| Form 5500-SF | | Short Form Annu | of Small Employ | yee | OMB Nos. 1210-0110 1210-0089 | | | | | |
|--|---|--|---|-----------------------------|---|---|--|--|--|--|
| | rtment of the Treasury nal Revenue Service | This form is required to be file | 065 of the Employee Reti | irement | 2016 | | | | | |
| Employee Be | epartment of Labor enefits Security Administration | Income Security Act of 1974 | (ERISA), and sections 605 Revenue Code (the Code | | This Form is Open Public Inspectio | | | | | |
| Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information | | | | | | | | | | |
| | ar plan year 2016 or fisc | | | and ending 12/3 | 31/2016 | | | | | |
| | turn/report is for: | a single-employer plan a one-participant plan | | | | ting this box must attach a ith the form instructions.) | | | | |
| B This retu | urn/report is | the first return/report an amended return/report | | | | | | | | |
| C Check box if filing under: | | | | | | rogram | | | | |
| | [| special extension (enter descr | iption) | | | | | | | |
| Part II | Basic Plan Infor | mation—enter all requested inf | ormation | | | | | | | |
| 1a Name LOWER MAI | | SSOCIATES 401(K) PLAN | | | (PN) | number | | | | |
| | | | IC LINEC | 04/01/2004 | | | | | | |
| Mailing | address (include room, | er, if for a single-employer plan) , apt., suite no. and street, or P.O country, and ZIP or foreign posta | | uctions) | (EIN) | | | | | |
| | NHATTAN MEDICAL AS | | | | 2c Sponsor's telephone number 212-732-2777 | | | | | |
| 111 BROAD\ NEW YORK, | WAY, SUITE 800 NY 10006 | | | | 2d Business code (see instructions) 621111 | | | | | |
| 3a Plan a | dministrator's name and | address 🛛 Same as Plan Spor | nsor. | : | 3b Administrator's EIN | | | | | |
| A 16 the e | | | | | | nistrator's telephone number | | | | |
| | , EIN, and the plan numb | blan sponsor has changed since the four from the last return/report. | the last return/report filed to | | 4b EIN 4c PN | | | | | |
| | | t the beginning of the plan year | | | 5a | 12 | | | | |
| | | t the end of the plan year | | | 5b | 12 | | | | |
| C Numb | er of participants with ac | ccount balances as of the end of t | the plan year (only defined | contribution plans | 5c | 8 | | | | |
| d(1) Tota | al number of active parti | cipants at the beginning of the pla | an year | | 5d(1) | 10 | | | | |
| | | cipants at the end of the plan yea erminated employment during the | | | 5d(2) 5e | e | | | | |
| | | incomplete filing of this return | | | | - | | | | |
| Under pena SB or Sche | alties of perjury and othe | r incomplete filing of this return er penalties set forth in the instruct I signed by an enrolled actuary, a ete. | ctions, I declare that I have | examined this return/repo | ort, includi | ng, if applicable, a Schedule | | | | |
| SIGN | | alid electronic signature. | 09/07/2017 | ROBERT MORARU | | | | | | |
| HERE | Signature of plan administrator Date Enter name of individu | | | | | as plan administrator | | | | |
| SIGN | | | | | | | | | | |
| HERE | Signature of employe | er/plan sponsor | al sianina a | as employer or plan sponsor | | | | | | |
| Preparer's | | me, if applicable) and address (in | iclude room or suite numbe | | | telephone number | | | | |
| | | | | | | E 5500 0E (0046) | | | | |

| 6a b | | | | | | | | | |
|---------|--|------------|----------------------------------|-------------------------|--|--|--|--|--|
| C | If the plan is a defined benefit plan, is it covered under the PBGC in | isurance p | program (see ERISA section 4021) | ? Yes No Not determined | | | | | |
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year | | | | | |
| а | Total plan assets | 7a | 490563 | 548305 | | | | | |
| b | Total plan liabilities | 7b | | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 490563 | 548305 | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 15696 | | | | | | |
| | (2) Participants | 8a(2) | 17073 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 0 | | | | | | |
| b | Other income (loss) | 8b | 32627 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 65396 | | | | | |
| Ч | Penofite paid (including direct rellevers and incurrence promiume | | | | | | | | |

