## 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.

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calen	dar plan year 2016 or fi	scal plan year beginning 01/01/2	2016 and ending 1	2/31/2016						
		X a single-employer plan	a multiple-employer plan (not multiemployer)	(Filers check	king this box	k must attach a				
A This re	eturn/report is for:		list of participating employer information in a	ccordance w	vith the form	instructions.)				
		a one-participant plan	a foreign plan							
P This ro	turn/ranartia	the first return/report	the final return/report							
<b>D</b> This re	turn/report is	H	a short plan year return/report (less than 12 m	ontha)						
		an amended return/report	a short plan year return/report (less than 12 m	ionins)						
C Check	box if filing under:	X Form 5558	automatic extension	DFVC p	rogram					
		special extension (enter descr	ription)							
Part II	Basic Plan Info	ormation—enter all requested inf	formation							
1a Name				1b Thre	-					
SUCCESS	RESEARCH CORP. PI	ROFIT SHARING PLAN		plan (PN)	number	001				
				/	ctive date of					
				I C LIICO		7/1976				
		oyer, if for a single-employer plan)		2b Emp		ication Number				
		m, apt., suite no. and street, or P.O		(EIN)	<u>'                                    </u>	349364				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SUCCESS RESEARCH CORP.					<b>2c</b> Sponsor's telephone number 845-635-3795					
				2d Business code (see instructions)						
134 GRETN	IA ROAD VALLEY, NY 12569			524290						
LLASANT	VALLET, INT 12509									
3a Plan	administrator's name as	nd address X Same as Plan Spor	neor	<b>3b</b> Administrator's EIN						
Ja Flair	aummistrator s name ar	nd address M Same as Flam Spor	1501.	3D Admi	iriistrator s t	LIIN				
				3c Admi	inistrator's t	elephone number				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
	sor's name	mber from the last return/report.		4c PN						
<b>5a</b> Total	number of participants	at the beginning of the plan year		5a						
<b>b</b> Total	number of participants	at the end of the plan year		5b						
			the plan year (only defined contribution plans	5c						
<b>d(1)</b> To	tal number of active pa	rticipants at the beginning of the plant	an year	5d(1)						
			ar	5d(2)						
			e plan year with accrued benefits that were less	5e						
Caution:	A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable ca							
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor							
22 3. 301				.,		o o ago ana				

belief, it is true, correct, and complete. 10/05/2017 MICHAEL KORDA Filed with authorized/valid electronic signature. SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

Form 5500-SF 2016 Page **2** 

under 29 CFR 2520, 104-46? (See instructions on waiver eligibility and conditions)		6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes  b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								No	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)						X Yes	No
Part III   Financial Information   (a) Beginning of Year										7	
7   Plan Assets and Liabilities	c	<u> </u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐No L	Not dete	rmined
a Total plan assets	Pa	rt III   Financial Information		·							
b Total plan liabilities	7	Plan Assets and Liabilities						(	b) End o		
C Net plan salesises (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a	6							
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). 8a(1) 9 Other income (loss). 3 Others (including rollovers). 8a(2) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			7b								
a Contributions received or receivable from: (i) Employers. (ii) Employers. (iii) Employers. (iiii) Employers. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	6	768306			7225027			
(2) Participants				(a) Amour	ıt				(b) To	tal	
(2) Participants	а		8a(1)		12000						
(3) Other s(including rollovers)					0						
b Other income (loss)		•			0						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,			445821	$\neg$					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)										457821	
to provide benefits)			00								
f Administrative service providers (salaries, fees, commissions)			8d		1100						
## Administrative service provides (sataries, rest, continuations)	е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		0						
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1100	
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    E 2G 2R 3D	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							456721	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V	j	Transfers to (from) the plan (see instructions)			0						
Description   Description	Pa	rt IV Plan Characteristics									
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instru	ctions:	
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es in t	he instruc	tions:	
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No	N/A		Amount	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			ıtions withi	n the time period						7	
reported on line 10a.)		described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		X				
by fraud or dishonesty?	C	Was the plan covered by a fidelity bond?			10c	Х					500000
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d		•	· ·	10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?					X				
2520.101-3.)							X				
	h	2520.101-3.)			10h		X				
	i	·			10i						

