### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I	Annual Report Id	entification Information							
For cale	ndar plan year 2016 or fisc	al plan year beginning 01/01/2016		and ending 12/31/2016					
A This	eturn/report is for:	a multiemployer plan			king this box must attach a list of accordance with the form instructions.)				
		,							
<b>B</b> This i	B This return/report is:								
	x an amended return/report a short plan year return/report (less than 12 more					)			
C If the	plan is a collectively-barga	ined plan, check here				•			
D Check box if filing under: Form 5558 automatic extension						e DFVC program			
		special extension (enter descrip	tion)						
Part II	Basic Plan Inforn	nation—enter all requested inform	nation						
	e of plan J PARK PENSION PLAN				1b	Three-digit plan number (PN) ▶	001		
01111110	CT / WART ENGINEET EAR				1c	Effective date of pl	an		
		er, if for a single-employer plan) apt., suite no. and street, or P.O. B	ox)		2b	Employer Identification	ation		
		country, and ZIP or foreign postal c		ructions)		11-3189106			
CHANG J PARK MD PC				2c	2c Plan Sponsor's telephone number				
6 ROUND HILL ROAD GREAT NECK, NY 11020  6 ROUND HILL ROAD GREAT NECK, NY 11020				2d Business code (see instructions)					
						621111			
Caution	A penalty for the late or	incomplete filing of this return/re	eport will be assessed	unless reasonable cause is es	stablis	shed.			
Under pe	nalties of perjury and othe	r penalties set forth in the instructio	ns, I declare that I have	examined this return/report, incl	uding	accompanying sche			
	•			, <u>, , , , , , , , , , , , , , , , , , </u>			<u>'</u>		
SIGN	Filed with authorized/valid	electronic signature.	07/25/2017	CHANG J. PARK, M.D.					
HERE	Signature of plan admir	nistrator	Date	Enter name of individual signi	ng as	plan administrator			
	o.g				<u>g</u>	piair administrator			
SIGN									
HERE	Signature of employer/	olan sponsor	Date	Enter name of individual signi	ng as	employer or plan sp	onsor		
SIGN HERE									
	Signature of DFE		Date	Enter name of individual signi					
Preparer	s name (including firm nar	me, if applicable) and address (inclu	de room or suite numbe	er) Prepa	arer's 1	telephone number			

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3a	Plan administrator's name and address X Same as Plan Sponsor		3b Administrator's EIN
			3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:	n/report filed for this plan, enter the name,	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 <b>6a(2), 6b, 6c,</b> and <b>6d)</b> .	d (welfare plans complete only lines 6a(1),	
a(1	) Total number of active participants at the beginning of the plan year		6a(1) 1
a(2	7) Total number of active participants at the end of the plan year		6a(2) 0
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 0
е	Deceased participants whose beneficiaries are receiving or are entitled to rec		6e
f	Total. Add lines 6d and 6e.		6f 0
g	Number of participants with account balances as of the end of the plan year complete this item)		6g
h	Number of participants that terminated employment during the plan year with 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 co 2C		
D	If the plan provides welfare benefits, enter the applicable welfare feature cod	des from the List of Plan Characteristics Codes	s in the instructions:
9a	Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all tha	at apply)
	(1) Insurance	(1) Insurance	
	Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)	insurance contracts
	(3) X Trust (4) General assets of the sponsor	(3) X Trust (4) General assets of the sp	oonsor
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a		
		_	(000 1101 001010)
а	Pension Schedules  (1) P. (Potiroment Plan Information)	b General Schedules	
	(1) R (Retirement Plan Information)	(1) H (Financial Inform	nation)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) X I (Financial Inform	nation – Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3) A (Insurance Infor	mation)
	actuary	(4) C (Service Provide	,
	(3) SB (Single-Employer Defined Benefit Plan Actuarial		ng Plan Information)
	Information) - signed by the plan actuary	(6) G (Financial Trans	-
		<b></b>	

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
	plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR .101-2.)
If "Ye	es" is checked, complete lines 11b and 11c.
<b>11b</b> Is the	e plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
Rece	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 ipt 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 lipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Rece	eipt Confirmation Code

Form 5500 (2016)

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## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Financial Information—Small Plan

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation					
For calendar plan year 2016 or fiscal pla	n year beginning 01/01/2016		and ending 12/	/31/201	6
A Name of plan		В	Three-digit		
CHANG J PARK PENSION PLAN			plan number (PN)	•	001
C Plan sponsor's name as shown on lin	ne 2a of Form 5500	D	Employer Identification	n Numb	per (EIN)
CHANG J PARK MD PC			11-3189106		
Occupate Ochookie Lifthe alexander of	and the second s	de element			Oak at the Life control of Plantage
Complete Schedule I if the plan covered f	ewer than 100 participants as of the beg	ginning of the pia	an year. You may aiso co	ompiete	Schedule i if you are filing as a

