Form 5500	Annual Return/Repor	t of Employee Benefit Plan		OMB Nos. 12	10-0110 10-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans 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).		2016		
Department of Labor Employee Benefits Security Administration		ntries in accordance with ons to the Form 5500.			
Pension Benefit Guaranty Corporation					ıblic
	entification Information				
For calendar plan year 2016 or fisca	plan year beginning 01/01/2016	and ending 12/31/20	016		
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking t participating employer information in accor			ns.)
	🗙 a single-employer plan	a DFE (specify)			
B This return/report is:	X the first return/report	the final return/report			
	an amended return/report	a short plan year return/report (less than 12 months)			
C If the plan is a collectively-bargain	ned plan, check here			•	
D Check box if filing under:	Form 5558	automatic extension	the	e DFVC program	
Ē	special extension (enter description)	—			
Part II Basic Plan Inform	ation—enter all requested information)			
1a Name of plan	CARE CARE NETWORK, INC PENSI		1b	Three-digit plan number (PN) ▶	001
			1c	Effective date of pla 01/01/1993	an
City or town, state or province, o	apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code	(if foreign, see instructions)	2b	Employer Identifica Number (EIN) 14-1755478	tion
SOUTHERN ADIRONDACK CHILD	CARE NETWORK, INC		2c	Plan Sponsor's tele number 518-798-7972	phone
88 BROAD ST GLENS FALLS, NY 12801-4385	88 BROAD GLENS FAL	ST LS, NY 12801-4385	2d	Business code (see instructions) 561490)

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/27/2017	LYNN SICKLES	
NERE	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator
SIGN HERE				
	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor
SIGN HERE				
HERE	Signature of DFE	Date	Enter name of individu	al signing as DFE
Preparer	's name (including firm name, if applicable) and address (include r	oom or suite number	r)	Preparer's telephone number
PATRIC	IA GORDON			518-798-7972
88 BRO GLENS	AD ST FALLS, NY 12801			

3a	Plan administrator's name and address 🔀 Same as Plan Sponsor	3b Administrator's EIN		
			dministrator's telephone number	
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:	4b (EIN	
а	Sponsor's name	4c	PN	
5	Total number of participants at the beginning of the plan year	5	1	
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1	I) Total number of active participants at the beginning of the plan year	6a(1) 1	
a(2	2) Total number of active participants at the end of the plan year	6a(2	1	
b	Retired or separated participants receiving benefits	6b		
С	Other retired or separated participants entitled to future benefits	6c		
d	Subtotal. Add lines 6a(2), 6b, and 6c	6d	1	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		
f	Total. Add lines 6d and 6e	6f	1	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	1	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h		
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Code 2L			
a	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes	s in the	instructions:	
9a	Plan funding arrangement (check all that apply) (1) 9b Plan benefit arrangement (check all that apply) (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	at appl	y)	
	(1)XInsurance(1)XInsurance(2)Code section 412(e)(3) insurance contracts(2)Code section 412(e)(3)	insura	ace contracts	
	(2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) (3) \times Trust (3) \times Trust	nisural		
	(4) General assets of the sponsor (4) General assets of the sp	ponsor		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number of th		ached. (See instructions)	

a Pens	a Pension Schedules				al Sch	nedule	S
(1)		R (Retirement Plan Information)		(1)			H (Financial Information)
(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X		I (Financial Information – Small Plan)
		Purchase Plan Actuarial Information) - signed by the plan		(3)	X	_1_	A (Insurance Information)
		actuary		(4)			C (Service Provider Information)
(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)			D (DFE/Participating Plan Information)
		Information) - signed by the plan actuary		(6)	Π		G (Financial Transaction Schedules)

Page 3

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)						
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No						
If "Yes" is checked, complete lines 11b and 11c.						
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)						
11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)						
Receipt Confirmation Code						