Form	5500	-SF	201	6

Page 3-	1
---------	---

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)							
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?							
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year		12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP	
				"Curre	rent year" N/A test				
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage	ntage Average N/A			
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

## 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 filled under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	➤ Complete all entries in a	cordance with the instru	ctions to the Form 550	0-SF.	
P	art I Annual Report I	dentification Information		Announcement of the second		anna stalen van in de meinen en en en en en fendere beskelde en de sen en e
or	calendar plan year 2016 or fisc	cal plan year beginning	01/01/2016	and ending	12/31/201	**************************************
	This return/report is for: This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating e a foreign plan the final return/report	lan (not multiemployer) imployer information in a rn/report (less than 12 n	accordance with the	s box must attach e form instructions.)
>	Check box if filing under:	x Form 5558     special extension (enter desc	automatic extension		DFVC pr	ogram
p	art II Basic Plan Info	mation enter all requested	information		nggananganana nationa dwaina federlassidad dalassid de mormo Verbina	
а	Name of plan SUCCESS RESEARCH CO	RP PROFIT SHARING PLA	N		1b Three-digit plan number (PN) ► 1c Effective da 02/17/15	te of plan
la	Malling Address (include roor	yer, if for a single-employer plan) m, apt., suite no, and street, or P. e, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see ins	ructions)	(EIN) 13-	dentification Number -2849364 elephone number
	SUCCESS RESEARCH CO	RP.			(845) 63	•
	134 GRETNA ROAD					ode (see instructions)
antrastr	US PLEASANT VALLEY NY 125	id address 🗓 Same as Plan Sp	Colorador Colora	ta ingininga kina ani an mananan kananan dan mananan kananan manan katika dia dan dan kanan menghaban	3b Administrat	or's Citi
ļ	If the name and/or EIN of the name, EIN, and the plan nun Sponsor's name	plan sponsor has changed since aber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	or's telephone number
_ <u>a</u> Sa		at the beginning of the plan year		#FKX+6XY+5XY+5XX+5+9+4+5X5+5X4+5X4+5X4	5a	2
b		at the end of the plan year			5b	2
c	Number of participants with a	account balances as of the end of	the plan year (only defined	contribution plans	5c	2
d	(1) Total number of active part	icipants at the beginning of the pl	an year	4+>X4554A8964644+ <b>0</b> X6+RK4+AX4+84X42444	5d(1)	2
di	(2) Total number of active part	icipants at the end of the plan ye	H	>#####################################	5d(2)	2
e	Number of participants that to	erminated employment during the	plan year with accrued be		5e	0
Ca	nution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	l uniess reasonable ca	use is establishe	ď.
Ur	where annultion of porture and of	her penalties set forth in the instri nd signed by an enrolled actuary,	actions. I declare that I have	e examined this return/r	eport, including, if a	applicable, a Schedule
C	IGN ///CO			MICHAZZ	KOZA	A transference de la company d
	IEBE Signature of plan adm	Inistrator	Date / 675/2	Enter name of Individu	al signing as plan	administrator
	MACIO			MICHAE	L KOR	17
	IGN Signature of employer	/olan sponsor	Date /075/15	Enter name of individu	al signing as emplo	oyer or plan sponsor
p,	eparer's name (including firm r kip this question	name, if applicable) and address (	include room or suite numb	per)	Preparer's teleph Skip this qu	

