Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	art I		t Identification Information	<u> </u>									
For	calenda	ır plan year 2015 or f	fiscal plan year beginning 01/01/2	<u>2015</u>		and ending 12/	/31/20	015					
A	This ret	urn/report is for:	a single-employer plan			an (not multiemployer)(ployer information in acc		_					
			a one-participant plan	a for	reign plan								
Вт	Γhis retu	ırn/report is	the first return/report	the fi	inal return/report								
			an amended return/report	a sho	ort plan year return	report (less than 12 mo	onths))					
С	Check b	oox if filing under:	X Form 5558	ш	omatic extension			DFVC progr	am				
D,	art II	Pasic Plan Inf	special extension (enter description—enter all requested inf										
			ormation—enter all requested in	formation			1h	There digit					
	Name o	•	1404/K) DECEIT SHARING DI AN				ID	Three-digit plan number					
EDMUND KESSLER, MD, PLLC 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001								001					
							1c	Effective date of	f plan 1/1998				
2 a			loyer, if for a single-employer plan)				2b	Employer Identif					
			om, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta		f foreign, see instru	uctions)		()	414897				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2C Sponsor's telephone number 516-498-9000													
							2d	Business code (see instructions)				
	000 NORTHERN BOULEVARD UITE 250 621111												
		K, NY 11021											
3a	Plan ac	dministrator's name a	and address XSame as Plan Spons	sor.			3b	Administrator's E	ΞΙΝ				
							3с	Administrator's t	elephone number				
4	If the n	name and/or EIN of the	he plan sponsor has changed since	the last re	 eturn/report filed fc	or this plan, enter the	4b	EIN					
_	name,	, EIN, and the plan nu	umber from the last return/report.		-		4.						
		or's name					4c						
_			ts at the beginning of the plan year			Ĭ.	5		3				
			ts at the end of the plan year n account balances as of the end of t			-	51		J				
	comple	ete this item)					5		3				
d((1) Tota	al number of active pa	articipants at the beginning of the pla	an year			5d(1)						
			participants at the end of the plan year				5d((2)	1				
е			at terminated employment during the				5	е	0				
			or incomplete filing of this return										
SB	or Sched		other penalties set forth in the instruction and signed by an enrolled actuary, a supplete.										
SIG			d/valid electronic signature.		10/10/2016	EDMUND KESSLER							
HEF	RE	Signature of plan	administrator	,	Date	Enter name of individu	dividual signing as plan administrator						

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 2							
 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot 	an indepen and conditio	dent qualified public a	ccount	ant (IQ	PA)			×	Yes N
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not c	letermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	d of Yea	ar
a Total plan assets	7a		312	2567					259771
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c			2567					259771
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-2	2403					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-2403
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		48	3767					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		1	1626					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								50393
i Net income (loss) (subtract line 8h from line 8c)	8i								-52796
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics					•				
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instru	uctions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	2011120 200	as from the List of Dis	n Char		io Coo	loo in the	o inotru	tiono	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es nom the List of Pla	II Cliai	acterist	.10 000	162 111 1111	e msuu	JUOI15.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
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 Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					2597
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	nd, that was caused	10d		X				2001
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.)	ner persons ne or all of t	by an insurance he 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 as					X				
h If this is an individual account plan, was there a blackout period? (•	,	10g		X				
i If 10h was answered "Yes," check the box if you either provided the			10h		^				
exceptions to providing the notice applied under 29 CFR 2520.10° j Did the plan trust incur unrelated business taxable income?			10i						
			10j						
Part VI Pension Funding Compliance		(a. II a. a. i a. i a. i a.			0.4	CD	/F	T	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······································			······					Yes X N
11a Enter the unpaid minimum required contribution for all years from						11a		 	🗀
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	le or se	ction 3	302 of E	RISA?.		Yes X N

	F	orm 5500-SF 2015 Page 3 - 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		
						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos, 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