SCHEDULE	Α	Insuranc	e Informatio	n		 0	1B No. 1210-0110
(Form 5500)						
	Department of the Treasury Internal Revenue ServiceThis schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).				l I	2016	
Department of Labor Employee Benefits Security Administration File as an attachment to Form 5500.				l			
Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				tion	This For	m is Open to Public Inspection	
For calendar plan year 201	16 or fiscal plar	year beginning 01/01/2016		and er	nding 12/3	1/2016	Inspection
A Name of plan SOUTHERN ADIRONDAC	CK CHILD CAR	E CARE NETWORK, INC PENS	ION PLAN		e-digit n number (Pl	N) 🕨	001
C Plan sponsor's name a SOUTHERN ADIRONDAC					oyer Identific 1755478	ation Number	(EIN)
on a separa 1 Coverage Information:	ate Schedule A	ning Insurance Contract Individual contracts grouped as					
(a) Name of insurance car NATIONWIDE LIFE INSUR		NY					
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or contract year	
(b) EIN	code	identification number	persons covered at end policy or contract yea		(f)	From	(g) To
31-4156830	66869	013034169	1		01/01/2016	3	12/31/2016
2 Insurance fee and comr descending order of the		tion. Enter the total fees and tota	I commissions paid. L	ist in line 3	the agents,	brokers, and c	other persons in
(a) Total a	amount of comr	nissions paid		(b) ⊤	otal amount	of fees paid	
3 Demonstration and the second							
5 Persons receiving com		ees. (Complete as many entries and address of the agent, broker, of		. ,	sions or fees	were naid	
LPL FINANCIAL LLC	(u) Hame a	ATTN C 4707 EX	OMMISSIONS DEPT ECUTIVE DRIVE EGO, CA 92121				
(b) Amount of sales an	id base	Fees	ees and other commissions paid			_	
commissions pai		(c) Amount		(d) Purpos	e		(e) Organization code
	364						3
	(a) Name a	nd address of the agent, broker, o	or other person to who	m commise	sions or fees	were paid	
		Fee	s and other commissio	ns paid			
(b) Amount of sales an commissions pai		(c) Amount					(e) Organization code

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Page **2 –** 1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

Page 3

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	dual contracts with ea	ach carrier may be treated as a unit	for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year	end		339412
		rent value of plan's interest under this contract in separate accounts at year e			0
-		tracts With Allocated Funds:			
	а	State the basis of premium rates 🕨			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferrer (3) ☐ other (specify) ►	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check her	e ▶ []	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate a	ccounts)	
	а	Type of contract: (1) deposit administration (2) immedia (3) guaranteed investment (4) other ♦	te participation guara	ntee	
	b	Balance at the end of the previous year			
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		▶			
		(6)Total additions			
		Total of balance and additions (add lines 7b and 7c(6)).		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		•			
		(5) Total deductions			
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

Specify nature of costs.

Part III			Welfare Benefit Contract Informa	ition	1						
		If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual									
			employees, the entire group of such individu								
8	Bon	ofit ar	nd contract type (check all applicable boxes)				aybc				port.
U	-	_		ь Г	Dantal		<u>م</u> ۲	Vision		a 🗆	1 :6 :
	a		alth (other than dental or vision)	b	1		c			d	Life insurance
	е	Те	mporary disability (accident and sickness)	f	Long-term dis	sability	g	Supplemental unemp	oloyment	h	Prescription drug
	i [Sto	op loss (large deductible)	j	HMO contract	t	k	PPO contract			Indemnity contract
	m	Ot	her (specify) 🕨								
9	Expe	erienc	ce-rated contracts:								
	a		iums: (1) Amount received								
		• •	ncrease (decrease) in amount due but unpaid								
		(3) Ir	ncrease (decrease) in unearned premium res	erve.		9a(3)		1		
	_	• •	arned ((1) + (2) - (3))				1		9a(4)		
	b		efit charges (1) Claims paid				-				
			ncrease (decrease) in claim reserves								
		(3) Ir	ncurred claims (add (1) and (2))						9b(3)		
		• •	laims charged						9b(4)		
	С	Rem	nainder of premium: (1) Retention charges (o	n an a	accrual basis) -						
			(A) Commissions								
	(B) Administrative service or other fees										
			(C) Other specific acquisition costs							_	
		((D) Other expenses								
		```	(E) Taxes							_	
			(F) Charges for risks or other contingencies							_	
			(G) Other retention charges			-			<b>a</b> (1)(1)		
		```	(H) Total retention						9c(1)(H	)	
	(2) Dividends or retroactive rate refunds. (These amounts were paid ird Status of policyholder reserves at end of year: (1) Amount held to provide						or	credited.)	9c(2)		
							s after	retirement	9d(1)		
		(2) Claim reserves							9d(2)		
	(3) Other reserves								9d(3)		
	e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)							9e			
10) No	Nonexperience-rated contracts:									
	а	Total premiums or subscription charges paid to carrier							10a		
	b	If the	e carrier, service, or other organization incurr	ed an	y specific costs	s in connecti	on witl	h the acquisition or			
	retention of the contract or policy, other than reported in Part I, line 2 above, report amount.								10b		

