Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Pä	art I Annual Repor	<u>t Identification Information</u>							
For	calendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending 13	2/31/2016					
Α -	This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (list of participating employer information in ac a foreign plan		-				
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)						
	Check box if filing under:	Form 5558 special extension (enter description)	. ,	☐ DFVC p	orogram				
Pa	rt II Basic Plan Inf	formation—enter all requested in	formation						
	Name of plan COAST THORACIC & CARE	DIOVASCULAR SURGERY, INC. RE	ETIREMENT	(PN)	number	001			
				1C Effe	ctive date of 01/01/				
2a	Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		(EIN) 05-04				
SEAC	OAST THORACIC & CARD	tal code (il loreign, see ilistractions)	2c Sponsor's telephone number 401-331-4175						
DNE RANDALL SQUARE SUITE 414 PROVIDENCE, RI 02904					2d Business code (see instructions) 621111				
3a	Plan administrator's name a	and address 🛚 Same as Plan Spor	nsor.	3b Administrator's EIN					
				3c Adm	inistrator's te	elephone number			
4		he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
а	Sponsor's name			4c PN					
5a	a Total number of participants at the beginning of the plan year								
b	·	· · ·		5b					
С			the plan year (only defined contribution plans	5c					
d(1) Total number of active participants at the beginning of the plan year									
d(•		ar	5d(2)					
е		, ,	e plan year with accrued benefits that were less	5e					

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

SIGN	Filed with authorized/valid electronic signature.	10/13/2017	ANTHONY MOULTON, M.D.				
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 sponso				
Preparer's	name (including firm name, if applicable) and address (include i	Preparer's telephone number					
ĺ							

Form 5500-SF 2016 Page **2**

C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)	e Form	n 5500.		X Ye									
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead us C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)	e Form	n 5500.											
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)	_	_	_	Not de	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
					termined								
Part III Financial Information													
7 Plan Assets and Liabilities (a) Beginning of Year			(b) End	of Year									
a Total plan assets				987	52								
b Total plan liabilities													
C Net plan assets (subtract line 7b from line 7a)				987	52								
8 Income, Expenses, and Transfers for this Plan Year (a) Amount			(b) 1	Total									
a Contributions received or receivable from:													
(1) Employers													
(2) Participants													
(3) Others (including rollovers)													
D Other Income (IOSS)				55	0.7								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				33	57								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)													
e Certain deemed and/or corrective distributions (see instructions).													
f Administrative service providers (salaries, fees, commissions) 8f													
g Other expenses													
h Total expenses (add lines 8d, 8e, 8f, and 8g)				75	42								
i Net income (loss) (subtract line 8h from line 8c)				-19	55								
j Transfers to (from) the plan (see instructions)													
Part IV Plan Characteristics													
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2A 2E 3D	ristic C	odes ir	n the ins	tructions:									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteri	stic Co	des in	the instr	uctions:									
Part V Compliance Questions													
10 During the plan year:	No	N/A		Amoun	t								
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	X												
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	X												
C Was the plan covered by a fidelity bond?					20000								
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	X												
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.)	X												
f Has the plan failed to provide any benefit when due under the plan?	X												
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	X												
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X												
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													

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Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," 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 broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d ["Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	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		Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

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Department of Labor Employee Benefits Security Administration