For celender plan year 2019 or fiscal plan year beginning. A This return/report is for: B This return/report is: I a a multiple-employer plan a list of participating employer information in accordance with the form a list of participating employer information in accordance with the form a storety plan a foreign plan the first return/report the first return/report a short plan year return/report (leas than 12 months) C Check box if filling under: E Form 5558	001 001 plan cation Number 4897 one number
A This return/report is for: a one-participant plan the first return/report a nerelyn plan the first return/report a short plan year return/report (less than 12 months)	001 001 plan cation Number 4897 one number
E This return/report is:	001 plan cation Number 4897 one number 000
C Check box if filling under:	001 plan cation Number 4897 one number 000
Special extension (enter description) Part Basic Plan Information	001 plan cation Number 4897 one number 000
Basic Plan Information enter all requested information Edmund Kossler, MD, FLLC 401 (k) Frofit Sharing Plan Edmund Kossler, MD, FLLC 401 (k) Frofit Sharing Plan To Effective date of of 01/01/1998 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Redmund Kessler, MD, PLLC 1000 Northern Boulevard Suite 250 US Great Neck NY 11021 3a Plan administrator's name and address Same as Plan Sponsor Name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5 Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this lem) 6 Uniform State of participants at the end of the plan year 6 Uniform State of participants with account balances as of the end of the plan year (defined benefit plans do not complete this lem) 6 Uniform State of participants at the end of the plan year 8 Uniform State of participants at the end of the plan year 9 Uniform State of participants at the end of the plan year 10 Uniform State of participants at the end of the plan year 10 Uniform State of participants at the end of the plan year 10 Uniform State of participants at the end of the plan year 11 Uniform State of participants at the end of the plan year 12 Uniform State of participants at the end of the plan year 13 Uniform State of participants at the end of the plan year 14 Uniform State of participants at the end of the plan year 15 Uniform State of Participants at the end of the plan year 16 Uniform State of Participants at the end of the plan year 17 Uniform State of Participants at the end of the plan year 18 Uniform State of Participants at the end of the plan year	plan pation Number 4897 one number 000
10 Name of plan Edmund Kessler, MD, PLLC 401(k) Froffit Sharing Flan 10 Three-digit plan number (FN). 11 C Effective date of C1/01/1998 22 Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Redmund Kessler, MD, PLLC 1000 Northern Boulevard Suite 250 1000 Northern Boulevard Suite 250 103 Seat Neck NY 11021 32 Plan administrator's name and address X Same as Plan Sponsor Name 34 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 25 Sponsor's name 40 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 26 Sponsor's name 47 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 27 Sponsor's name 48 EIN 49 Total number of participants at the beginning of the plan year 59 Total number of participants at the end of the plan year 50 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this liam) 50 C Number of participants with account balances as of the plan year 60 CO Total number of active participants at the beginning of the plan year 60 CO Total number of participants at the end of the plan year 60 CO Total number of participants that terminated employment during the plan year with accound benefits that were	plan pation Number 4897 one number 000
Edmund Kessler, MD, PLLC 401 (k) Froffit Sharing Plan Plan sponsor's name (employer, if for a single-employer plan)	plan pation Number 4897 one number 000
22 Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Rdmund Kessler, MD, PLLC 20 Sponsor's teleph (516) 498-9 20 Business code (s 621111 21 Sponsor's name and address Same as Plan Sponsor Name 31 Administrator's E 32 Administrator's E 33 Plan administrator's name and address Same as Plan Sponsor Name 4 If the name and/or EiN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 If the name and/or EiN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Sponsor's name 5 Total number of participants at the beginning of the plan year 5 Total number of participants with account balances as of the end of the plan year 6 Number of participants at the beginning of the plan year 6 U(1) Total number of active participants at the beginning of the plan year 8 Number of participants at the end of the plan year 9 Number of participants that terminated employment during the plan year with accound benefits that were	plan pation Number 4897 one number 000
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Edmund Kessler, MD, PLLC 2C Sponsor's teleph (516) 498-9 2d Business code (s 621111 3a Plan administrator's name and address Same as Plan Sponsor Name 4 If the name and/or EiN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 5a Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this litem) 4 Unumber of active participants at the end of the plan year 6 Number of participants that terminated employment during the plan year with accound benefits that were 8 Number of participants that terminated employment during the plan year with accound benefits that were	4897 Dne number 000
### Admand Kessler, MD, PLLC 1000 Northern Boulevard Suite 250 WS Great Neck NY 11021 3a Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's E 3c Administrator's te 3c Ad	000
1000 Northern Boulevard Suite 250 US Great Neck NY 11021 3a Plan administrator's name and address Same as Plan Sponsor Name 4 If the name and/or EiN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 64 EIN 55 Sa 56 Sb 67 Counter of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 67 Counter of participants at the beginning of the plan year (defined benefit plans do not complete this item) 68 Counter of participants at the end of the plan year (defined benefit plans do not complete this item) 69 Counter of participants at the end of the plan year (defined benefit plans do not complete this item) 60 Counter of participants at the end of the plan year (defined benefit plans do not complete this item) 60 Counter of participants at the end of the plan year (defined benefit plans do not complete this item) 60 Counter of participants at the end of the plan year (defined benefit plans do not complete this item)	ee Instructions\
Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's E 3c Administrator's te 4 If the name and/or EiN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EiN, and the plan number from the last return/report. 3 Sponsor's name 5a Total number of participants at the beginning of the plan year	e e monsiemoj
3c Administrator's te 4 If the name and/or EtN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EtN, and the plan number from the last return/report. 2 Sponsor's name 5a Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6d(1) Total number of active participants at the beginning of the plan year 8 Number of participants that terminated employment during the plan year with accound benefits that were	IN
4 If the name and/or EiN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 2 Sponsor's name 5 Total number of participants at the beginning of the plan year 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6 (1) Total number of active participants at the beginning of the plan year 6 (2) Total number of participants that terminated employment during the plan year with accound benefits that were	
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	lephone number
Total number of participants at the beginning of the plan year	
b Total number of participants at the end of the plan year	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accound benefits that were	4
complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were	3
d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were	3
e Number of participants that terminated employment during the plan year with accrued benefits that were	1
less than 100% vosted	1
	0
Caution: A penalty for the late or incomplete filing 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 examined this return/report, including, if application SB or Schedule MB completed and signor by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my keeping, it is true, correct, and completed and signor by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my keeping in the correct, and completed and signor by an enrolled actuary.	ile, a Schedule nowledge and
SIGN /0/10/2V/bEDMUND KESSLER	
HERE Signature of plan administrator Date Enter name of individual signing as plan admini	strator
SIGN 10/10/2016 EDMUND KESSLER	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer of	
Proparer's name (including firm name, if applicable) and address; include room or suite number Preparer's telephone n	plan sponsor