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 H if 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 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/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	1a	1730232	
b	Total plan liabilities	1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	1730232	
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	<b>(b)</b> Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)		
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	2c	-16278	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		-16278
е	Benefits paid (including direct rollovers)	2e	1713954	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		1713954
k	Net income (loss) (subtract line 2j from line 2d)	2k		-1730232
	Transfers to (from) the plan (see instructions)	21		

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. 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.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		Χ	
b	Employer real property	3b		Χ	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
е	Participant loans	3e		X	
f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	

Pá	art II	Compliance Questions						
4	During	g the plan year:		Yes	No		Amou	nt
а	describ	ere a failure to transmit to the plan any participant contributions within the time period ped 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 o	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 to by the participant's account balance.	4b		X			
С		nny leases to which the plan was a party in default or classified during the year as	4c		X			
d		here any nonexempt transactions with any party-in-interest? (Do not include ctions reported on line 4a.)	4d		X			
е	Was th	e plan covered by a fidelity bond?	4e		Χ			
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was by fraud or dishonesty?	4f		X			
g	Did the establis	plan hold any assets whose current value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4g		X			
h		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			
İ		plan at any time hold 20% or more of its assets in any single security, debt, ge, parcel of real estate, or partnership/joint venture interest?	4i		X			
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				
ı	Has the	e plan failed to provide any benefit when due under the plan?	41		X			
m		s an individual account plan, was there a blackout period? (See instructions and 29 520.101-3.)	4m		X			
n		as 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		X			
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					
		solution to terminate the plan been adopted during the plan year or any prior plan year		_				
		enter the amount of any plan assets that reverted to the employer this year		ш			ount:	
		g this plan year, any assets or liabilities were transferred from this plan to another plan ed. (See instructions.)	(s), ide	entify the	plan(s)	to whic	ch assets or liab	ilities were
		Name of plan(s)					<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
		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 the						Not determined. (See instructions.)
	rt III	Trust Information				Т.	N	
6a	Name o	of trust				-	<b>6b</b> Trust's EIN	
6c	Name o	of trustee or custodian	6d Tru	stee's o	r custod	ian tele	phone number	
-			· · · ·		. 555104		F	

### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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).

➤ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210 - 0110 1210 - 0089

2016

This Form is Open to Public Inspection

P	art I Annual Repor	t Identification In	formation		1 dono mapecuon
	For calendar plan year 2016 o			2016 and ending	9 12/31/2016
Α	This return/report is for:	a multiemployer p	lan a	multiple-employer plan (Fi	lers checking this box must attach a list of
		a single-employer		articipating employer infor DFE (specify)	mation in accordance with the form instr.)
В	This return/report is:	the first return/rep		e final return/report	-
	,	an amended retur	H	short plan year return/rep	ort (less than 12 months)
С	If the plan is a collectively-bar				
D	Check box if filing under:	Form 5558		tomatic extension	the DFVC program
P	rt II Basic Plan Inf	special extension ormation - enter all I	(enter description)		
-	Name of plan	officiation - enter all I	requested information		
	ANG J PARK PENS	SION PLAN			1b Three-digit plan number (PN) ▶ 001
_					1c Effective date of plan 12/31/1983
2a	Plan sponsor's name (employer, Mailing address (include room, a				2b Employer Identification Number (EIN) 11-3189106
СН	City or town, state or province, c	ountry, and ZIP or foreign		ee instructions)	2c Plan Sponsor's telephone number
					2d Business code (see instructions) 6 2 1 1 1 1
6	ROUND HILL ROAD	)			
GR	EAT NECK	NY	11020		
Cau	tion: A penalty for the late or	r incomplete filing of t	this return/report will	he assessed unless read	sonable cause is established.
Unde		set forth in the instructions. I	declare that I have examined the	nis return/report, including accome	panying schedules, statements and attachments, as well
SIC		1	07/25/2017	CHANG J. PAR	K M D
	Signature of plan admini	strater	Date		signing as plan administrator
SIG	I				
	Signature of employer/pl	an sponsor	Date	Enter name of individual	signing as employer or plan sponsor
SIG					
	Signature of DFE		Date	Enter name of individual	signing as DFE
Pre	parer's name (including firm na	ame, if applicable) and	address (include room	or suite number)	Preparer's telephone number
For	Paperwork Reduction Act No	otice, see the Instruct	ions for Form 5500.		Form 5500 (2016)
					v. 160205

