Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

| Part I | Annual Report | dentification information | | | |
|----------------------------|---|--|--|------------------------------|--|
| For calenda | ar plan year 2015 or f | iscal plan year beginning 01/01/2 | 015 | and ending 12/31/ | /2015 |
| A This ret | turn/report is for: | a single-employer plan a one-participant plan | | | ers checking this box must attach a dance with the form instructions) |
| B This retu | urn/report is | the first return/report an amended return/report | the final return/report a short plan year return | n/report (less than 12 month | s) |
| C Check I | box if filing under: | X Form 5558 | automatic extension | | DFVC program |
| | | special extension (enter descr | • • | | |
| Part II 1a Name ADVANCED | of plan | ormation—enter all requested inf | | 1k | Three-digit plan number (PN) ▶ 005 |
| | | | | 10 | Effective date of plan 01/01/1989 |
| Mailing | g address (include roc | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O | | | Employer Identification Number (EIN) 91-1922983 |
| | MEDICAL IMAGING, | ce, country, and ZIP or foreign posta LLC | al code (if foreign, see instr | 20 | Sponsor's telephone number 360-813-6021 |
| | JCKLIN HILL RD #381 E, WA 98383-8514 | I | | 20 | Business code (see instructions) 621111 |
| 3a Plan a | dministrator's name a | nd address Same as Plan Spons | sor. | 3k | Administrator's EIN |
| | | | | 30 | Administrator's telephone number |
| | | ne plan sponsor has changed since tumber from the last return/report. | the last return/report filed for | or this plan, enter the 4k |) EIN |
| a Spons | or's name | | | 40 | PN |
| 5a Total | number of participants | s at the beginning of the plan year | | | 5a 83 |
| b Total i | number of participants | s at the end of the plan year | | | 5b 60 |
| | | account balances as of the end of t | . , , | • | 5c 60 |
| d(1) Tota | al number of active pa | articipants at the beginning of the pla | an year | 5 | d(1) 51 |
| d(2) Tot | al number of active pa | articipants at the end of the plan yea | ar | 5 | d(2) 11 |
| | | t terminated employment during the | • • | | 5e 0 |
| | | or incomplete filing of this return | | | |
| SB or Sche | , , , | and signed by an enrolled actuary, a | • | | including, if applicable, a Schedule d to the best of my knowledge and |
| SIGN | Filed with authorized | I/valid electronic signature. | 10/11/2016 | MICHAEL COOK MD | |
| HERE | Signature of plan | | Date | Enter name of individual s | signing as plan administrator |
| SIGN | - | | | | |

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 eligib Are you claiming a waiver of the annual examination and report of 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 be a second to the plan cannot be a second t | an independand condition | dent qualified public a | ccount | ant (IQ | PA) | | | X Yes No |
| c If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance pr | ogram (see ERISA se | ection 4 | 021)? . | | Yes | No | Not determined |
| Part III Financial Information | | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | | | | | (b) End o | |
| a Total plan assets | 7a | | 11822 | 150 | | | | 9866449 |
| b Total plan liabilities | 7b | | 11822 | 150 | | | | 9866449 |
| Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year | 7c | (a) Amou | | .130 | | | (b) To | |
| a Contributions received or receivable from: | | (a) Amot | ant | | | | (6) 10 | ıdı |
| (1) Employers | 8a(1) | | 311 | 534 | | | | |
| (2) Participants | 8a(2) | | 222 | 2092 | | | | |
| (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b Other income (loss) | 8b | | 27 | 561 | | | | 504407 |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums | 8c | | | | | | | 561187 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 2549 | 595 | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | 23 | 227 | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g Other expenses | 8g | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 2572822 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | -2011635 |
| j Transfers to (from) the plan (see instructions) | 8j | | 55 | 934 | | | | |
| Part IV Plan Characteristics | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3B 3H | feature coo | des from the List of Plant | an Cha | racteris | stic Co | des in th | ne instructi | ons: |
| B If the plan provides welfare benefits, enter the applicable welfare for | eature code | es from the List of Pla | n Chara | acterist | ic Cod | les in the | e instructio | ns: |
| | | | | | | | | |
| Part V Compliance Questions | | | | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | | Amount |
| Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary Fig | duciary Correction | 10a | | X | | | |
| b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | X | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | X | | | | 500000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | X | | | |
| 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 t | he benefits under | 10e | | X | | | |
