## 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.

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2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	1							
For calenda	ar plan year 2015 or	fiscal plan year beginning 01/01/2	<u> 2015                                   </u>	and ending 1	2/31/2015					
Δ This ref	turn/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruction							
A IIIISTE	um/report is ior.	a one-participant plan	a foreign plan	omployer information in a	ooddanoo war are	rom moduono,				
<b>B</b> This retu	urn/report is	the first return/report								
		an amended return/report								
C Check I	box if filing under:	X Form 5558	automatic extension	ı	DFVC program					
Dowt II	Dania Blanda	special extension (enter desc								
Part II		ormation—enter all requested in	formation		1b There a stimit					
1a Name		CINE & SURGERY PC 401(K) RETI	REMENT DI ANI		<b>1b</b> Three-digit plan number					
IVEW FORM	CT ODIATIO MEDIC	SINE & GONGERT TO 401(R) RETI	INCINICIATI I DAIN		(PN) ▶	001				
					1c Effective da	ate of plan 01/01/2006				
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	) Box)			dentification Number 20-3426389				
City or	town, state or provir	nce, country, and ZIP or foreign positive & SURGERY PC		structions)	(EIN)  2c Sponsor's	telephone number				
					212-867-2500  2d Business code (see instructions)					
315 MADISC	N AVENUE									
SUITE 513 NEW YORK, NY 10017					621111					
3a Plan administrator's name and address Same as Plan Sponsor.				<b>3b</b> Administrator's EIN						
4 If the r	name and/or FIN of t	he plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	or's telephone number				
name	, EIN, and the plan n	umber from the last return/report.	and talk notating open mot	and plant, enter the						
	or's name				4c PN	1				
		ts at the beginning of the plan year.			. 5a					
		ts at the end of the plan year			. 5b	0				
		n account balances as of the end of		enefit plans do not	. <b>5c</b>					
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)					
<b>d(2)</b> Tot	al number of active p	participants at the end of the plan ye	ar		5d(2)	0				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
		or incomplete filing of this retur								
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nolete.								
SIGN		d/valid electronic signature.	10/17/2016	DR. ANDREW GLAS	S					
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator				
SIGN										
HERE		loyer/plan sponsor	Date			ployer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite num	ber)	Preparer's telepl	none number				

Form 5500-SF 2015		Page <b>2</b>						
6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either line 6a or line 6b, the plan can	of an independ ty and condition	dent qualified public a	ccount	ant (IQ	PA)		_	Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No No	t determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Y	ear
a Total plan assets	7a		99	9882				0
<b>b</b> Total plan liabilities	7b			0				
C Net plan assets (subtract line 7b from line 7a)	7с		99	9882				0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total	
Contributions received or receivable from:     (1) Employers	8a(1)							
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	8b		2	2341				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								2341
Benefits paid (including direct rollovers and insurance premiums to provide benefits)			100	989				
Certain deemed and/or corrective distributions (see instructions).								
f Administrative service providers (salaries, fees, commissions)			1	1234				
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)								102223
i Net income (loss) (subtract line 8h from line 8c)	i Net income (loss) (subtract line 8h from line 8c)							-99882
j Transfers to (from) the plan (see instructions)	···· 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension	on feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in the	e instruction	s:
B If the plan provides welfare benefits, enter the applicable welfare	o foaturo codo	os from the List of Pla	n Char	actoriet	ic Coc	loc in the	instructions	
in the plan provides wehate benefits, effer the applicable wehate	e leature code	s nom me List of Fia	ii Cilai	acterist	.10 000	163 111 1116	III SU UCUONS	•
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	An	nount
Was there a failure to transmit to the plan any participant contri- described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	s Voluntary Fig	duciary Correction	10a		X			
<b>b</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?				Χ				
d Did the plan have a loss, whether or not reimbursed by the plan			10c	^				50000
by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of the	he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the p					Х			
			10f		-			
g Did the plan have any participant loans? (If "Yes," enter amount		·	10g		X			
h If this is an individual account plan, was there a blackout period 2520.101-3.)	•		10h		Χ			
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.			10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance						<u> </u>		
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years fro						11a		
12 Is this a defined contribution plan subject to the minimum funding						302 of ER	RISA?	Yes 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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling		
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι			
b	Enter ti	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					
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d					
		ve amount)			Yes	No	N/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo			
		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 brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information							
14a	Name o	f trust		14b 1	rust's Ell	N			
14c Name of trustee or custodian				14d Trustee's or custodian's					
						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No			
	10 110			_ D	esign-				
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)?		based safe ADP/ACP harbor test method					
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No			
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?							