618401 07-11-16

	Form 5500 (2016)				Page 2	-				
За	Plan administrator's name and address 🗵 Same as Plan Sponsor						rator's	rator's EIN		
					Зс	Administ	rator's	telephone nu	mber	
4 a	If the name and/or EIN of the plan sponsor has changed since the last EIN and the plan number from the last return/report:  Sponsor's name	return/repo	ort file	d for this p	lan, ente	er the nar	me,	<b>4b</b> EIN <b>4c</b> PN		
5	Total number of participants at the beginning of the plan year						5		1	
а	Number of participants as of the end of the plan year unless otherwise 6a(1), 6a(2), 6b, 6c, and 6d).  (1) Total number of active participants at the beginning of the plan year (2) Total number of active participants at the end of the plan year	r					6a(1)		1	
b d	Other retired or separated participants receiving benefits  Other retired or separated participants entitled to future benefits			• • • • • • • • • • • • • • • • • • • •			6b 6c 6d		0	
Ť	Total. Add lines <b>6d</b> and <b>6e</b> Number of participants with account balances as of the end of the plai	I to receive I	benefi define	its ed contribu	ution pla	ns	6e 6f		0	
	complete this item)  Number of participants that terminated employment during the plan ye 100% vested	ar with acci	rued b	enefits tha	at were l	ess than	6g 6h			
7 8a	Enter the total number of employers obligated to contribute to the plan complete this item).  If the plan provides pension benefits, enter the applicable pension feat	only multie	emplo	yer plans			<b>7</b>	es in the inst	ruotiono:	
2C <b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature									
9a	Plan funding arrangement (check all that apply)  (1) Insurance  (2) Code section 412(e)(3) insurance contracts  (3) X Trust  (4) General assets of the sponsor	(1) (2)	X	fit arranger Insurance Code secti Trust General as	on 412(	e)(3) insu	rance c			
	Check all applicable boxes in 10a and 10b to indicate which schedules (See instructions)					, enter th	e numl	oer attached.		
а	Pension Schedules  (1) R (Retirement Plan Information)  (2) MB (Multiemployer Defined Benefit Plan and Certain Mone: Purchase Plan Actuarial Information) - signed by the plan actuary  (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1)	Neral S	Schedules H I A C D G	(Fina (Fina (Insu (Serv (DFE	rance Inf rice Provi /Participa	ormation formation ider Info ating PI	n - Small Plan		

For	m 5500 (2016) Page <b>3</b>
Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
CFR 2	plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 2520.101-2.) Yes No s" is checked, complete lines 11b and 11c.
<b>11b</b> is the	plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
11C Enter 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, 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 er a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Recei	pt Confirmation Code

#### SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

Financial Information - Small Plan

OMB No. 1210-0110

2016

Department of Labor Employee Benefits Security Administration

► File as an attachment to Form 5500.