| f Has the plan failed to provide any benefit when due under the pla | | | | | | | | |
| | | | 10f | | X | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | • | · · · · · · · · · · · · · · · · · · · | 10g | X | | | | 113225 |
| h If this is an individual account plan, was there a blackout period? 2520.101-3.) | • | | 10h | | X | | | |
| i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | X | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10i | | | | | |
| Part VI Pension Funding Compliance | | | , | | <u> </u> | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes No |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | 11a | 1 | |
| 12 Is this a defined contribution plan subject to the minimum funding | | | | | | | RISA? | Yes X No |

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | | |
|-----------------------------------|---|---|------------------|---|-------------------------|-----------------------|-------------------|--|
| | _ ` | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | | 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 | |
| Te hamb of tradical or audiculari | | | | | telephone number | | | |
| | | | | | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | |
| 15a | Is the | plan a 401(k) plan? | | Ye | S | No | | |
| 15b | | "how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | Design- based safe ADP/ACP harbor test method | | | | |
| 15c | testing | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))? | 101(m)- | Ye | S | No | | |
| 16a | Check | the box to indicate the method used by the plan to satisfy the coverage requirements under secti | on 410(b): | | atio ercentage st | | rage efit test | |
| 16b | | he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules? | | Ye | s | No | | |
| 17a | Has the | e plan been timely amended for all required tax law changes? | | Ye | S | No | N/A | |
| 17b | | ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes). | Enter the ap | plicable | code | (See ins | tructions | |
| 17c | | lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references. | | t to a fa | vorable II | RS opinion | or | |
| 17d | If the p | lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/ | | the plai | n's last fav | vorable | | |
| 18 | | Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin | | Yes | ; | No | | |
| 19 | 19 Were in-service distributions made during the plan year? | | | | | No | | |
| If "Yes," enter amount | | | | | | | | |
| 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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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

| Part I | Annual Report Identifica | ation Infor | mation | | | *************************************** | unic mapection |
|--|--|---------------------------------|-----------------------------|---|---|--|---------------------|
| For calend | ar plan year 2015 or fiscal plan ye | ear beginning | 01/01/20 | 15 | and e | nding 12/31 | /2015 |
| A This re | turn/report is for: X a sir | gle-employer | plan a multip | | | player) (Filers checking this | |
| | | | | | | n accordance with the form | |
| | - Interest | e-participant (| olan 📙 a foreig | n plan | | | 1 |
| B This re | turn/report is the t | | | | | | |
| | | mended retur | n/report 📗 a short | plan year return/repo | ort (les | ss than 12 months) | |
| C Check | box if filing under: | า 5558 | automa | itic extension | | ☐ DFVC p | rogram |
| | spec | ial extension | (enter description) | *************************************** | *************************************** | | |
| | Basic Plan Information | enter all req | uested information | | , | | |
| 1a Name o | | NO TTO | 404 (m) mmo: | ~~~ | 1b | Three-digit | |
| | CED MEDICAL IMAGI | NG, LLC | 4UI(K) PRO | FIT SHARING | | plan number (PN) | 005 |
| PLAN 0 | 2 TRUST | | | | 10 | Effective date of plan | ~ ~ |
| 00.0 | | | | | <u> </u> | 01/01/19 | |
| ∠a Plan sp Mailing | onsor's name (employer, if for a address (include room, apt., suit | single-employ e no. and stre | er plan) et or P.O. Box) | | 2b | Employer Identification | |
| A DETY ST | town, state or province, country, ED MEDICAL IMAGI | and ZIP pr.fg | reign postal code (if fo | oreign, see instr.) | ~ | 91-19229 | |
| | W BUCKLIN HILL R | | * | | 2c | Sponsor's telephone n 0 – 813 – 6021 | umber |
| 2710 1 | W DOCKDIN HILL E | TOCH C | | | | · | |
| SILVER | NALE | WA 981 | 883-8514 | | 2d | Business code (see ins 621111 | structions) |
| | Iministrator's name and address | | s Plan Sponsor. | | 3b | Administrator's EIN | |
| | ministraçõe o namo de a agarodo | E Came a | эт ан оронзог. | • | | Administrator 2 File | |
| | | | | | 3c | Administrator's telepho | ne number |
| | | | | | | control of the particular control of the par | nic nambai |
| 4 If the na | me and/or EIN of the plan spons | or has change | ed since the last return | n/report filed for this | 4b | EN | |
| | ter the name, EIN, and the plan r | | | , | | | |
| a Spons | or⁵s name | | | | 4c | PN | |