	Form 5500-SF 2016		Page 2	newsichunisekskeiset	11 ka-la <b>wais/la-w</b>	+					
ia	Were all of the plan's assets during the plan year invested in eligible	e assets? (	See instructions.)	X A * * X 4 * * X *	*******	*****	<++×*+**	*4**	XYes		
b	Are you claiming a waiver of the annual examination and report of a	ın independ	dent qualified public acco								
	under 29 GFR 2520.104-46? (See instructions on waiver eligibility a							14+>\$44+>6	XYes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot							panning			
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pl	rogram (see ERISA secti	ion 40	21)?	4+684++×	Yes	No No	Not c	letermined	
Pí	irt III Financial Information	***************************************	gamaninada unitaria kaphanina kanana kanana kanana kananina kananinina kananini wasa Sinaisia, sidaisian kalab	m dad pool on the contract con	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					*******************************	
7	Plan Assets and Liabilities		(a) Beginning (	of Yea	ř			(b) End	of Year	44.m414444444444444444444444444	
a	Total plan assets	7a	6,7	68,3	06				7,225	,027	
b	Total plan liabilities	7b	et kalikakon da inakin ke kenisakin eten kalikan ke kehin diren kiti Kebenji ke ibu se rikerika pilon bingahiran kon		0		~~~	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	6,7	68,3	06		7,225,02				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	<u>t</u>		<u> </u>	and the second s	(b) 1	otal		
a	Contributions received or receivable from:	8a(1)		12,0	00	1001			5.9.5		
***************************************	(1) Employers	8a(2)	angigi (gi) angig ang gang kadani yanang kagamanir angir ada Malaadi (Madanda ka	de la desire de la constitución	0	7521					
	(2) Participants	8a(3)			0						
b	(3) Others (including rollovers)	8b	Δ	45,8							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		***************************************			A 49.24			157	821	
<u>с</u> З	Benefits paid (including direct rollovers and insurance premiums		Maria (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900)	MCNVHEEFF FRANK	menero (Marie III)					, yaz	
"int	to provide benefits)	8d		1,1	00	11510					
6	Certain deemed and/or corrective distributions (see instructions)	8e	معتبرين أنا والمعتبرية والمستقدم والمراجعة والمتعارض أوالم المتعارض والمتعارض والمتعار	war and the state of the state	0	1585	212122		1625\$ EE R	problement	
f	Administrative service providers (salaries, fees, commissions)	81			0	The state of the s					
g	Other expenses	8g			0		and the second consequence of the second sec				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,100				
i	Net income (loss) (subtract line 8h from line 8c)	81					456,721				
i	Transfers to (from) the plan (see instructions)	8)			0						
Pe	rt IV Plan Characteristics		and the state of t				landa de la lanción de la landa de la l	······		h. A	
9a	If the plan provides pension benefits, enter the applicable pension for	eature code	es from the List of Plan	Charac	terist	ic Coo	les in t	he instruc	tions:		
	2E 2G 2R 3D								40/2-20/14-1	varanskanistärenimadtt 97-ft	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Plan Cl	naract	eristic	Code	s in th	e instructi	ons:		
Pa	nt V Compliance Questions	Contractor of Co	ододівнува і терія (поменя на поменя від від ді IV /пр. разродівня від поменя від поменя від поменя від від по								
10	During the plan year:	tada (kiri (er) fraði primejdra efter í tenna en í	rodaminano al construencia del del prizza e Armanilalma Anjandamina antantamente Atrian cual del del del del d		Yes	No	N/A		Amount		
a	25	tions withir	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo										
	Program)			10a	-44	X	940,000	an district was districted that the state of			
b	Were there any nonexempt transactions with any party-in-interest			40h		x					
	reported on line 10a.)			10b 10c	X	1				00,000	
C				100		<del> </del>	200 MAN		-		
: d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	noemy bor	id, indi was caused	10d		X					
e	Were any fees or commissions paid to any brokers, agents, or other	ner person:	s by an insurance								
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		х	13 2 24 5			nananan nanan	
f	f Has the plan falled to provide any benefit when due under the plan?				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	x	\$345°		***		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		x			····	***************************************	
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,10	ne required	I notice or one of the	101							

