## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Allilual Nepoli	i identification information	1			
For calend	ar plan year 2015 or f	iscal plan year beginning 01/01/	2015	and ending 12	2/31/2015	
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) mployer information in ac		
71 1111010	turn/report to for.	a one-participant plan	a foreign plan			
<b>B</b> This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)	
C Check	box if filing under:	Form 5558	automatic extension		X DFVC	program
		special extension (enter desc	cription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name J & L TECH	•	LLC 401(K) PROFIT SHARING P	LAN		1b Three-digit plan number (PN) ▶	
					1c Effective da	
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.				dentification Number 11-3522910
	r town, state or proving NOLOGIES GROUP,	ce, country, and ZIP or foreign pos LLC	tal code (if foreign, see ins	tructions)		telephone number 31-592-2600
					2d Business co	ode (see instructions)
761 COATES HOLBROOK	S AVE, SUITE 80 (, NY 11741					541330
3a Plan a	dministrator's name a	and address XSame as Plan Spor	sor.		<b>3b</b> Administrat	or's EIN
4 If the i	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
	e, EIN, and the plan nu sor's name	umber from the last return/report.			4c PN	
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			5a	30
		s at the end of the plan year			5b	28
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan year (defined ber	nefit plans do not	5c	20
	,	articipants at the beginning of the p			5d(1)	24
		articipants at the end of the plan ye			5d(2)	24
<b>e</b> Numl	ber of participants tha	t terminated employment during th	e plan year with accrued be	enefits that were less	5e	0
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	l unless reasonable car		
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, nolete.				
SIGN		d/valid electronic signature.	06/23/2017	JAMES GUSSO		
HERE	Signature of plan		Date	Enter name of individ	lual signing as plar	n administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as emi	oloyer or plan sponsor
Preparer's		name, if applicable) and address (i	nclude room or suite numb		Preparer's teleph	<u> </u>

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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</li></ul>	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  Form	5500.	X Yes
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 determined
Part III   Financial Information	1				-		
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		591	380			534988
b Total plan liabilities	7b 7c		501	380			534988
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	76	(a) Amou		300			(b) Total
a Contributions received or receivable from:		(a) Amot	ant				(b) Total
(1) Employers	8a(1)			0			
(2) Participants	8a(2)		42	101			
(3) Others (including rollovers)	8a(3)			0			
<b>b</b> Other income (loss)	8b		-1	373			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						40728
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		86	905			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f		10	215			
<b>g</b> Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						97120
i Net income (loss) (subtract line 8h from line 8c)	8i						-56392
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 2A 2E 2G 2J 2K 2T 3B 3D 3H							
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
<b>a</b> 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 Fi	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?			10c		X		
<b>d</b> 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			36
f Has the plan failed to provide any benefit when due under the pla			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a				X			202
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g	^	X		293
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	he required	notice or one of the	10h 10i				
j Did the plan trust incur unrelated business taxable income?			10i				
Part VI Pension Funding Compliance			IUJ	<u> </u>	]	<u> </u>	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X

	F	orm 5500-SF 2015 Page <b>3</b> - 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
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	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

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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