| | | | ··· | | | | |
| | number of participants at the beg | | | | 5a | | 83 |
| | number of participants at the end | | | | 5b | | 60 |
| | er of participants with account b | | the end of the plan ye | ear (defined | _ | | |
| | t plans do not complete this item | | | | 5c | 1 | 60 |
| | tal number of active participants | | | | 5d(1 | -1 | 51 |
| | tal number of active participants | | | | 5d(2 |) | 11 |
| | er of participants that terminated ts that were less than 100% vest | | - | | 5e | | 0 |
| ······································ | A penalty for the late or incomp | | thin enturn/ron art will | ······ | | | |
| Under pena | alties of periury and other penaltic | es set forth in | the instructions. Lideo | lare that I have exan | nined t | this return/report includ | ing if applicable a |
| Schedule S | B or Schedule MB completed ar age and belief, it is true, correct, | d signed by a | in enrolled actuary, as | well as the electroni | ic vers | sion of this return/report, | and to the best of |
| | Markey | .1. | | | ** **. ** | | |
| SIGN HERE | "WWW L | WY | 10/11/2016 | MICHAEL CO | OOK | MD | |
| Sig | nature of plan administrator | | Date | | | signing as plan administ | rator |
| 21211 | | | | | | | |
| SIGN HERE | | | | | | | |
| Sig | nature of employer/plan spons | or | Date | Enter name of indiv | idual s | signing as employer or p | lan sponsor |
| Preparer's | name (including firm name, if ap | olicable) and | address (include room | or suite number) | | Preparer's telephone | number |
| | | | | | | *************************************** | |
| | | | | | | *** | 1 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | # T | |
| | | | | | | | |

| Total plan assets Ta | Form | 5500-SF 2015 | | | Page | 2 | | | | |
|--|----------|---|-------------|---------------------|----------|--------------|----------|--|--|--|
| Part III Financial Information Part III Financial Information Part III Financial Information Part III Financial Information Part III Financial Information Part III | b | Are you claiming a waiver of the annual examination and report of an independ (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and o | dent qua | alified pub ns.) | ic acco | ountar | t | Yes No | | |
| Teach Assets and Liabilities | С | If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see | | | | | | | | |
| a Total plan assets b Total plan liabilities c Net plan assets disubtract line 70 from line 7a) c Net plan assets disubtract line 70 from line 7a) c Net plan assets disubtract line 70 from line 7a) c Net plan assets disubtract line 70 from line 7a) c Net plan assets disubtract line 70 from line 7a) c Net plan assets disubtract line 70 from line 7a) c Net plan assets disubtract line 70 from line 7a) c Net plan assets disubtract line 70 from line 7a) c Net plan assets disubtract line 7a from line 7a) c Income (see line asset) c Participants d Ba(2) d Participants d Ba(3) d Participants d Ba(3) d Participants d Ba(3) d Participants d Benefits paid (including direct rollovers and insurance premiums to provide benefits) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) d Benefits paid (including direct rollovers and insurance premiums to provide benefits and insurance premiums to provide plan (include insurance premiums to the plan are participant contributions within the time period discribed in 2 GP 2 Z Z Z R 2 3 B 3 H b If the plan provides pension benefits, errier the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part IV | | t III Financial Information | (constant) | | | | | T | | |
| to total plan liabilities C Net plan assets (aubtract line 75 from line 7a) C Net plan assets (aubtract line 75 from line 7a) To 11822150 9864449 7c 11822150 9864449 1 (a) Amount (b) Total Contributions received or receivable from: (1) Employers (2) Participants (3) Other incore (loss) (3) Others (including rollowns) Bad3) C Total income (loss) (3) Others (including rollowns) Bad3) C Total income (loss) (3) Others (including rollowns) Bad3) C Total income (add ilines Balf), Bag2, Bag3, and Bb) (6) Benefits pad (including direct rollowers and insurance premiums to provide benefits) Bad3 (2) 23229 C Partial income (add ilines Balf), Bag2, Bag3, and Bb) (7) Benefits pad (including direct rollowers and insurance premiums to provide benefits) Bad3 (2) STATEMENT 1 C Total income (loss) (3) Cher income (loss) (4) Bands (including direct rollowers and insurance premiums to provide benefits) Bad3 (2) STATEMENT 2 C Certain deemed and/or corrective distributions (sao instructions) Bad4 (2) STATEMENT 2 C Certain deemed and/or corrective distributions (sao instructions) Bad5 (2) STATEMENT 2 C Total expenses Bad4 (2) STATEMENT 2 C Total expenses (add lines 8d, 8e, 8f, and 8g) Bad5 (2) STATEMENT 2 Bad5 (2) STATEMENT 2 Bad5 (2) STATEMENT 2 C Total expenses (add lines 8d, 8e, 8f, and 8g) Bad6 (2) STATEMENT 2 Bad6 (2) STATEMENT 2 Bad7 (2) Control include (1) STATEMENT 2 Bad7 (2) Control include (1) STATEMENT 2 Bad8 (2) STATEMENT 2 Bad8 (2) STATEMENT 1 | <u>7</u> | Plan Assets and Liabilities | | (a) Be | | | | | | |