Benefits paid (including direct rollovers and insurance premiums 0 8d to provide benefits) 7624 e Certain deemed and/or corrective distributions (see instructions) 8e 30 f Administrative service providers (salaries, fees, commissions)... 8f g Other expenses..... 8g 7654 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 57742 i Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) 8j

Part IV | Plan Characteristics

j

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

| 10 | During the plan year: | | | | | 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | Х | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | | |
| С | Was the plan covered by a fidelity bond? | 10c | Х | | | 40000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | Х | | |
| 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.) | 10e | x | | | 2207 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | Х | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | Х | | | 4837 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | Х | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | |

| Part | VI | Pension Funding Compliance | | | | | | | |
|---|--------|--|---------|-----------------|--|---|-------------------------|-----------|--|
| 11 | | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below) | | | | | | Yes 🗙 No | |
| 11a | Ente | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | 11a | | | | |
| 12 | | his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co | | | | Yes 🗙 No | | | |
| | | SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | , | valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr | uctior | ns, and | d enter t | he date | of the lett | er ruling | |
| | gran | ting the waiver | onth_ | | _ Day | | _ Year | | |
| lf | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 3. | | | | | | |
| 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 | | tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount) | | | 12d | | | | |
| е | Will | the 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 XI | No | |
| | | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | |
| b | Wer | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC? | nt und | er the | | | Yes | X No | |
| c | lf, d | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.) | | | to | | | | |
| 1 | | Name of plan(s): | | 13c(2) | EIN(s) | | 13c(3) PN(s) | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part | VIII | Trust Information | | | | | | | |
| 14a | Name | e of trust | | | 14b ⊺ | Frust's E | IN | | |
| 14c | Name | e of trustee or custodian | | | | | s or custo ne number | | |
| Par | t IX | IRS Compliance Questions | | | | | | | |
| 15a | Is the | plan a 401(k) plan? If "No," skip b | | Yes | | [| No | | |
| | | did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply: | | | gn-based ["Prior year" A harbor [test | | | | |
| | | | | "Curre ADP t | ent year est | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | N/A | | |
| 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan vear? Check all that apply: | | | | | o Average N/A | | | | |
| 16b | | he 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 | | ter the | e date | of the m | nost rece | ent determ | ination | |
| 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 separce? | | from | Ye | s | No | | |
| 19 | Was | any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | | | Ye | s | No | | |