or calendar plan year 2015 or	rt Identification Information fiscal plan year beginning	1/1/2015	and ending	12/31/20	015			
	a single-employer plan		plan (not multiemployer					
This return/report is for:		list of participating e	mployer information in a					
	a one-participant plan	a foreign plan						
This return/report is	the first return/report	the final return/report						
	an amended return/report	- Committee and the committee of the com	rn/report (less than 12 r	months)				
Check box if filing under.		_						
orioon box it ming drider.	Form 5558 automatic extension special extension (enter description)			Ø DFVC	program			
Part II   Basic Plan Inf	formation—enter all requested i	AND POST STATE OF THE PARTY OF						
a Name of plan	Tormation—enter all requested i	niormation		1b Three-dig	it			
	ES GROUP, LLC 401(k) PR	OFIT SHARING PLA	N	plan numb	7/M			
				1c Effective of	date of plan 7/1/1994			
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box)	trustices)	2b Employer (EIN)	Identification Number 11-3522910			
J & L TECHNOLOGIES	S GROUP, LLC	stal code (il loreign, see ins	tructions)		s telephone number 31-592-2600			
761 COATES AVE, SUITE 80					code (see instructions			
761 COATES AVE, SU			HOLBROOK NY					
HOLBROOK					541330			
HOLBROOK 11741		nsor.		3b Administra 3c Administra	ator's EIN			
HOLBROOK 11741 <b>a</b> Plan administrator's name	NY and address Same as Plan Spor		for this plan, enter the	3c Administra	ator's EIN			
HOLBROOK 11741  a Plan administrator's name  If the name and/or EIN of the name, EIN, and the plan in	NY		for this plan, enter the	3c Administra	ator's EIN			
HOLBROOK 11741  a Plan administrator's name  If the name and/or EIN of to name, EIN, and the plan in sponsor's name	NY and address Same as Plan Sport the plan sponsor has changed since number from the last return/report.	e the last return/report filed		3C Administra 4b EIN 4c PN	ator's EIN ator's telephone numb			
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HOLBROOK 11741  a Plan administrator's name  If the name and/or EIN of to name, EIN, and the plan not a Sponsor's name  a Total number of participants  b Total number of participants with complete this item)  c Number of participants with complete this item)  d(1) Total number of active participants with complete this item)	NY and address Same as Plan Spoi the plan sponsor has changed since number from the last return/report.  Its at the beginning of the plan year that account balances as of the end of	e the last return/report filed  of the plan year (defined beroplan year	nefit plans do not	3c Administra 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	ator's EIN  ator's telephone numb  31 29 20 24 24			
HOLBROOK 11741  a Plan administrator's name  If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name  a Total number of participants of Data number of participants with complete this item)  d(1) Total number of active participants of Data number of participants with complete this item)  d(2) Total number of active participants that now wested	and address Same as Plan Spoil the plan sponsor has changed since number from the last return/report.  Its at the beginning of the plan year at the end of the plan year the account balances as of the end of participants at the beginning of the plan year terminated employment during the participants at the end of the plan year at terminated employment during the	e the last return/report filed  of the plan year (defined ber plan year ear ne plan year with accrued b	nefit plans do not enefits that were less	3c Administra 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	ator's EIN  ator's telephone numb  31 29 20 24 24			
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HOLBROOK 11741  a Plan administrator's name  If the name and/or EIN of to name, EIN, and the plan of a sponsor's name  a Total number of participants with complete this item)  C Number of participants with complete this item)  d(1) Total number of active processed in the plan of participants that the plan of perjury and of sor Schedule MB completed elief, it is true, correct, and correct.  Signature of plan  Signature of plan	and address Same as Plan Sport the plan sponsor has changed since number from the last return/report.  Its at the beginning of the plan year th account balances as of the end of participants at the beginning of the plan year terminated employment during the e or incomplete filling of this retu other penalties set forth in the instru and signed by an enrolled actuary, modete.	e the last return/report filed  of the plan year (defined ber  plan year  ear  ne plan year with accrued b  rn/report will be assessed  uctions, I declare that I have as well as the electronic ve	enefit plans do not enefits that were less if unless reasonable can be examined this return/reportersion of this return/reportersion.	3c Administra  4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  ause is established eport, including, if ort, and to the best	31 29 20 24 24 0 ad. applicable, a Schedul of my knowledge and			
HOLBROOK 11741  a Plan administrator's name  If the name and/or EIN of the name, EIN, and the plan in a Sponsor's name  a Total number of participants with complete this item)  d(1) Total number of active processed in the name of participants with complete this item)  d(2) Total number of active processed in the name of participants the name of	and address Same as Plan Sport the plan sponsor has changed since number from the last return/report.  Its at the beginning of the plan year th account balances as of the end of participants at the beginning of the plan year terminated employment during the e or incomplete filling of this retu other penalties set forth in the instru and signed by an enrolled actuary, modete.	e the last return/report filed  of the plan year (defined between the plan year with accrued by the plan year (defined between year).	enefit plans do not enefits that were less d unless reasonable can be examined this return/reportion of this return/repor	4b EIN  4c PN  5a  5b  5c  5d(1)  5e  ause is established eport, including, if ort, and to the best dual signing as placed.	31 29 20 24 24 0 ad. applicable, a Schedul of my knowledge and			

