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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		t Identification Information				
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/	/2016	and ending 12	2/31/2016	
_		🔀 a single-employer plan		olan (not multiemployer) (
A This ret	urn/report is for:	a one-participant plan		mployer information in ac	ccordance with the f	orm instructions.)
		a one-participant plan	a foreign plan			
D T1		the first return/report	the final return/report			
B This retu	ırn/report is	H - 1			(1)	
		an amended return/report	a snort plan year retu	ırn/report (less than 12 m	nontns)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter desc	cription)		_	
Part II	Basic Plan Inf	ormation—enter all requested in				
1a Name		oritation oritation in requested in	momation		1b Three-digit	
	LLAZO MD PC PEN	SION PLAN			plan number	
					(PN) •	001
					1c Effective date	
					01	/01/2014
		loyer, if for a single-employer plan)				entification Number
		om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		structions)	(=::1)	7-1235358
	LLAZO MD PC	,,, <u></u>	(,	2c Sponsor's te	lephone number 452-9671
936 5TH AVE	SUITE 4					de (see instructions)
NEW YORK,					02	21330
3a Plan ad	dministrator's name a	and address X Same as Plan Spo	onsor.		3b Administrator	's EIN
		_				
					3c Administrator	r's telephone number
					3c Administrator	's telephone number
					3c Administrator	's telephone number
					3c Administrator	's telephone number
		he plan sponsor has changed since	e the last return/report filed	for this plan, enter the	3c Administrator 4b EIN	's telephone number
name,	EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	's telephone number
name, a Sponso	, EIN, and the plan no or's name	umber from the last return/report.		· 	4b EIN 4c PN	
a Sponso	EIN, and the plan nor's name	umber from the last return/report. ts at the beginning of the plan year			4b EIN 4c PN 5a	2
name, a Sponso 5a Total r b Total r	EIN, and the plan nor's name number of participant number of participant	umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year			4b EIN 4c PN	2
name, a Sponso 5a Total r b Total r C Number	EIN, and the plan nor's name number of participant number of participant er of participants with	umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o	f the plan year (only define	d contribution plans	4b EIN 4c PN 5a	2 2
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan nor's name number of participant number of participant er of participants with ete this item)	umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o	f the plan year (only define	d contribution plans	4b EIN 4c PN 5a 5b 5c	2 2 2
name, a Sponso 5a Total r b Total r c Number comple d(1) Total	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define	d contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	2 2 2 2
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total	EIN, and the plan noor's name number of participant of participant of participants with ete this item)	ts at the beginning of the plan year ts at the end of the plan year	f the plan year (only define	d contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2)	2 2 2 2 2 2
name, a Sponso 5a Total r b Total r c Number comple d(1) Total d(2) Total	EIN, and the plan noor's name number of participant of participant of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define blan year earear plan year with accrued b	d contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1)	2 2 2 2 2 2 2
name, a Sponsor 5a Total r b Total r c Number completed (1) Total d(2) Total e Number than a	EIN, and the plan noor's name number of participant of participant of participants with ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (only define blan year earear with accrued b	d contribution plans	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	2 2 2 2 2 2 2 0 0
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than a Caution: A Under pena	EIN, and the plan noor's name number of participant or participant or participant with ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (only define plan yeareareplan year with accrued brn/report will be assesseductions, I declare that I hav	d contribution plans enefits that were less d unless reasonable cale examined this return/re	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap	2 2 2 2 2 2 2 plicable, a Schedule
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than a Caution: A Under penassB or Schee	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan yeareareplan year with accrued brn/report will be assesseductions, I declare that I hav	d contribution plans enefits that were less d unless reasonable cale examined this return/re	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap	2 2 2 2 2 2 2 plicable, a Schedule
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan yeareareplan year with accrued be constant of the plan year with assessed uctions, I declare that I have as well as the electronic versions.	enefits that were less d unless reasonable cale examined this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apert, and to the best of	2 2 2 2 2 2 2 plicable, a Schedule
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than a Caution: A Under penassB or Schee	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan yearear	enefits that were less d unless reasonable care examined this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if aport, and to the best of	2 2 2 2 2 2 2 plicable, a Schedule my knowledge and
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan yeareareplan year with accrued be constant of the plan year with assessed uctions, I declare that I have as well as the electronic versions.	enefits that were less d unless reasonable cale examined this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if aport, and to the best of	2 2 2 2 2 2 2 plicable, a Schedule my knowledge and
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schele belief, it is t SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan yearear	enefits that were less d unless reasonable care examined this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if aport, and to the best of	2 2 2 2 2 2 2 plicable, a Schedule my knowledge and