| Form 5500-SF Coparimoni of the Transury Internal Revenue Service | Coparament of the Transpury Bernefit Plan | | | | | | | | |
|--|--|---------------------------------------|---|---|-----------------------------|---|--|--|--|
| Oeperiment of Labor | | Vee | 2016 | | | | | | |
| Employee Benefits Security Administration Pension Scriefil Gutranty Corporation | •••• [••••] | | | orm is Open to Public | | | | | |
| | Complete all entries in acc Identification Information | cordance with the in | structions to the Form 56 | 00-8F. | | nspection | | | |
| For calendar plan year 2016 or fis | cal plan year beginning | 01/01/201 | 6 and applies | | 78.5 F | | | | |
| | x a single-employer plan | | 6 and ending ver plan (not multiemployer) | | /31/2016 | | | | |
| A This return/report is for: | a one-participant plan | a list of participat | ing employer intomation in | accordan | ce with the fo | x must attach m inatructions.) | | | |
| B This return/report is: | the first return/report | the final return/re | port | | | | | | |
| | an amanded return/report | a short plan year | return/report (less than 12) | nontha) | | | | | |
| C Check box if filing under; | X Form 5868 | automatic extensi | | | OFVC progra | | | | |
| | special extension (enter descript | | | أسنا | ne. A c biobit | ĥ | | | |
| Partil Basic Plan Infor | mation enter all requested inf | | and and the Stational Station in the Station on the Stationard S | | (1)))) | ······································ | | | |
| Ta Name or plan | | | | 1b T | ree-digit | | | | |
| Lower Manhattan Medi | cal Associates 401(k) p | lan | | | an number N} ▶ | 001 | | | |
| | | | | 1C EI | fective date of | | | | |
| 2a Plan sponsor's name (employe | r, if for a single-employer plan) | | | 04 | 1/01/2004 | | | | |
| City or form, slate or province, | , apt., suite no. and street, or P.O. B country, and ZIP or foreign postal of | Box) xode (il foreign, see i | natructions). | 2b Employer Identification Number (EIN) 13-3045678 | | | | | |
| Lower Manhattan Medi | CAL Associates | | | 2C Sponsor's telephone number (21,2) 732-2777 | | | | | |
| 111 Brondway, Suite | B Q Q | | | 2d Business code (see instructions) 621111 | | | | | |
| US New York NY 10006 | | | | | | | | | |
| a Plan administrator's name and | address IXI Same as Plan Sponso | ör | | 3b Ad | ministrator's E | IN | | | |
| | | | | | | | | | |
| | | | | 3c Ad | ministrator's to | lephone number | | | |
| If the name and/or EIN of the plan number name, EIN, and the plan number | an sponsor has changed since the f r from the last return/report. | ast return/report Med | for this plan, enter the | 4b ein | | | | | |
| a Sponsor's name | arananan ar | ····· | | 4c PN | ····· | *************************************** | | | |
| a Total number of participants at t | ne beginning of the plan year | 128659 / FIGHIGS WYSIG / FIGHER MARKS | ar +++ «4.47244444 P+++444844 Haris 6242 by sheers | 5a | | 1.2 | | | |
| Total number of participants at (Number of participants with according to the participants wit | ne end of the plan year and of the p | | | 5b | | 12 | | | |
| month and and workly destructions | undeki ji surrari maketi el fizzki istala reketi ereketi ereketi ereketi etak | | d contribution plans | 5c | | 8 | | | |
| i(1) Total number of active particip | ants at the beginning of the plan yes | | *##################################### | 5d(1) | | 10 | | | |
| (2) Totel number of active particip | ents at the end of the plan year | ******* | ************************************** | 5d(2) | | 9 | | | |
| less than 100% vested | nated employment during the plan | year with accrued be | nellts that were | 5e | | | | | |
| aution: A penalty for the late or h | complete filing of this returnine | ort will be descende | the sector and sector the sector | | · · · · | 0 | | | |
| B or Schedule MB completed and a | penalties set forth in the instructions | A A de deserver a server | | | | le, a Schedule | | | |
| the second se | le national and the second s | | | | | ionicuigo aria | | | |
| | | 14/17 | Robert | M | prar | И | | | |
| ERE Signature of plan administ | rator | Date | Enter name of individual | | | | | | |
| | ************************************** | · · · · · · · · · · · · · · · · · · · | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| ERE Signature of employer/plan eparer's name (including firm name | I Sponsor | Date | Enter name of individual | aigníng as | employer or | alan sponsor | | | |
| kip this question | , a approached and boolees (include |) room of suite numb | | 'reparer's Skip th | lelephone nu is question | mbar Y | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Paperwork Reduction Act Notic | 6. see the instructions for From 6 | 564 00 | | | | | | | |

uotione for Form 5500-8P.