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		No			
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable			
18	Is the I	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	5	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

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Oppartment 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form Is Open to Public Inspection

Part   Annual Repor	rt identification information	01/01/2015 and endir	ng 12/31/2019	5				
For calendar plan year 2015 or	iscai pian year beginning:	T = multiple employer also (not multiple)	ployer) (Filers checking this bo	x must attach a				
	x a single-employer plan	list of participating employer informati	ion in accordance with the form	instructions)				
A This return/report is for;	a one-participant plan	a foreign plan						
		T a receipt has						
m	the first return/report	the final return/report						
B This return/report is	an amended return/report							
	ev duevosa istativiebor	_ a sileit platty early to						
C Check box if filling under:	X Form 5558	automatic extension	DFVC progr	ram				
	special extension (enter des	scription)						
Design Danie	formation—enter all requested							
and the same of th	HOTHALION—White all requestes	1110	1b Three-digit					
1a Name of plan NEW YORK PODIATRIC	MEDICINE 6		plan number	001				
SURGERY PC 401 (K)	RETIREMENT PLAN		(PN)	003.				
201/0H/T 10 101/			1c Effective date o 01/01/200					
			2b Employer Identi					
2a Plan sponsor's name (em	ployer, if for a single-employer plan	n)	(E(N) 20-34					
Mailing address (include r	room, ept., suite no. and street, or f	ostal code (If foreign, see instructions)	2¢ Sponsor's telep					
NEW YORK PODIATRIC	MEDICINE &	The state of the s	(212) 867-					
NEW YORK PODIATALE SURGERY PC	FIEDICINS C		2d Business code					
VV.10=2:12 11 =	1 1		621111					
315 Madison Avenue								
Suite 513	\$	NY 10017						
NEW YORK	e and address XSame as Plan Sp	onsor	3b Administrator's	EIN				
3a Plan auministrator 3 hans	O dried distance		On Administratories	Jalanhana number				
	1 1		3c Administrator's	(diabuone unubei				
	1							
	=	5840						
4. With a part o and/or FIN B	of the plan sponsor has chadged Sit	nce the last return/report filed for this plan, e	nter the 4b EIN					
4 If the name and/or EIN o	of the plan sponsor has changed sin number from the last return/report	nce the last return/report filed for this plan, el	l .					
name, EIN, and the plan a Sponsor's name	number from the last return/report		4c PN					
name, EIN, and the plan a Sponsor's name	number from the last return/report		4c PN 5a	1				
name, EIN, and the plan a Sponsor's name  5a Total number of participa	ants at the beginning of the plan ye	c. ⊇R(,	4c PN 5a	1 0				
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				Page 2									
	Form 5500-SF 2015									_	-		4
	re all of the plan's assets during the	plan ware invested in eligible	e assets? (	See Instructions.)			. ,	H CONTRACTOR	***	Χ,	res _	No	
<b>b</b> Are undo	you claiming a waiver of the annual or 29 CFR 2520,104-46? (See instr	examination and report of a uctions on waiver eligibility a partition of the plan cannot	in incepaire and condition of use For	ms.) m 5500-SF and must in	stead (	ise Fo	rm 5		***		Yes [	] No	
it yo	e plan is a defined benefit plan, is it	covered under the PBGC in	surance pr	ogram (see ERISA sectio	on 402'	7(۱	. 🗌 Y	es 🔲 N	10	Not d	etermlr	ied	
		Covered direct the Lagor											
Part II	Financial Information		#GP0.03 7 75 6 7 1	- HE TO HAVE BEEN SET OF				/	) End c	f Yen	r		
7 Plan	n Assets and Liabilities			(a) Beginning of	99,	882	<del></del>	7.	/		-		$\overline{0}$
a Tota	al pian assets	Herring allenter many	7a			0		184					
b Tota	al plan liabilities		7b		0.0				_0-				0
c Net	plan assets (subtract line 7b from I	ne 7a)			99,	882				104		_	Ť
	ome, Expenses, and Transfers for the			(a) Amount			erection and	- Minkersky	(b) To	otal	0.555	-	1
a Cor	ntributions received or receivable fro	ym:						and the	1				
(1)	Employers	***********************	8a(1)				1111	Commence of the Commence of th	11 040	E E	dere.	8	1
	Participants		8a(2)						570(		2. 0166	Val	
	Others (Including relievers)		8a(3)			-	0.000				2001 / 21,72		
	ner income (loss)		. 8b			341	1.00	Chall K	e de la	Kingson o	. EV293	2.7	0.2
C. Tol	tal income (add lines 8a(1), 8a(2), 8	a(3), and 6b)	8c	Transfer to the Control of the Contr		H.1.		nig Services	F 7. 2 PHIL	der on the	See To	2,34	1.7
C Tol	nefits paid (including direct relievers	and insurance premiums			100	000							
to	provide benefits)	terren and the second second second second	. 8d		TOO,	, 909	200	Control (Control)	10.00 Sept.			133.1	T