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan year	enefits that were less d unless reasonable care examined this return/reporersion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if aport, and to the best of extended the content of the c	2 2 2 2 2 2 plicable, a Schedule my knowledge and administrator over or plan sponsor
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (only define plan year	enefits that were less d unless reasonable care examined this return/reporersion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. aport, including, if aport, and to the best of the destablished aport, and to the best of the destablished aport.	2 2 2 2 2 2 plicable, a Schedule my knowledge and administrator over or plan sponsor
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan year	enefits that were less d unless reasonable care examined this return/reporersion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if aport, and to the best of extended the content of the c	2 2 2 2 2 2 plicable, a Schedule my knowledge and administrator over or plan sponsor
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan year	enefits that were less d unless reasonable care examined this return/reporersion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if aport, and to the best of extended the content of the c	2 2 2 2 2 2 plicable, a Schedule my knowledge and administrator over or plan sponsor
name, a Sponsor 5a Total r b Total r c Number completed d(1) Total e Number than r Caution: A Under pena SB or Schebelief, it is t SIGN HERE	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year	of the plan year (only define plan year	enefits that were less d unless reasonable care examined this return/reporersion of this return/repor	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if aport, and to the best of extended the content of the c	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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	Were all of the plan's assets during the plan year invested in eligib		` ,					X	Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No No	t determined
Pa	rt III Financial Information		·						
7	Plan Assets and Liabilities		(a) Beginning	of Year				b) End of Yea	r
<u>a</u>	Total plan assets	7a		118661				17	'3693
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		118661				17	'3693
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		37286	5				
	(2) Participants	8a(2)		24000					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-6254					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	55032
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d			_				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						5	55032
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions	S:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	des in t	he instructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amo	ount
а	Was there a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X			
9		-	•	10g		X			
h	2520.101-3.)	· ····		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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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)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	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 brougout 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	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
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:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
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		verage enefit test	□ N/A
	for the	be 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	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 sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

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This Form is Open to Public Inspection

Pe		aranty Corporation	➤ Complete all entries in acc	ordance with the instruct	ions to the Form 6500-SF	-	
	urt! An	nual Report ic	ientification Information			12/21/2016	
For c	calendar plan	year 2016 or fisca	al plan year beginning	01/01/2016		12/31/2016	
	Chis return/rep	oort is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating em a foreign plan the final return/report	n (not multiemployer) (Filen ployer information in accord /report (less than 12 month	dance with the for	ox must attach m instructions.)
C	Check box if f	iling under:	x Form 5558 special extension (enter descri	automatic extension		DFVC progr	am
Pa	art II Ba	sic Plan Infor	mation enter all requested i	nformation		 	-
	Name of pla	n	C Pension Plan			b Three-digit plan number (PN) ►	001
					1	C Effective date 01/01/2014	•
2a	Mailina Add	ress (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post). Box) al code (if foreign, see instru	ections)	b Employer Iden (EIN) 27-12	tification Number 235358
	•	collazo MD PC			2	C Sponsor's tele (212) 452	phone number
		Ave Suite 4			2		: (see instructions)
	US New Yor	k NY 10021	d address X Same as Plan Spo		3	b Administrator's	FIN
4	If the name	and/or EIN of the	plan sponsor has changed since ber from the last return/report.	the last return/report filed fo		C Administrator	s telephone number
а			Del Helli tila land tarantura hara	•	4	C PN	
<u></u>			at the beginning of the plan year	######################################		5a	2
b	Total numb	er of participants a	at the end of the plan year	### \$0000an+punnauvvv 1400+940pn 14unu kaddāk fi	9001-0402-2-1405-2-100-05-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	5b	2
C	Number of complete th	participants with a nis item)	occount balances as of the end of	the plan year (only defined o	contribution plans	5c	2
d((1) Total nur	nber of active parti	icipants at the beginning of the pla	an year		5d(1)	2
di	(2) Total nur	nber of active parti	icipants at the end of the plan yea	######################################		5d(2)	2
e	Number of	participants that te	erminated employment during the	plan year with accrued bene	efits that were	5e	0
C:	aution: A pe	naity for the late	or incomplete filing of this retu	n/report will be assessed	uniess reasonable cause	is established.	