Form 5500-SF (2016) y.160205

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| | Form 6500-SF 2018 | | Pege 2 | | ******** | | | | | | | | |
|-----------|--|---|---|-------------|--------------|--------|---------------------------|--|--|--|--|--|--|
| 6a | a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) | | | | | | | | | | | | |
| b | Are you claiming a waiver of the annual examination and report of an independent sublic operators (COA) | | | | | | | | | | | | |
| | Under 29 GFR 2020, 104-457 (See instructions on waiver eligibility and conditions.) | | | | | | | | | | | | |
| | in you answered "No" to enter line 66, the plan cannot use Form 5500-8F and must instand use Form 5600 | | | | | | | | | | | | |
| C 5753 | Not determined | | | | | | | | | | | | |
| EP. | Financial Information | | | | | | sichteformal in endborter | nd bei verver er er stat som indigen i til då fri manne stat de menne verver er sekkene konst stå s | | | | | |
| 7 | Plan Assets and Ligbilities | | (a) Baginning | of Ye | 187 | T | ****** | (b) End of Year | | | | | |
| | Total plan assats mergenerative and the second se | 78 | | 490, | 563 | | | 548,305 | | | | | |
| b | Total plan Babilitias | 7b | | | | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | · | 490, | 553 | | | 548,308 | | | | | |
| a a | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (ā) Amou | nt | | | 20072 | (b) Total | | | | | |
| | (1) Employers | Ba(1) | | 15, | 696 | | | | | | | | |
| | (2) Participants | 88(2) | ************************************** | 17, | **** | | | | | | | | |
| gang-neg- | (3) Others (including rollovers) | 88(3) | | *********** | Û | | 1.25 | | | | | | |
| 0 | Other income (loss) | ab | | 32, | 627 | 齫 | | | | | | | |
| G. | Total income (add lines 6a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 65,396 | | | | | |
| d | Benefits paid (including direct rollovers and insurance promiums to provide benefits) | ßď | | | ò | 躢 | | | | | | | |
| .0 | Certain deemsd and/or corrective distributions (see instructions) | 80 | kabbilis Sinistayon (.). | 5. | 524 | | | | | | | | |
| f | Aciministrative service providers (seteries, fees, commissions) | 8f | a fin fin a fin | | 30 | | | | | | | | |
| g | Othor expanses | 80 | | ****** | CHICK DOUGHT | | | | | | | | |
| h | Total expanses (add lines 8d, 8e, 8i, and 8p) | 9h | | | | | | 7,654 | | | | | |
| | Net income (less) (subtract line 8h from line 8c) | ði | | | 197 | | 57,742 | | | | | | |
| J | Transfers to (from) the plan (see instructions) | aj | | | | | | | | | | | |
| ANYORNA | Plan Characteristics | | | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension fee | iture code | s from the List of Plan C | harac | toristic | ; Cod | e in lina | inatructions; | | | | | |
| | 415 403 20 2X 27 3D | last linted 21 in second second | | | | | | | | | | | |
| D | If the plan provides welfare benefits, enter the applicable welfare feat | ure codes | from the List of Plan Ch. | aracte | nistiç | Code | i în the l | nstructions: | | | | | |
| | Compliance Questions | ***************** | an a chiling ta fa ta ta ang ang ang ang ang ang ang ang ang an | | | ****** | | n fer der felste men eine sinder an die seiner eine einer einer einer einer seiner einer seiner einer seiner einer seiner einer seiner einer seiner s | | | | | |
| 10 | During the plan year: | | ********* | | Yes | No | NA | Amount | | | | | |
| ä | Was there a failure to transmit to the plan any participant contribution | nia within l | the time period | Ĭ | | ····, | | | | | | | |
| | described in 29 CFR 2510.3-1027 (See instructions and DOL's Volu Program) | intary Fidu | iciary Correction | | | | | • | | | | | |
| b | Program) were there any nonexempt transactions with any party-in-interest? (| | 447489489799797482555549497999799979997484555 19449449494949494999999999999999999 | 10a | | X | | and a second | | | | | |
| hmanne | reported on line 10a.) and provide the second state of the second s | no vor int | Sude Fransactions | 105 | | x | | | | | | | |
| C | Was the plan covered by a fidelity bond? | **** | | 100 | х | | | 40,000 | | | | | |
| đ | Did the plan have a loss, whether or not reimbursed by the plan's fid | Did the plan have a loss, whether or not reimbursed by the plan's fidelity hand that was caused | | | | | | | | | | | |
| 8 | Were any fees or commissions paid to any brokers, agents, or other | naronno h | ST F 25 PL DOLLAR ST STOLEN ST STOLEN | 10d | | x | | ************************************** | | | | | |
| | Genney, insurance service, of other orgenization that provides some | or all of Hy | s hanofite under | 100 | x | | | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 1881 when due under the plan? | | | | z | | 2,207 | | | | | |
| g | | the night have not and black lack of / KRVas & sales means the set of the set | | | | | | Hannin - Jan Standard - | | | | | |
| h | If this is an individual account plan, was there a blackout period? (Se | Individual account plan, was there a blackout period? (See Instructions and 29 CFR 3.) | | | | | | 4,837 | | | | | |
| i | If 10h was answered "Yea," check the box if you either provided the in exceptions to providing the notice applied under 29 CFR 2620,101-3 | a food and | ation and an office | 10h | | X | | | | | | | |