e Ce	rtein deemed and/or corrective distr	ibutions (see instructions)	. 8e			274	Ap-Htts		Great States	rideral.	The con-	7.94	115
F Ad	ministrative service providers (salar	es, fees, commissions)	. 8f		Τ.	, 234	Pater		100 110 3			7.4	
	her expenses		. 8g	9			William P		34.50		-	-	
g Oth	tel expenses (add lines 8d 8g 8f. 8	nd 8g)	. 8h	Jan 19 Jan 19 19	1444		8 10					2,2	
h Total expenses (add lines 8d, 8e, 8f, and 8g)  i Net income (loss) (subtract line 8h from line 8c)			. 8i	THE THE STREET WAS THE STREET	- Maile	C		t under 10	water place .	Care Con	– 9 - 13 7 11 1	9,8	82
i Ne	ansfers to (from) the plan (see instru	ctions)	. 8j					510		1			
			1 4										
Part	V Plan Characteristics the plan provides pension benefits.	- testhe englisable panalo	n feature c	ndes from the List of Plai	n Char	acteris	tic Co	des in th	e instru	ctions	1.	,,,,	
Blf	2E 2G 2J 2K 3D the plan provides welfare benefits,	enter the applicable welfare	teature co	des from the cist of 1 (51)	Chara								-
Part V	Compliance Questions							NICA		-	ALIMB		
10 1	During the plan year:					Yes	No	N/A		AXI	оцпе		
a	Was there a fallure to transmit to the	See instructions and DUL 9	: voiuniai y	Lidding A Collection	10a		×						
	Program)	long with any party-in-intere	st? (Do no	t include transactions				规则					
Ь	Were there any nonexempt transacter transacter on line 10a.)	dris with any porty in more			10b		Х	9,904.1					_
	Was the plan covered by a fidelity I	and2			10c	Х		建設				50,0	000
	Did the plan have a loss whether o	not reimbursed by the plan	n's fidelity b	ond, that was caused	10d		x					1000	1224
	by fraud or dishonesty?				104	r		11/11/22					
	Were any fees or commissions paid carrier, insurance service, or other	Araanizanon mai didviuss s	OHIO OF BILL	Ol Mid-Maniferred	10e		x						
	Carrier, madrando do rior, o roma				177		10	1 7/2					
	the plan? (See instructions.)	L	reconstitution.			-		130					
f	the plan? (See instructions.)  Has the plan failed to provide any b	enefit when due under the I	plan?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f		X			_			
f	the plan? (See instructions.)  Has the plan failed to provide any b	enefit when due under the parts? (if "Yes," enter amour	plan? nt as of yea	r end.)			х		Ext Link				Control of the contro
g h	the plan? (See instructions.)  Has the plan failed to provide any build the plan have any participant to lift this is an individual account plan,	enefit when due under the parent when due under the parent amour was there a blackout period	plan? nt as of yea d? (See ins	r end.)tructions and 29 CFR	10f		х			Silatan j			APP
g h	the plan? (See instructions.)  Has the plan failed to provide any build the plan have any participant to lifthis is an individual account plan, 2520.101-3.)  If 10h was answered "Yes," check exceptions to providing the notice of the plan failed to provide any building the plan failed to provide any building the plan have any participant to provide any building the plan have any par	enefit when due under the pans? (if "Yes," enter amour was there a blackout period he box if you either provide applied under 29 CFR 2520	plan? It as of yea d? (See ins Id the requi	r end.) structions and 29 CFR red notioe or one of the	10f 10g		x			SHOW			
g h	the plan? (See instructions.)  Has the plan failed to provide any billion by the plan have any participant to if this is an individual account plan, 2520.101-3.)	enefit when due under the pans? (if "Yes," enter amour was there a blackout period he box if you either provide applied under 29 CFR 2520	plan? It as of yea d? (See ins Id the requi	r end.) structions and 29 CFR red notioe or one of the	10f 10g 10h		x			Silatan j			JAMES
f g h	the plan? (See instructions.)  Has the plan failed to provide any build the plan have any participant loud in this is an individual account plan, 2520.101-3.)  If 10h was answered "Yes," check exceptions to providing the notice and the plan trust incur unrelated build the plan trust incur unrelated build.	enefit when due under the pans? (if "Yes," enter amour was there a blackout period the box if you either provide applied under 29 CFR 2520 usiness taxable income?	plan?	r end.) structions and 29 CFR red notice or one of the	10f 10g 10h 10l		x x			Silatan j			
f g h i J Part	the plan? (See instructions.)  Has the plan failed to provide any build the plan have any participant to lif this is an individual account plan, 2520.101-3.)  If 10h was answered "Yes," check exceptions to providing the notice of the plan trust incur unrelated build the plan trust incur unrelated build this addined benefit plan subjections and line 11a below.	enefit when due under the pars? (if "Yes," enter amour was there a blackout period he box if you either provide applied under 29 CFR 2520 usiness taxable income? pliance	plan?	r end.) structions and 29 CFR red notioe or one of the	10f 10g 10h 10i 10j and co		X X X	edule SE	3 (Form			s []	No