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to

Part II Annual Report Identification Information To celerator plan year 2016 or facel plan year beginning To I / OI / 2016 and ending 12/51/2016 and ending 12	Pension Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instru	actions to the Form 5500-	SF.	поресской
For celerator plan year 2018 of fiscal plan year beginning 01/01/2016 and sending 112/31/2016 and sending 112/31/2016 and sending 112/31/2016 and sending 113/31/2016 and send	Part I Annual Repor		1			
A This return/report is or: a one-participant plan a foreign plan a foreign plan a foreign plan be first return/report is an amended vaturn/report as automatic extension DFVC program Part II Basic Plan Information—enter at requested information 1a Name of plan BEACOAST THORACIC & CARDIOVASCULAR SURGERY, INC. RETIREMENT Part II Basic Plan Information—enter at requested information 1a Name of plan BEACOAST THORACIC & CARDIOVASCULAR SURGERY, INC. RETIREMENT Part II Basic Plan Information—enter at requested information 1a Name of plan BEACOAST THORACIC & CARDIOVASCULAR SURGERY, INC. RETIREMENT Part II Basic Plan Information—enter at requested information 1a Name of plan BEACOAST THORACIC & CARDIOVASCULAR SURGERY, INC. RETIREMENT Part II Basic Plan Information—enter at requested information 1b Three-digit plan number O1/03/1997 2b Employer Information O1/03/1997 2b Employer Information O1/03/1997 2b Employer Information D1/03/1997 2b Employer Information D1/03/1997 2c Seponsor's telephone number A101-331-4175 2d Business code (see instructions) 621111 A fif the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the A2 First name and address Same as Plan Sponsor. 3b Administrator'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 A3 Pronacis as mane 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. 4 Draw D1/03/1907 C Nomber of participants at the beginning of the plan year 5 Draw D1/03/1907 C Nomber of participants at the end of the plan year 6 Draw D1/03/1907 6 Draw D1/03/190			01/01/2016	and ending	12/31/2	016
B This returnireport is	A This return/report is for:	_	list of participating em			
an amended return/report a short plan year return/report (less than 12 months) C C Check box if filling under: S Pom 5558 automatic extension DFVC program		_				
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan SEACOAST THORACIC & CARDIOVASCULAR SURGERY, INC. RETIREMENT 1b Three-digit plan number 1001 (Filt) 1 1 1 1 1 1 1 1 1	B This return/report is	= '	<u> </u>	n/report (less than 12 mont)	ns)	
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19 Name of pian SEACOAST THORACIC & CARDIOVASCULAR SURGERY, INC. RETIREMENT 28 Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, apt., saits no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SEACOAST THORACIC & CARDIOVASCULAR SURGERY, INC. CNE RANDALL SQUARE SUITE 414 PROVIDENCE RI 02904 39 Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the leat return/report fled for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the leat return/report fled for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the dend of the plan year. 6 U(1) Total number of participants at the end of the plan year. 6 Number of participants with account belances as of the end of the plan year with accound benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accound benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accound benefits that were less than 100% vested. 6 Number of participants that terminated and playment during the plan year with accound benefits that were less than 100% vested. 6 Number of participants that terminated and playment during the plan year with accound benefits that were less than 100% vested. 6 Number of participants and the plan laministrator and the plan laministrator and the plan laministrator. 8 Name of plan laministrator. 8 Name of plan laministrator. 9 Plan laministrator plan administrator. 10 Plan laministrator plan administrator. 10 Plan laministrator plan administrat		special extension (enter desi	cription)			
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PROVIDENCE RI 02904 3b Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 3d Pin	-	·		20		ode (see instructions)
3c Administrator'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. Sponsor's name 5a Total number of participants at the beginning of the plan year		RI 02904				
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. Sponsor's name 5 Total number of participants at the beginning of the plan year	3a Plan administrator's name	and address 🔀 Same as Plan Sp	onsor.	3	b Administrat	or's EIN
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	· .				1. '=	
5a Total number of participants at the beginning of the plan year	пать, EIN, and the plan n	he plan sponsor has changed sino umber from the last return/report.	e the last return/report filed to			
b Total number of participants at the end of the plan year. C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c complete this item). 5d(1) 6d(1) Total number of active participants at the beginning of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of penury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MS completed and signed by an enrolled actuary, 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. 6/3/7 ANTHONY MOULTON, M.D.			-			7
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year 5d(1) d(2) Total number of active participants at the end of the plan year 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 56 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of participants that terminated employment during the plan year with accrued benefits that were less 58 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of participants at the end of the plan year with accrued benefits that were less 58 The penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of participants at the end of the plan year with accrued benefits that were less 58 The penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of participants at the end of the plan year with accrued benefits that were less 58 The penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Enter name of Individual signing as plan adm						-
d(1) Total number of active participants at the beginning of the plan year	C Number of participants wit	h account balances as of the end o	of the plan year (only defined	contribution plans		· ·
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SB or Schedule MS completed and signed by an enrolled actuary, 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 Signature of plan administrator Date Enter name of Individual signing as plan administrator ANTHONY MOULTON, M.D. HERE Signature of employer/plan agonsor Date Enter name of individual signing as employer or plan sponsor	Caution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	uniess reasonable cause	ls establishe	d.
HERE Signature of plan administrator SIGN Intername of Individual signing as plan administrator Intername of Individual Signing as plan administrator Intername of Individual Signing as plan administrator Intername of Individual Signing as employer or plan sponsor Intername of Individual Signing as employer or plan sponsor	SB or Schedule MB completed	and signed by an enrolled actuary	ructions, I declare that I have , as well as the electronic ve	examined this return/report rsion of this return/report, a	t, including, if and to the best	applicable, a Schedule of my knowledge and
SIGN / OBLEW / Date Entername of individual signing as employer or plan sponsor	Lucae 1 2 Company	7	-/-/			
HERE Signature of employer/plan sponsor Date Entername of individual signing as employer or plan sponsor	s constructe of plan	Administrator	Date			n administrator
Take Chief name of individual signifyer plan sponsor		y Moselme	10/13/15	ANTHONY MOULTON	, M.D.	
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's name (including firm name, if applicable) and address (include room or suite number)	Signature of emp	loyer/plan sponsor				
	Preparer's name (including firm	name, if appličable) and address	(Include room or suite numb	F F	reparer's telep	onorie numbér