***************************************	Form 5500-SF 2016	Page 3 -	and when which the state of the					
mx	W. Donaion Funding Compliance		a, agila ishli qarman udulikan emmining emilinedi	anistra (ny lenia den Calabarde) (na la				
Part 11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," se	e instructions a	nd complete	Schedul	le SB		Yes 🗓	No
110	(Form 5500 and line 11a below)			11a	31.33.110.110.1	1		
12	Is this a defined contribution plan subject to the minimum funding requirements of su				2 of	J	v 1527	
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	\$4\$\$\$\$\$\$\$\$\$\$\$\$\$	************	**********	*************	L	Yes X	No
	If a waiver of the minimum funding standard for a prior year is being amortized in this granting the waiver				er the dat	e of the Yea		ng
If vo	granting the waiver	and skip to lir	ne 13.		A.L., ***********************************			
**************	Enter the minimum required contribution for this plan year			12b				ayaagaahaab'aasiraado bibiiriininin
C	Enter the amount contributed by the employer to the plan for the plan year	->*++**++******************************	; <b>, , , , , , , , , , , , , , , , , , ,</b>	12c				
**********	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	minus sign to	the left of a	12d	rius Springers and the Springers and American			
	Will the minimum funding amount reported on line 12d be met by the funding deadlin			i	] Yes [	] No	N/A	+
Part		Accepting the second se		nin Insuratorameter	, <u>, , , , , , , , , , , , , , , , , , </u>			
	Has a resolution to terminate the plan been adopted in any plan year?	******************		(Celebra Coccination American	Yes	x	No	
***	If "Yes," enter the amount of any plan assets that reverted to the employer this year	CALL TO CONTRACT OF THE PARTY O				puzagocanaciones n'entrestanta		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and	other plan, or br	rought under	the		Yes [	X No	
	control of the PBGC?  If, during this plan year, any assets or liabilities were transferred from this plan to and				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	enaga sa insendenderke diete	***************************************	
annonation desirence	which assets or liabilities were transferred. (See instructions.)				T			
13	c(1) Name of plan(s):	aranna ar inni ar inni ar inni ar ar inni ar ar inni a	13¢(2)	EIN(s)		130	(3) PN(s)	)
			Association of the first of the			ումարներ ամբագրագրեր միջնույեն մասի մ	120-5-120-1-1	aasadamaaadayigaalishka walias
Part	VIII Trust Information - Skip These Questions	and the second s			Land Company (1975) - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977		de de l'alla de l'al	namicalisai quinquinque a Alemania
14a	Name of trust			14b	Trust's E	IN		
		<del>gy yy y a gantar tag ara yang calatary yo</del> g titil	dis jejoo valjoka valmana voinnin valman v	140	Trustee o	ar nijetni	rlian'e	
14C	Name of trustee or custodian			170	telephon			
Part	IRS Compliance Questions - Skip These Guestions		<u></u>	, , , , , , , , , , , , , , , , , , ,	iillostirtuslastava <del>(n. 2 - 174</del>			
***************************************	Is the plan a 401(k) plan? If "No," skip b.	XX 4 6 X 2 4 5 X 2 6 5 2 7 8 4 7 7 8 7 8 7 8 8 7		Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals u 401(k)(3) for the plan year? Check all that apply:	nder section	D	Design- safe har		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"Prior yea test	ar" ADP
punggysterson godg gudgangdd		and the second s		"Current ADP tes			N/A	speceralisa, colonizats diferentam
16a	What testing method was used to satisfy the coverage requirements under section 4 year? Check all that apply:	10(b) for the pla	an	Ratio percenti test	age 🔲	Averaç benefi	(	] N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410 for the plan year by combining this plan with any other plan under the permissive ago	regation rules?		Yes			No	
frank strange between the	If the plan is a master and prototype plan (M&P) or volume submitter plan that receiv the fetter/			466-1/				
	If the plan is an individually-designed plan that received a favorable determination let letter	ter from the IRS	S, enter the	date of th	ne most re	cent del	terminatic	OÙ C
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age to service?				Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\%$ during the	prior plan year?	?	x******	Yes		No	