	Form 5500-SF 2015		Page 2			-				
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (\$	See instructions.)		•••••	•••••	•••••	•••••	X Yes	П
_	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd condition	ons.)	••••••	•••••	•••••	•••••	•••••	X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot	use Forn	n 5500-SF and must inst			_				
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA sectior	1 402	1)?	••••••	Yes	No	∐ Not de	etermined
Pa	rt III Financial Information		_							
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End c		
<u>a</u>	Total plan assets	7a	31	2,5		-			259,	771
b	Total plan liabilities	7b			0	-				0
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	2,5	67	-		(b) To	259,	771
a	Contributions received or receivable from:		(a) Amount					(D) 11	otai	
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
_	(3) Others (including rollovers)	8a(3)			0					
<u>b</u>	Other income (loss)	8b	(2	,40	3)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							(2,4	.03)
<u>u</u>	to provide benefits)	8d	4	8,7	67					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		1,6	26					
g	Other expenses	8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	al expenses (add lines 8d, 8e, 8f, and 8g)							50,	393
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							(52,7	96)
<u>_i_</u>	Transfers to (from) the plan (see instructions)	8j			0					
Pa	rt IV Plan Characteristics									
9a										
	2A 2E 2F 2G 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic (Codes	in the	instruction	is:	
	rt V Compliance Questions									
10	During the plan year:		the Consumer Section		Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		'							
	Program)	-		10a		x				
b	Were there any nonexempt transactions with any party-in-interest?									
	reported on line 10a.)	••••••		10b		х				
				10c	Х					25,977
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•		10d		x				
е										
	carrier, insurance service, or other organization that provides some					l				
	the plan? (See instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	?	•••••••••	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						
j	Did the plan trust incur unrelated business taxable income?	•••••		10j						
Pa	rt VI Pension Funding Compliance		-			•	- I			
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)								□ Ve	s X No
11	a Enter the unpaid minimum required contribution for current year fro						11a			· · · · · ·
12	·		· · · · · · · · · · · · · · · · · · ·					RISA?	Yes	x No
	and the state of t	,								

Form 5500-SF 2015 Page 3-			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Month	ctions, and e		of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		~,	
b Enter the minimum required contribution for this plan year	•••••	12b	
c Enter the amount contributed by the employer to the plan for this plan year	••••••	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left		12d	
e 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	•••••••••	163	INO IN/A
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	7 No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		<u> </u>	
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 telephone	or custodian's number
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:	•••••	Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	. ,	Design- based sa harbor method	fe ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))?		Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	110(b):	Ratio Percenta Test	ge Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combini this plan with any other plans under the permissive aggregation rules?		Yes	☐ No
17a Has the Plan been timely amended for all required law changes?		Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//i instructions for tax law changes and codes).	Enter the	applicable co	ode (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that		a favorable IF	RS opinion or
advisory letter, enter the date of that favorable letter / / . and the letter's serial number 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please endetermination letter / / .		of plan's last	favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Yes	☐ No
19 Were in-service distributions made during the plan year?	••••••	Yes	☐ No
If Yes, enter amount	••••••	19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A