Ui	nder penaltie B or Scheduk	of portury and of	her penalties set forth in the instrund signed by an enrolled actuary,	ections. I declare that I have	examined this return/report sion of this return/report, a	t, including, if app nd to the best of r	licable, a Schedule ny knowledge and
- 1	SIGN Signa	iture of blan adm	inistrajor	Date Date	Dr. Yasmin Collaz Enter name of individual s		ministrator
-	7.7	/1	7		Dr. Yasmin Collaz	<u> </u>	
1	SIGN HERE Signs	ture Temployer	r/plan sponsor	Date	Enter name of individual s	igning as employe	er or plan sponsor
Pi		ne (including firm r	name, if applicable) and address (include room or suite numbe		reparer's telephor Sk ip this que s	
		<u></u>					E EE00 SE (2016

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	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a			ıntant	(IQP/	\)	••••••	•••••	XYes	□No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							•••••	x Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot					_				
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section	n 402	1)?	······ L	Yes	S NC	Not de	etermined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year	
а	Total plan assets	. 7a	11	L8,6	61				173,	693
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	11	L8,6	61				173,	693
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) ⁻	Total	
а	Contributions received or receivable from:	0-(4)		7 7	06					
	(1) Employers	. 8a(1)		37,2						
	(2) Participants	. 8a(2)		24,0	00					
_	(3) Others (including rollovers)	. 8a(3)			4.					
<u>b</u>	Other income (loss)	. 8b	(6	5,25	4)					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				ь.	_		55,	032
d	to provide benefits)	. 8d								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i							55,	032
Ť	Transfers to (from) the plan (see instructions)	. 8j								
P	art IV Plan Characteristics	<u>, </u>								
$\overline{}$	If the plan provides pension benefits, enter the applicable pension fe	natura cada	e from the List of Plan Ch	aract	orietio	Codo	c in the	o inetruet	ione:	
	2E 2J 3D	eature code	s nom the List of Flam Cr	iaiaci	CHSUC	Code	3 111 111	e manuci		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	aracte	ristic (Codes	in the	instructio	ons:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu	tions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fide	uciary Correction							
	Program)	••••••	••••••	10a		Х				
k	Were there any nonexempt transactions with any party-in-interest			401		v				
	reported on line 10a.)			10b		X				
_				10c		Х				
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		х				
e	carrier, insurance service, or other organization that provides som	ne or all of th	ne benefits under							
	the plan? (See instructions.)			10e		Х				
f				10f		х				
		<u> </u>		10g		х				
_ r 	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part VI	Pension Funding Compliance					
	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an rm 5500 and line 11a below)				Yes X N	lo
11a Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a			
ER	his a defined contribution plan subject to the minimum funding requirements of section 412 of the SA?				Yes X N	lo
	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruationa	and anta	r tha data	of the letter mulies	
	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see nting the waiver			r the date av	or the letter ruling Year	
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b Ent	er the minimum required contribution for this plan year.	••••••	12b			
C Ent	er the amount contributed by the employer to the plan for the plan year	••••••	12c			
	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)		12d			
e Wil	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	s a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	es," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	
	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brottrol of the PBGC?				Yes X No	
	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
	ch assets or liabilities were transferred. (See instructions.)	, ,				
13c(1	Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	
Part VII	Truct Information Chin These Questions					
	I Trust Information - Skip These Questions					
	ne of trust		14b	Trust's EI	N	
	<u> </u>		14b	Trust's El	N	
14a Nai	me of trust					
14a Nai	<u> </u>				or custodian's	
14a Nai	me of trust			Trustee o	or custodian's	
14a Nai	me of trust			Trustee o	or custodian's	
14a Nai 14c Nai	ne of trust			Trustee o	or custodian's	
14a Nar 14c Nar 14c Nar Part IX 15a Is to 15b Hove	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section		14d Yes Design-b	Trustee of telephone	or custodian's e number No "Prior year" #	ADP
14a Nar 14c Nar 14c Nar Part IX 15a Is to 15b Hove	me of trust me of trustee or custodian IRS Compliance Questions - Skip These Questions me plan a 401(k) plan? If "No," skip b.		Yes Design-ts safe hard	Trustee of telephone	or custodian's e number No "Prior year" A	ADP
14a Nar 14c Nar 14c Nar Part IX 15a Is to 15b Hove	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section		14d Yes Design-b	Trustee of telephone	or custodian's e number No "Prior year" #	ADP
14a Nar 14c Nar 14c Nar Part IX 15a Is th 15b Hot 401	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-ts safe hard "Current ADP tes Ratio percenta	Trustee of telephone	or custodian's e number No "Prior year" A	ADP N/A
14a Nar 14c Nar 14c Nar 15a Is the 15b How 401 16a Whyea 16b Did	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply: at testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply: the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(c)	n	Yes Design-ts safe hard "Current ADP tess Ratio	Trustee of telephone	r custodian's e number No "Prior year" A test N/A Average	
14a Nar 14c Nar 14c Nar 15a Is to 15b Hov 401 16a Wh yea 16b Did for 17a If th	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply: at testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply: the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(c) the plan year by combining this plan with any other plan under the permissive aggregation rules? The plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan is a master an	n	Yes Design-ts safe harl "Current ADP tes Ratio percentatest Yes	Dased poor year" t	r custodian's e number No Prior year" A test N/A Average benefit test No	N/A
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