Pa	art IV	Provision of Information			
11	Did the	insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12	If the ar	swer to line 11 is "Yes," specify the information not provided.			

OF INTERFECT Interfected inflution indextor = Solidal Prain Interfected inflution indextor = Solidal Prain Description in the solidal information Description inflution Description inflution Description inflution Description Description Description Description Description Description		SCHEDULE I	Einonoial Int	form	ation 6	mall	Dlan			OMB No. 1210-0110	
Description 2016 Description Part I Second Information Informatinte Informatingenetic Information Informatingenetic Informatingen			Financial In	Financial Information—Small Plan							
Imma Revenue Samo Internal Revenue Samo This Point is Open to Public Internal Revenue Code (the Code). This Point is Open to Public Inspection Environment Laboration > File as an attachment to Form 550. This Point is Open to Public Inspection Environment Laboration > File as an attachment to Form 550. The ending 12(31/2016) Car attender plan year 2016 or fixed plan year beginning 0.101/2018 and ending 12(31/2016) Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan order the Schola participants. Complete Schedule I if reporting as a large plan or DFF. Part I Small Plan of Thanancial Information Explore the value of the plan year. You may also complete Schedule I if you are filing as a small plan order the schola participants. Complete Schedul I reporting as a small plan order to the schola participants. Image: Internation of the plan year. Combine the value of plan schola provide I report to an insurance contract that guarantees during the plan year. Combine the value of plan schola provide I report to plan schola provide I report to plan schola provide I report to plan insurance contract that guarantees during the plan year. Combine Schola Provide I report to plan schola proplan schola provide provide provide plan schola p		. ,	o be filed under section 104 of the Employee					2016			
Process Development of an output of the second process of the second proces of the second process of the second proces of the secon		Internal Revenue Service				n 6058(a) of the		This Form is Open to Public		
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SOUTHERN ADIRONDACK CHILD CARE CARE NETWORK, INC PENSION PLAN plan number (PN) ▶ 001 C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN ADIRONDACK CHILD CARE NETWORK, INC D Employer Identification Number (EIN) 14-1755476 Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule I the point year. Combine the value of plan small plan under the 80-120 participant rule (see instructions). Complete Schedule I the point year. Combine the value of plan small plan transmission. Schedule I if you are filing as a large plan or DFE. Report Idea: Include all income and expanses of the plan networks and insurance contract that guarantex that year. Schedule I if you are filing as a large plan asset. Schedule I if the plan year. Combine the value of plan insurance cartines. Round off amounts to the nearest data. 1 Plan Assets and Liabilities: 1 1 (a) Beginning Y test (b) or separately maintained function) and any payments receipts fortrom insurance cartines. Round off amounts to the nearest data. 2 Income, Expenses, and Transfers for this Plan Year: 2 2 (a) Amount (b) Total Contributions received or receivable: 1 1 2 2 3 (i) Employers. 2 2 2 3 3 3 (i) Contigours 2 2 0 3 3	-		an year beginning 01/01/2016					ig <u>12/3</u>	1/201	6	
Southern ADRONDACK CHILD CARE NETWORK, INC 14-1756478 Complete Schedule II if the plan overse flower than 100 participants as of the beginning of the plan year. You may also complete Schedule II if you are filling as a samal plan under the 80-120 participant nue (eei instructions). Complete Schedule II reporting as a large plan or DFE. Part I Small Plan Financial Information Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan to an insurance contract that guarantees during the plan year to pay as pectico dura benefit a future date. Include all income and expenses of the plan instance contract that guarantees during the plan year. Combine the value of plan to a fusurance contract that guarantees during the plan year to pay as pectico dura benefits. Round off anounts to the nearest dolar. 1 Plan Assets and Liabilities: 1 1 0 3006251 330412 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total 330412 2 Income, Expenses, and Transfers for this Plan Year: 2a(3) 300251 330412 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total (i) Employers 2a(3) 3000251 330412 2 Income, Expenses, and Transfers for this Plan Year: 2a(3) 3000251 330412 3 Onter thone constructions 2a			NSION F			0	PN)	•	001		
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in not assets full more than one trus. Do not enter the value of the plan including any trust(s) or separately maintained fund(s) and any payments/fecipls tofform insurance caritation the series during the plan year. Combine the value of the plan including any trust(s) or separately maintained fund(s) and any payments/fecipls tofform insurance caritation the nearest dollar. 1 Plan Assets and Liabilities: (a) Beginning of Year (b) End of Year 1 Plan Assets and Liabilities: (a) Beginning of Year (b) End of Year 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total (2) Participants 2a(2) 9100 (a) Other income. 2a(2) 9100 (3) Other income. 2b									nplete	Schedule I if you are filing as a	
assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/form insurance carriers. Round off amounts to the nearest dollar. 1 Plan Assets and Liabilities: (a) Beginning of Year (b) End of Year 1 Total plan assets 1a 306251 339412 b 0 308251 339412 c Nature data. Incide and set the the pay set to pay a specific dollar (b) End of Year a Total plan liabilities: 1a 306251 339412 c Nature data. Incide and transfers for this Plan Year: (a) Amount (b) Total a Contributions received or receivable: 2a(2) 9100 30412 c Data set including rollovers) 2a(2) 9100 30412 d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 31161 31161 e Benefits paid (including direct rollovers) 2e 31161 31161 g Cortarit derend distributions of participant loans (see instructions) 21 0 31161 g Co	Ра	rt I Small Plan Financial	Information								
a Total plan assets 1a 308251 339412 b Total plan liabilities 1b 1c 308251 339412 c Net plan assets (subtract line 1b from line 1a) 1c 308251 339412 c Ontributions received or receivable: (a) Amount (b) Total a Contributions received or receivable: 2a(2) 9100 (2) Participants 2a(2) 9100 (3) Other income. 2a(2) 9100 (3) Other income. 2b 2c 22061 c Other income. 2d 31161 31161 e Benefits paid (including direct rollovers) 2c 22061 31161 c Cortexit demend distributions of participant loans (see instructions) 2f 2g 31161 g Cortaid expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2k 31161 31161 t Transfers to (from) the plan (see instructions) 2f 2k 31161 i Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2k 31161 31161 t Transfe	ass ben insu	ets held in more than one trust. Do efit at a future date. Include all inco irance carriers. Round off amount	not enter the value of the portion me and expenses of the plan in	n of an i	nsurance contra any trust(s) or s	act that geparate	guarantee ly mainta	es during	this p	plan year to pay a specific dollar	
b Total plan liabilities 1b 308251 339412 c Net plan assets (subtract line 1b from line 1a) 1c 308251 339412 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total c Contributions received or receivable: 2a(1) 2a(2) 9100 (a) Others (including rollovers) 2a(3)	1				(a) B	eginning					
c Net plan assets (subtract line 1b from line 1a) 1c 308251 339412 2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total a Contributions received or receivable: (1) (2) Participants 2a(2) 9100 (2) Participants 2a(3) 2a(3) 2a(3) 2b 2b 2d(1) 31161 c Other income 2c 22061 31161 31161 31161 e Benefits paid (including direct rollovers) 2c 2d 31161 31161 e Benefits paid (including direct rollovers) 2t 2t 31161 31161 g Certain deemed distributions of participant loans (see instructions) 2t 2t 31161 i Other expenses 2t 2t 31161 31161 i Other expenses (add lines 2e, 2t, 2g, 2h, and 2l) 2t 31161 31161 i Other expenses (add lines 2e, 2t, 2g, 2h, and 2l) 2t 31161 31161 i Other expenses (add lines 2e, 2t, 2g, 2h, and 2l) 2t 31161 31161 31161	a						308251			339412	
2 Income, Expenses, and Transfers for this Plan Year: (a) Amount (b) Total a Contributions received or receivable: 2a(2) 9100 (i) Employers		•									
a Contributions received or receivable: image: contributions received or receivable: image: contributions received or receivable: (1) Employers				1c							
(1) Employers 2a(1) (2) Participants 2a(2) (3) Others (including rollovers) 2a(3) b Noncash contributions 2b c Other income 2c 2 D 2061 d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2 d 2d 3 Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 2 d 2d 3 Corrective distributions (see instructions) 2f 9 Certain deemed distributions of participant loans (see instructions) 2g 1 Other expenses 2i j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2j 2 k 2i 3 Specific Assets: If the plan held assets at any time during the plan year. In any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. In any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan year. Molecate the value of the pla					(a) Amount			(b) I otal			
(2) Participants 2a(2) 9100 (3) Others (including rollovers) 2a(3)	а			a (1)							
(3) Others (including rollovers) 2a(3) b Noncash contributions 2b c Other income 2c 22061 d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) 2d 31161 e Benefits paid (including direct rollovers) 2e 31161 f Corrective distributions (see instructions) 2f g g Certain deemed distributions of participant loans (see instructions) 2g g f Administrative service providers (salaries, fees, and commissions) 2j 0 i Other expenses 2i 0 j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) 2j 0 k Net income (loss) (subtract line 2) from line 2d) 2k 31161 1 Transfers to (from) the plan Ned assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. 3a x a Partnership/joint venture interests 3a x 3a <											
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f Loans (other than to participants)	е	Participant loans			. 3e						
	f	Loans (other than to participants)				. 3f					
	g	Tangible personal property				. 3g					