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation					Publ	ic Inspection
For	calendar plan year 2016 or fiscal plan year beginning 01/01/20	16	and ending	a	12/3	1/201	6
Α	Name of plan				ree-digit		
					_	er (PN)	001
<u>CH</u>	ANG J PARK PENSION PLAN						
C	Plan sponsor's name as shown on line 2a of Form 5500			D Er	nplover l	dentificatio	n Number (EIN)
					17		()
	ANG J PARK MD PC			1	L1-31	89106	
Cor	nplete Schedule I if the plan covered fewer than 100 participants as of the	beginnir	g of the plan year.	You m	av also c	omplete So	chedule I if you
are	filing as a small plan under the 80-120 participant rule (see instructions). Co	omplete	Schedule H if repo	rting as	s a large	plan or DFE	Ē.
	art I Small Plan Financial Information				***************************************		
Rep	ort below the current value of assets and liabilities, income, expenses, trans	nsfers an	d changes in net a	ssets o	during the	e plan year.	Combine the
valu	le of plan assets held in more than one trust. Do not enter the value of the	portion of	of an insurance con	tract th	hat duara	intees durin	na this plan year to
pay	a specific dollar benefit at a future date. Include all income and expenses	of the pl	an including any tru	ıst(s) o	r separat	ely maintai:	ned fund(s) and
<u></u>	payments/receipts to/from insurance carriers. Round off amounts to the	nearest	dollar.				
1	Plan Assets and Liabilities:		(a) Beginning	of Yea	r	(b) E	nd of Year
а	Total plan assets	1a	1,7	30,2	232		
b	Total plan liabilities	1b					
	Net plan assets (subtract line 1b from line 1a)	1c	1,7	30,2	232		
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amou	ınt		(b	) Total
а	Contributions received or receivable:						
	(1) Employers	2a(1)					
	(2) Participants	2a(2)					
	(3) Others (including rollovers)	2a(3)					
b	Noncash contributions	2b					
C	Other income SEE STATEMENT 1	2c		16,2	78	_	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d					-16,278
e	Benefits paid (including direct rollovers) SEE STATEMENT 2	2e	1,7	13,9	54		
f	Corrective distributions (see instructions)	2 <del>f</del>					
g	Certain deemed distributions of participant loans (see instructions)	2g					
h :	Administrative service providers (salaries, fees, and commissions)	2h					
;	Other expenses	2i					
J	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	<b>2</b> j			-		L,713,954
k	Net income (loss) (subtract line 2j from line 2d)	2k			<u> </u>		L,730,232
<u>-</u> 3	Transfers to (from) the plan (see instructions)	2l	the following action	i	-b1 113 1	/D	
3	Specific Assets: If the plan held assets at any time during the plan year value of any assets remaining in the plan as of the end of the plan year. A the assets of more than one plan on a line-by-line basis unless the trust m	llocate ti	the following cated re value of the plan	jories, i's intei	cneck "Y rest in a d	es" and en commingled	ter the current d trust containing
	the assets of more than one plan on a line-by-line basis unless the trust m	eets one	of the specific exc			ed in the ir	nstructions.
2	Dorthoughin /inint controls into and			Yes		A	mount
a b	Partnership/joint venture interests		3a	-	X		
	Employer real property	• • • • • • • • • • • • • • • • • • • •	3b		X		
c d	Real estate (other than employer real property)		3c		X		
e	Employer securities Participant loans			-	X		
f			3e		X		
•	Loans (other than to participants)		<u>3f</u>	-	X		

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

Schedule I (Form 5500) 2016 v. 160205

Х

g Tangible personal property

Pa	art II Compliance Questions					
4	During the plan year:		Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributions within the time					
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year			:		
	failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction					
	Program.)	4a		x		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the					
	close of plan year or classified during the year as uncollectible? Disregard participant					
	loans secured by the participant's account balance	4b		X		
C	Were any leases to which the plan was a party in default or classified during the year as					
	uncollectible?	4c		Х		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include					
	transactions reported on line 4a.)	4d		Х		
е	Was the plan covered by a fidelity bond?	4e		Х		
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was					
	caused by fraud or dishonesty?	4f		x		
g	Did the plan hold any assets whose current value was neither readily determinable on an					
	established market nor set by an independent third party appraiser?	4g		Х		
h	Did the plan receive any noncash contributions whose value was neither readily deter-					
	minable on an established market nor set by an independent third party appraiser?	4h		х		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt,					
	mortgage, parcel of real estate, or partnership/joint venture interest?	4i		Х		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to					
	another plan, or brought under the control of the PBGC?	4j		Х		
k	Are you claiming a waiver of the annual examination and report of an independent qualified					
	public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or					
	2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	Х			
ı	Has the plan failed to provide any benefit when due under the plan?	41		Х		
m	If this is an individual account plan, was there a blackout period? (See instructions and					
	29 CFR 2520.101-3.)	4m		Х		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required					
	notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		Х		
0						
	Were any distributions made during the plan year to an employee who attained age 62 and					
	had not separated from service?	40				
5а	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year	r? If "Ye	s," en	ter the	amount of	f any plan assets that
	Į Į		Amo			, .
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan		tify the	plan(	s) to which	assets or liabilities
	were transferred. (See instructions.)		•			
	5b(1) Name of plan(s)	5b(	(2) EIN	l(s)	-	5b(3) PN(s)
					_	
5с	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 40	021.)?		Yes	No	Not determined.
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for	this plar	ı year			. (See instr.)
Pa	rt III Trust Information					
6a	Name of trust				<b>6b</b> Tru	ıst's EIN
6c	Name of trustee or custodian	6d	Truste	e's or	custodian's	s telephone number
		1				

SCHEDULE I	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
DIVIDENDS CHANGE IN VALUE OF INVESTMENTS		25,798. -42,076.
TOTAL TO SCHEDULE I, LINE 2C		-16,278.
SCHEDULE I	BENEFITS PAID	STATEMENT 2
DESCRIPTION		AMOUNT
PARTICIPANT DISTRIBUTION TRANSFER TO ROLLOVER INDIVIDUAL	RETIREMENT PLAN	59,119. 1,654,835.

#### Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

	07/25/2017	ROBERT T. BARLOW, CPA
Signature of service provider (optional)	Date	Enter name of individual signing as service provider

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