law changes was adopted		, En	ter th	ne applica	able c			
	Date the last plan amendment/restatement for the required tax law changes was adopted								
	Date the last plan amendment/restatement for the required tax law changes was adopted							S	
17c	Date the last plan amendment/restatement for the required tax law changes was adopted	ter plan t er's seria	hat I nu	is su mbei	bject to a	favo	rable IF	IS .	
17c	Date the last plan amendment/restatement for the required tax law changes was adopted	ter plan t er's seria	hat I nu	is su mbei	bject to a	favo	rable IF		
17c 17d	Date the last plan amendment/restatement for the required tax law changes was adopted	ter plan t er's seria	hat I nu	is su mbei	bject to a	favo	rable IF		
17c	Date the last plan amendment/restatement for the required tax law changes was adopted	ter plan t er's seria tS, enter	hat I nu	is su mbei	bject to a	favo	rable IF		
17c 17d	Date the last plan amendment/restatement for the required tax law changes was adopted	ter plan t er's seria IS, enter (i)(2)	hat I nu	is su mbei	bject to a	favo	rable IF		
17c 17d 18	Date the last plan amendment/restatement for the required tax law changes was adopted (See instructions for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitt opinion or advisory letter, enter the date of that favorable letter and the lett If the plan is an individually designed plan and received a favorable determination letter from the IF favorable determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or U.S. Virgin Islands)?	ter plan t er's seria RS, enter (i)(2) the	hat I nu	is su mbei	bject to a	favo	rable IF	·S 	
17c 17d	Date the last plan amendment/restatement for the required tax law changes was adopted	ter plan t er's seria RS, enter (i)(2) the	hat I nu	is su mbei date	bject to a r of the pl	favo	rable IF ast	is 	
17c 17d 18 19	Date the last plan amendment/restatement for the required tax law changes was adopted (See instructions for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submittion or advisory letter, enter the date of that favorable letter and the letter and the letter If the plan is an individually-designed plan and received a favorable determination letter from the IF favorable determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or U.S. Virgin Islands)? Were in-service distributions made during the plan year? If "Yes," enter amount	ter plan t er's seria IS, enter (i)(2) the	hat I nu	is su mbei date Ye Ye	bject to a r of the pl	favo	rable IF ast	is 	
17c 17d 18	Date the last plan amendment/restatement for the required tax law changes was adopted (See instructions for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submittion or advisory letter, enter the date of that favorable letter and the letter if the plan is an individually-designed plan and received a favorable determination letter from the IF favorable determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or U.S. Virgin Islands)? Were in-service distributions made during the plan year?	ter plan t er's seriz S, enter (i)(2) the of	hat I nu the	is su mbei date Ye Ye	bject to a r of the pl	favo	rable IF ast	is 	

518573 12-07-15