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| Form 5500-SF 2016 Page 3 - | | | | | | | | |
|--|---|--------------------------------|--|-------------------|---|------------------------|--|--|
| Partyle Pension Funding Compliance | | ***** | ***** | 4= 449 4×9= | lagar yadır məşməşər | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions | | | | | *** | <u> </u> | n gi ya Minginiya da ka | |
| 12200 DOUB OF THE DECOMP. SHARE AND A SHAR | ******* | ununu Doteta | schoo | uis s Huivi | en on the second se Esta second s | <u>, Г</u> Ү | es 😰 | No |
| TY OF EARLY THE AND AND A POLICIES CONTRACTIONS FOR SIT YEARS AND SCREEDED SHITTED TO THE AND A POLICIES AND A | A Q | | - 11 | | | Fillington | | |
| ERISA? | the Code | 9 01 69 | ixion 3 | 02 of | | . 🗆 Y | 99 [X] | No |
| (iii 100, complete line 128 of lines 120, 126, 120, and 128 below, as applicable.) | | | | | | 1 | 81-1-181F | |
| graning the waiver | Month | ctions, 1 | and e | nter ti Day | | e of the left Year | | I |
| If you completed line 128, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I | ine 13. | | | | ********* | ***** | | |
| b Enter the minimum required contribution for this plan year. | water bei ber | The state of the second second | and the second s | b | ***** | • | ····· | rmandaaride |
| C Enter the amount contributed by the employer to the plan for the plan year | i ta kananananan i ta kanananan | ****** | 12 | ¢ _ | | | | |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minute sign to negative amount) | ****** | 10-2-0-1 0-6 1-6-e-6 | 12 | ď | | | | |
| Will the minimum funding amount reported on line 12d be met by the funding deadline? | ** ******* | ****** | | | Yes [| No [|] N/A | |
| Part View Plan Terminations and Transfers of Assets | | | | | | | | N AN BAYA (NAMAPANY |
| 13a Has a resolution to terminate the pism been adopted in any plan year? | ****** | ******** | | | Yes | X N | ło | alan te mananan te |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | 13: | 2 | | | | |
| b Were all the plan assets distributed to perticipants or beneficiaries, transferred to another plan, or b control of the PBGC? | | | | | | Yes 🕱 | No | |
| C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.) | iontify U | ve plær | u(s) to | | | | , 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 194 | an a suit an |
| 13c(1) Name of plan(s): | 1 | 13c(2) EiN(s) | | | | 13c(3) PN(s) | | |
| | | | | | | | **** | |
| | | | | | | | | |
| Partylit Trust Information - Skip These Questions | | | *54******* | 19 4 1 W 44 45 41 | | | ****** | |
| 14a Name of irust | | | 14 | bTn | ist's El | IN | ********** | 70 / - 0 1 / - 10 1 |
| 14c Name of trustee or ousloclian | 474 warten 1944 oak maar punis | ni <i>nii</i> | 14d Trustee or custodian's telephono number | | | | | dela (della provide). |
| REPORT IRS Compliance Questions - Skin These Duestions | | ***** | Low | W12020 | | | | |
| | | - | | **** | | | 4040991049191004944 | ****** |
| 15a te the plan a 401(k) plan? If "No," skip b. | **** FAAG ERVAN | L.J | 198 | | | No No | ****** | - |
| 15b How did the plan satisfy the nondiscrimination requirements for employee defarrals under section 401(k)(3) for the plan year? Check all that apply: | | | Josign Iafe ha | | id | "Pri | or year" | ADP |
| | | PP CON | Curren | | ir ^{ut} | | | |
| | | L_1 . | IDP to | | ورور فللناطا الا | | 4 | |
| 6a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan part of the plan part of the plan plan part of the plan plan plan plan plan plan plan plan | | | | | | Average benefit tes | at D | N/A |
| 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(for the plan year by combining this plan with any other plan under the permissive aggregation rules? | (4) | | est (es | 170-010-00-00 | ******** | No | | |
| 17a if the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable to the letter | | ion lei | tar or s | idvis(| ory lett | er, enter th | ie date c | ł |
| 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS | i, enter i | he dat | e of th | e mo | at rece | int determi | nation | |
| 18 Defined Benefit Plan or Money Purchase Pension Plan Only: Ware any distributions made during the plan year to an employee who attained age 62 and had not a service? | separate | d from | | | Yes | [] No | GARLELLE BANK AND THE | ulaining of |
| 19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | 191695 | ****** | | D | Yes | No | ti da trabala i di gaya | 4448-48-30° |

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