	Form 5500-SF 2015	18/3/1	Page 2						
b	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 If you answered "No" to either line 6a or line 6b, the plan cann	an independe and condition ot use Form	ent qualified public a is.) 5500-SF and mus	t inste	ant (IC	PA) Form	5500.		Yes No
Company of the last	If the plan is a defined benefit plan, is it covered under the PBGC in till Financial Information	nsurance prog	gram (see ERISA se	ection 4	021)?	[	Yes [	No 📗	Not determined
	Plan Assets and Liabilities					_			
			(a) Beginning				-	(b) End	
	Total plan assets	7a		5	91,38	30			534,988
	Net plan assets (subtract line 7b from line 7a)	7b		-	04.00	0			0
100	Income, Expenses, and Transfers for this Plan Year	7c			91,38	30		W. 17 = 2	534,988
-	Contributions received or receivable from: (1) Employers	9-(4)	(a) Amou	unt				(b) To	otal
	(2) Participants	8a(1)			10.10	0			
	(3) Others (including rollovers)	8a(2)			42,10	)1			
	Other income (loss)	8a(3) 8b			1 27	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-1,37	3			40.700
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			86,90	)5			40,728
	Certain deemed and/or corrective distributions (see instructions)	8e	PALIFIC PRINTER	Jan 6		0			
f	Administrative service providers (salaries, fees, commissions)	8f			10,21	5			
g	Other expenses	8g				0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						TSI P	97,120
i	Net income (loss) (subtract line 8h from line 8c)	8i						3,1176	-56,392
j	Transfers to (from) the plan (see instructions)	8j				0			
Par	t IV Plan Characteristics		CONTRACTOR OF THE PROPERTY OF	P				Calletta Carlo Carlo Carlo Carlo	
-									
-	If the plan provides pension benefits, enter the applicable pension	feature code	s from the List of Pl	an Cha	racteri	stic Co	des in t	he instruc	tions:
9a	ZA ZE 2G ZJ ZK 21 3B 3D 3H								
9a B	If the plan provides welfare benefits, enter the applicable welfare for								
9a B Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions				acterist	tic Coc	des in the		ons:
9a B Part 0	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides	eature codes	from the List of Pla						
9a B Part 10 a	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan and participant contributed by the plan and participant contributed by the plan and participant contributed by the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides	eature codes tions within the	from the List of Pla		acterist	tic Coc	des in the		ons:
9a B Part 0 a	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan and participant contributed by the plan and participant contributed	tions within the	from the List of Pla	n Chara	acterist	No	des in the		ons:
9a B Part 10 a	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan applicable welfare for the plan provides welfare for the plan applicable welfare for the plan applicabl	tions within the column to the	from the List of Pla	10a	acterist	No V	des in the		ons:
B 'art  a b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	tions within the following of the following	from the List of Pla	n Chara	acterist	No V	des in the		ons:
B Part O a b c d	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program).  Were there any nonexempt transactions with any party-in-interest reported on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?.  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	tions within the following of the following	from the List of Pla	10a 10b 10c	acterist	No V	des in the		Amount
B art 0 a b c d	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan party in the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram).  Were there any nonexempt transactions with any party-in-interest reported on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?.  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.)	tions within the control of the cont	from the List of Pla	10a 10b 10c 10d	Yes	No V	des in the		Amount
B Part 0 a b c d e	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram).  Were there any nonexempt transactions with any party-in-interest reported on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?.  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.)	tions within the column trial to the column trial to the column trial tr	from the List of Pla	10a 10b 10c 10d 10e 10f	Yes	No V	des in the		Amount  3,68
B Part 0 a b c d e f g	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan party and policy were there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram).  Were there any nonexempt transactions with any party-in-interest reported on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?.  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.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period?	tions within the color of the c	from the List of Pla  the time period ciary Correction  ude transactions  that was caused  y an insurance benefits under	10a 10b 10c 10d 10e 10f	Yes	No V	des in the		Amount  3,68
B Part 10 a b c d e f g	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram).  Were there any nonexempt transactions with any party-in-interest reported on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?.  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.).  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.).	tions within the codes with the codes within the codes wi	from the List of Pla  ne time period ciary Correction  ude transactions  that was caused  y an insurance benefits under  one and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No V	des in the		ons:
B Part 10 a b c d e f g	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram).  Were there any nonexempt transactions with any party-in-interest reported on line 10a.).  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?.  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.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.)	tions within the codes	from the List of Pla  the time period ciary Correction ude transactions that was caused y an insurance benefits under  ons and 29 CFR	10a 10b 10c 10d 10e 10f	Yes	No V	des in the		Amount  3,68

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

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

Yes No

Yes No

	Form 5500-SF 2015 Page <b>3</b> -					
	f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Her	100			
9	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction ranting the waiver	s, and e	nter the		e letter ru Year	ing
	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<b>b</b> Er	nter the minimum required contribution for this plan year		12b			
	ter the amount contributed by the employer to the plan for this plan year		12c			
d S	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount)		12d			
e v	/ill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part VI	Plan Terminations and Transfers of Assets					
13a ⊦	as a resolution to terminate the plan been adopted in any plan year?			Yes	No	
If	"Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
<b>b</b> v	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under f the PBGC?	r the co	ntrol		Yes 🗹	No
C If	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planth discrete transferred. (See instructions.)	an(s) to				
130	(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)
Part V	Trust Information me of trust		14b	Frust's EIN		
14c N	ame of trustee or custodian			Trustee's of telephone		an's
Part I	X IRS Compliance Questions					
<b>15a</b> Is	the plan a 401(k) plan?		Ye	s	No	
m	"Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emplo atching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	PACP
te	the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current yesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-a)(2)(ii))?		Ye	es	No	
	neck the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(	o):	□ ре	atio ercentage st		rage efit test
16b De	pes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining is plan with any other plans under the permissive aggregation rules?		Ye	es	No	
	as the plan been timely amended for all required tax law changes?		Ye	s	No	□ N/A
fo	r tax law changes and codes).	r the ap				tructions
17c If	the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is divisory letter, enter the date of that favorable letter	subjec	t to a fa	avorable IR	S opinion	or
17d If	the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter.	date of	the pla	n's last favo	orable	
18 Is	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has be ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	en )?	Ye	S	No	
<b>19</b> w	ere in-service distributions made during the plan year?		Ye	es	No	
If	"Yes," enter amount		19			
20 W	ere required minimum distributions made to $5\%$ owners who have attained age $70 \%$ (regardless of whether o tired), as required under section $401(a)(9)$ ?	r not	Ye	es	No	N/A