| Net plan assets (subtract line 7b from line 7a) | | | | | ΤΤ. | 322. | .50 | 9866449 | | |
| 3 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from. (f) Employers Self1 311534 (g) Participants (g) Participants (g) Other sincularing rollovers) Ba(3) Che including rollovers) Ba(3) Che income (loss) (g) Other since (add lines Self1, 8e/2, 8e/3, and 8b) (g) Other since (add lines Self1, 8e/2, 8e/3, and 8b) (g) Other since (add lines Self1, 8e/2, 8e/3, and 8b) (g) Other since (add lines Self1, 8e/2, 8e/3, and 8b) (g) Other since (add lines Self1, 8e/2, 8e/3, and 8b) (g) Other since (add lines Self1, 8e/2, 8e/3, and 8b) (g) Other since (add lines Self1, 8e/2, 8e/3, and 8b) (g) Other since (add lines Self1, 8e/2, 8e/3, and 8b) (g) Other since (add lines Self1, 8e/2, 8e/3, and 8e/4, and 8 | | | _ | | 116 | 1221 | ΕO | 0066440 | | |
| a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (miculdings) (4) Others (miculdings) (5) Others (miculdings) (6) Others (miculdings) (7 | | | 7c | ļ., | | | 130 | | | |
| (1) Employers | | | | (| a) Amo | unt | | (b) Lotal | | |
| (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Other (including rollovers) (5) Others (including rollovers) (6) Other (including rollovers) (7) Others (including rollovers) (8) But (1) Others (including rollovers) (8) But (1) Others (including direct rollovers and insurance premiums to provide benefits paid (including direct rollovers and insurance premiums to provide benefits) (8) But (1) Other (1) Others (1) Other (1) Ot | | | | 211524 | | | 31 | | | |
| (3) Other (necluding rollovers) Bas(3) Define (add) lines 8a(1), 8a(2), 8a(3), and 8b) Bas(27561) STATEMENT 1 Contail income (add) lines 8a(1), 8a(2), 8a(3), and 8b) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective distributions (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective feet (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective feet (see instructions) Bas(2549595) STATEMENT 2 Contain deemed and/or corrective feet (see instructions) Bas(2549595) Contain deemed and/or corrective feet (see instructions) Bas(2549595) Contain deemed and/or corrective feet (see instructions) Contain expenses (and instructions) Bas(2549595) Contain deemed and/or corrective feet (see instructions) Contain expenses (and instructions) Contain expenses (and instructions) Contain expenses or contains expenses (see instructions) Contain expe | | | | | | | | | | |
| Deter income (loss) | | | | | | 444 |)] 4 | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) d C Certain deemed and/or corrective distributions (see instructions) e C Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) g Other expenses d Sq Other expenses f Net income (loss) (subtract line 8h from line 8c) g Other expenses (add lines 8d, 8e, 8f, and 8g) h Total expenses (add lines 8d, 8e, 8f, and 8g) f Net income (loss) (subtract line 8h from line 8c) g I Transfers to (from) the plan (see instructions) g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 2T 3B 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 2T 3B 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 2T 3B 3H b Urbing the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary floal and the plan year of the plan year) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions). g Did the plan have a noss, whether or not reimbursed by the plan's fidelity bond, that was a suspending and the provided any b | | | | | | 275 | 561 | ЗТАТЕМЕНТ 1 | | |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 2549595 STATEMENT 2 | | | | | | <i>Δ</i> / . | , O T | | | |
| Benefits) 8 | | | 86 | | | | | 301107 | | |
| Certain deemed and/or corrective distributions (see instructions) 8 | | • | 84 | | 2.5 | 495 | 595 | STATEMENT 2 | | |
| Administrative service providers (salaries, fees, commissions) Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g | | | | | | | | | | |
| Some content Some | | | | | | | | | | |
| Total expenses (add lines 8d, 8e, 8f, and 8g) | | | _ | | | | | | | |
| Net income (loss) (subtract line 8h from line 8c) | | | | | | | | 2572822 | | |
| Transfers to (from) the plan (see instructions) | | | | | | | | -2011635 | | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 2T 3B 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 | | · · · · · · · · · · · · · · · · · · · | _ | | | 559 | 34 | | | |
| During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101.3.) 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. j Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance 112 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) line 40 11a Inter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11b Inter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11c Inter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 | | | des fron | n the List o | of Plan | Unara | cterist | ic Godes in the instructions: | | |
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| section 302 of ERISA? | | | | | | | | Yes 🗓 No | | |