f g h i J Part	the plan? (See instructions.)  Has the plan failed to provide any build the plan have any participant loud in this is an individual account plan, 2520.101-3.)  If 10h was answered "Yes," check exceptions to providing the notice and the plan trust incur unrelated build the plan trust incur unrelated build.	enefit when due under the pans? (if "Yes," enter amount was there a blackout period the box if you either provide applied under 29 CFR 2520 usiness taxable income? pliance	plan?	r end.)  tructions and 29 CFR  red notice or one of the  If "Yes," see instructions	10f 10g 10h 10l 10j and co		X X X	edule SE	3 (Form				No No

Form 5500-SF 2015	Page <b>3 -</b>							
	b, 12c, 12d, and 12e below, as applicable.)	***			-01			
(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 instructions, and enter the date of the latter ruling  Month Day Year								
granting the weiver. Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
If you completed line 12a, complete in	o for this plan year		12b		_,,			
			12c					
all a live at the amount in the 12c from II	ployer to the plan for this plan year to amount in line 12b. Enter the result (enter a minus algn to the le	ποτα	12d		_			
prostive amount)	T Yes	Π Νο Π Ν/Α	***					
e Will the minimum funding amount repo	orted on line 12d be met by the funding deadline?		169	NO LINX	_			
Part VII. Plan Terminations and	ransfers of Assets		[V] v	res No	-			
13a Has a resolution to terminate the plan be	en adopted in any plan year?	13 53 48 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13a	69 [] 140	0			
If "Yes," enter the amount of any plan	assets that reverted to the employer this year							
at the DDGC?	participants of beneficiaries, transferred to another plan, or broug		IUQI	X Yes No	_			
c If during this plan year, any assets or which assets or liabilities were transfer	labilities were transferred from this plan to another plan(s), identify pred. (See instructions.)		UNION .	13c(3) PN(s)	_			
13c(1) Name of plan(s):		13c(2) E	:114(8)	130(0) 11(0)	-			
	2							
27					-			
Part VIII Trust Information			4.41		-			
14a Name of trust	1		14b Trust's EIN					
	2							
14c Name of trustee or custodian			14d Truste	ee's or custodian's none number				
146 Name of trusted of custodian								
	ļ	, ,						
Part IX IRS Compliance Ques			Пи	П.,				
15a is the plan a 401(k) plan?			Yes	∏No	_			
	tisfy the nondiscrimination requirements for employee deferrals an	id employer	Design- based s					
15b If "Yes," how does the 401(k) plan sa matching contributions (as applicable	under sections 401(k)(3) and 401(m)(2)?		harbor method	test				
The first of the state of the s	(01/k) plan perform ADE/ACE testing for the plan year using the "c	current year	∏ Үе₅	No				
				0				
2(a)(2)(ll))?				Average				
16a Check the box to indicate the method	i used by the plan to satisfy the coverage requirements under sec	llon 410(b):	test	benefit tes	et ——			
16h Does the plan satisfy the coverage a	nd nondiscrimination tests of sections 410(b) and 401(a)(4) by cor	πbining	Yes	□No				
this plan with any other plans under	the permissive aggregation rules (		Yes	∏No □N	1/A			
17a Has the plan been timely amended t	of all required tax law changes?	Estantho o						
17b Date the last plan amendment/rast for tax law changes and codes).	atement for the required tax law changes was adopted	, Elitet tile el	ct to a fevoral	ble IRS opinion or				
17¢ If the plan sponsor is an adopter of a	pre-approved master and prototype (M&P) or volume submitter p	umber_	Of to A Ideals					
17d If the plan is an Individually-designe	d plan and received a favorable determination letter from the IRG,		f the plan's la	st favorable				
18 Is the Plan maintained in a U.S. term	itory (i.e., Puerto Rico (if no election under ERISA section 1022(i)( e Commonwealth of the Northern Mariana Islands or the U.S. Virg	2) has been in Islands)?	Yes	No				
10 Week in consider distributions made	luring the plan year?		Yes	No				
19 Were in-service distributions made	ming the prot years	****************	19					
no I saladar um distribution	morte to 5% owners who have attained age 70 ½ (regardless of	whether or not	Yes	∏No ∏N	<b>1/A</b>			
20 Were required minimum distribution retired), as required under section 4	01(a)(9)?		<u></u>					