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

Form 5500-SF (2016) v.160205

		FORM 3300-31 2010		1 ago =			_				
60	Mese	all of the plan's assets during the plan year invested in eligib	la accete?	(See instructions)						X Yes	□ No
þ	Are yo under	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)									
		answered "No" to either line 6a or line 6b, the plan cann								,	
C	If the p	olan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ction 40	021)?	[Yes	∐ No L	Not dete	mined
Pai	t III	Financial Information		T							
7	Plan A	Assets and Liabilities		(a) Beginning o				(b) End of		
a	Total	plan assets	7a		100,	707				5	98,752
þ	Total _l	plan liabilities	7b								
Ċ	Net pl	an assets (subtract line 7b from line 7a)	7c		100,	707				5	8,752
8		e, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) Tot	al	
а		ibutions received or receivable from: mployers	8a(1)	1							
	``	articipants	8a(2)								
		thers (including rollovers)	8a(3)								
h		income (loss)	8b		5,5	587					
		income (add Ilnes 8a(1), 8a(2), 8a(3), and 8b)	8c		•						5,587
	Benef	its paid (Including direct rollovers and insurance premiums vide benefits)	8d		7,	542					
6	Certai	in deemed and/or corrective distributions (see instructions)	8e								
f	Admir	nistrative service providers (salarles, fees, commissions)	8f								
g	Other	expenses	8g								1
		expenses (add lines 8d, 8e, 8f, and 8g)	8h_	-							7,542
		come (loss) (subtract line 8h from line 8c)	8i							-	-1 , 955
j	Trans	fers to (from) the plan (see instructions)	8j				•				
Pai	t IV	Plan Characteristics				•			•		
9a		plan provides pension benefits, enter the applicable pension $2E \ \ 3D$	feature co	odes from the List of Pla	an Chai	acteri:	stic Co	des in	the Instru	ctions:	
b	If the	plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plar	Chara	cterist	ic Coc	les in t	he instruc	tions:	
Par	t V	Compliance Questions									
10		ng the plan year:				Yeş	No	N/A		Amount	
а	des	s there a failure to transmit to the plan any participant contribution in 29 CFR 2510.3-102? (See instructions and DOL's Vigram)	/oluntary F	Fiduciary Correction	10a		×				
Ь	Wer	e there any nonexempt transactions with any party-in-interes orted on line 10a.)	t? (Do not	include transactions	10b		Х				
C	Wa	s the plan covered by a fidelity bond?	.,,		10c	Х					20,000
¢	Did by fi	the plan have a loss, whether or not reimbursed by the plan's raud or dishonesty?	fidelity bo	ond, that was caused	10d		х		•		
е	carri	e any fees or commissions paid to any brokers, agents, or ot ier, insurence service, or other organization that provides son plan? (See instructions.)	ne or all of	f the benefits under	10e		х				
f	Has	the plan falled to provide any benefit when due under the pla	an?		10f	L	Х				
Ę		the plan have any participant loans? (If "Yes," enter amount a			10g		х				
ł	252	is is an individual account plan, was there a blackout period? 0.101-3.)			10h		х				
i	If 10 exce	Oh was answered "Yes," check the box if you either provided to eptions to providing the notice applied under 29 CFR 2520.10	the require 01-3	d notice or one of the	10l						

<u> </u>	Form 5500-SF 2016 Page 3 -						
Part \	/I Pension Funding Compliance	· .					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (Form 5500) and line 11a below)	and compl	ete Sch	iedule S	В		Yes No
11a 12	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line is this a defined contribution plan subject to the minimum funding requirements of section 412 of	the Code o	r sectio	11a n 302 of	•	"-	Yes X No
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s						
	granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	Month		Day		Yea	
	Enter the minimum required contribution for this plan year			12b		•••	
	Enter the amount contributed by the employer to the plan for this plan year			12c	_		
d	Subtract the amount in fine 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	o the left of	В	12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part V	/IL Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	-			Ye	s X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					— Ш.	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or control of the PBGC?	brought un	đer the			Yes	X No
. C	if, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify the	plan(s) to			
13	3c(1) Name of plan(s):		13c(2)	EIN(s)		130	(3) PN(s)
. •			·	:			
• • •				•			
Part \	VIII Trust Information						
14a N	lame of trust			14b ⊺	rust's E	EIN	•
14c N	lame of trustee or custodian			लंगन र			P 1
	Hame Di Bustes di Odologiani					s or custo ne numbe	
Part	IX IRS Compliance Questions						
15a k	s the plan a 401(k) plan? If "No," skip b		Yes		. [No	
15b ⊦ 4	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:		sefe ř	n-based arbor ent year"	L	idest.	year" ADP
		ļΠ	ADP t		L	N/A	=,
16a y	What testing method was used to satisfy the coverage requirements under section 410(b) for the p year? Check all that apply:	olan	Ratio perce test	ntage		verage enefit test	N/A
f	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(s or the plan year by combining this plan with any other plan under the permissive aggregation rules	5? U	Yes			No	
17a H	f the plan is a mester and prototype plan (M&P) or volume submitter plan that received a favorable the letterand the serial number	a IRS opinio					
	f the plan is an individually-designed plan that received a favorable determination letter from the li etter	RS, enter th	e date	of the m	ost rece	ent detem	nination
V	Defined Benefit Plan or Money Purchase Pension Plan Only; Were any distributions made during the plan year to an employee who attained age 62 and had no service?	t separated	from	Yes	• [] No	

No