Pa	art II	Compliance Questions					
4	During	g the plan year:		Yes	No	Amount	
а	describ	pere a failure to transmit to the plan any participant contributions within the time period bed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until prected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x		
b	close c	any loans by the plan or fixed income obligations due the plan in default as of the of plan year or classified during the year as uncollectible? Disregard participant loans d by the participant's account balance.	4b		X		
C		any leases to which the plan was a party in default or classified during the year as actible?	4c		x		
d		here any nonexempt transactions with any party-in-interest? (Do not include ctions reported on line 4a.)	4d		х		
е	Was th	e plan covered by a fidelity bond?	4e		X		
f		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was d by fraud or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4g		Х		
h		e plan receive any noncash contributions whose value was neither readily inable on an established market nor set by an independent third party appraiser?	4h		x		
i		e plan at any time hold 20% or more of its assets in any single security, debt, ige, parcel of real estate, or partnership/joint venture interest?	4i		х		
j		all the plan assets either distributed to participants or beneficiaries, transferred to r plan, or brought under the control of the PBGC?	4j		x		
k	public a	u claiming a waiver of the annual examination and report of an independent qualified accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 04-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X			
I	Has th	e plan failed to provide any benefit when due under the plan?	41		Х		
m		s an individual account plan, was there a blackout period? (See instructions and 29 520.101-3.)	4m		x		
n		vas answered "Yes," check the "Yes" box if you either provided the required notice or the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
0	Were a	d Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and t separated from service?	40				
		esolution to terminate the plan been adopted during the plan year or any prior plan year					
5b	lf, durin transferi	enter the amount of any plan assets that reverted to the employer this year g this plan year, any assets or liabilities were transferred from this plan to another plan red. (See instructions.) Name of plan(s)				Amount: which assets or liabilities 5b(2) EIN(s)	s were 5b(3) PN(s)
	55(1)					35(2) LIN(3)	30(3) FN(5)
		n is a defined benefit plan, is it covered under the PBGC insurance program (See ERIS s checked, enter the My PAA confirmation number from the PBGC premium filing for th			21.)?		letermined. e instructions.)
Pa	rt III	Trust Information					
<u> </u>	Name					6b Trust's EIN	
6c	Name	of trustee or custodian	6d Tru	stee's c	r custodia	n telephone number	