| Form 5500-SF | Short Form Annu | t of Small Employe | OMB Nos. 12 | | | | | | |
|--|--|--|---|--|--|--|--|--|--|
| Department of the Treasury Internal Revenue Service | This form is required to be file | Benefit Plan ed under sections 104 and | 4065 of the Employee Retire | ement | 2015 | | | | |
| Department of Labor Employee Benefits Security Administration | Income Security Act of 1974 | (ERISA), and sections 6 Revenue Code (the Code) | 057(b) and 6058(a) of the Inte | ernal | This Form is Open to Public Inspection | | | | |
| Pension Benefit Guaranty Corporation | | | tructions to the Form 5500- | SF. | • | | | | |
| Part IAnnual ReportFor calendar plan year 2015 or fis | Identification Information | | and ending 12/31/ | /2015 | | | | | |
| | X a single-employer plan | | plan (not multiemployer) (File | | king this box must attach a | | | | |
| A This return/report is for: | a one-participant plan | list of participating e | mployer information in accord | dance w | ith the form instructions) | | | | |
| B This return/report is | the first return/report | the final return/repor | t i | | | | | | |
| | an amended return/report | | urn/report (less than 12 month | ns) | | | | | |
| C Check box if filing under: | Form 5558 | automatic extension | | | DFVC program | | | | |
| | special extension (enter desc | ription) | | | | | | | |
| Part II Basic Plan Info | rmation—enter all requested in | formation | | | | | | | |
| 1a Name of plan OLYMPIC SPORTS & SPINE REH | IABILITATION, P.S. 401(K) SAVI | NGS PLAN | 11 | D Three plan (PN) | number | | | | |
| | 10 | () | tive date of plan | | | | | | |
| 2a Plan sponsor's name (employ | ver, if for a single-employer plan) | | 21 | b Empl | 09/01/1994 oyer Identification Number | | | | |
| Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | | | | | J) 91-1299625 | | | | |
| OLYMPIC SPORTS & SPINE REHABILITATION, P.S. | | | | C Opor | Sponsor's telephone number 253-581-5200 | | | | |
| 9315 GRAVELLY LK. DR. SW, SUI | TE 306 | | 20 | 2d Business code (see instructions) | | | | | |
| LAKEWOOD, WA 98499 | | | | | 621340 | | | | |
| 3a Plan administrator's name an | d address XSame as Plan Spon | sor. | 31 | b Admi | nistrator's EIN | | | | |
| | | | 30 | C Admi | nistrator's telephone number | | | | |
| | plan sponsor has changed since ber from the last return/report. | the last return/report filed | for this plan, enter the | b EIN | | | | | |
| a Sponsor's name | | | 40 | C PN | | | | | |
| 5a Total number of participants | at the beginning of the plan year. | | | 5a | 62 | | | | |
| b Total number of participants | at the end of the plan year | | | 5b | 59 | | | | |
| | account balances as of the end of | | | 5c | 58 | | | | |
| d(1) Total number of active par | ticipants at the beginning of the p | lan year | | d(1) | 33 | | | | |
| d(2) Total number of active par | ticipants at the end of the plan ye | ar | | d(2) | 50 | | | | |
| e Number of participants that t | erminated employment during the | e plan year with accrued b | enefits that were less | 5e | 2 | | | | |
| Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an | er incomplete filing of this return her penalties set forth in the instru d signed by an enrolled actuary, | n/report will be assesse ctions, I declare that I hav | d unless reasonable cause i e examined this return/report, | , includir | ng, if applicable, a Schedule | | | | |
| belief, it is true, correct, and comp SIGN Filed with authorized/N | lete. /alid electronic signature. | 02/11/2016 | VERN ESSENBERG | | | | | | |
| HERE | | | | | | | | | |
| Signature of plan ad | ammistrator | Date | Enter name of individual s | signing a | as pian administrator | | | | |
| HERE Signature of employ | yer/plan sponsor | Date | Enter name of individual s | vidual signing as employer or plan sponsor | | | | | |
| Preparer's name (including firm na | | nclude room or suite num | per) Pre | | telephone number | | | | |
| | e and OMB Control Numbers, see th | | | | Form 5500-SF (2015) | | | | |

j

| | Form 5500-SF 2015 | | Page 2 | | | | | | | | |
|-------------------------|---|--|--|----------|---------------------------|-------------|-----------|--------------|----------------|--|--|
| b Arey unde If yo | e all of the plan's assets during the plan year invested in eligib you claiming a waiver of the annual examination and report of er 29 CFR 2520.104-46? (See instructions on waiver eligibility u answered "No" to either line 6a or line 6b, the plan cann plan is a defined benefit plan, is it covered under the PBGC ir | an indeper and condit not use Fo | ndent qualified public a tions.) orm 5500-SF and mus | t instea | ant (IQ I d use | PA) Form | 5500. | | X Yes No | | |
| | | isulance p | ologiani (see ERISA se | | JZ1)? | | Tes | NU | Not determined | | |
| Part III | Financial Information | | | | | - | | | | | |
| | Assets and Liabilities | | (a) Beginning | | | _ | | (b) End | | | |
| · · | l plan assets | . 7a | | 3638 | 439 | _ | | | 3731103 | | |
| - | l plan liabilities | . 7b | | 0000 | 100 | _ | | | 1107 | | |
| - | blan assets (subtract line 7b from line 7a) | . 7c | | 3638 | 439 | _ | | | 3729996 | | |
| - | me, Expenses, and Transfers for this Plan Year | | (a) Amou | unt | | _ | | (b) T | otal | | |
| | ributions received or receivable from: Employers | . 8a(1) | | 59 | 689 | | | | | | |
| | Participants | . 8a(2) | | 219 | 972 | | | | | | |
| (3) | Others (including rollovers) | . 8a(3) | | | | | | | | | |
| b Othe | r income (loss) | . 8b | | -23 | 872 | | | | | | |
| C Tota | l income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 255789 | | |
| | afits paid (including direct rollovers and insurance premiums | | | 140 | FFC | | | | | | |
| · · · · | ovide benefits) | . 8d | | 149 | 000 | _ | | | | | |
| | ain deemed and/or corrective distributions (see instructions) | 8e | | | 070 | | | | | | |
| | inistrative service providers (salaries, fees, commissions) | . 8f | | 14 | 676 | _ | | | | | |
| | g Other expenses 8g L T t | | | | | | | | 164232 | | |
| | l expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | _ | | | 91557 | | |
| | ncome (loss) (subtract line 8h from line 8c) sfers to (from) the plan (see instructions) | | | | | _ | | | 31337 | | |
| - | | . 8j | | | | | | | | | |
| 9a If the | Plan Characteristics e plan provides pension benefits, enter the applicable pension | facture | adaa from the List of DI | on Cho | e otori | atio Co | dee in i | the instruct | tiono. | | |
| | D 2E 2J 2K 2G 2F 2A 2T | | | an Gha | acteri | | Jues III | | | | |
| B If the | e plan provides welfare benefits, enter the applicable welfare f | eature coo | des from the List of Pla | n Chara | cterist | ic Coo | des in th | ne instruct | ions: | | |
| Part V | Compliance Questions | | | | | | | | | | |
| | ring the plan year: | | | | Yes | No | N/A | I | Amount | | |
| | is there a failure to transmit to the plan any participant contribu | itions withi | n the time period | | | | | | | | |
| | scribed in 29 CFR 2510.3-102? (See instructions and DOL's \ | , | , | 10- | | х | | | | | |
| | ogram) are there any nonexempt transactions with any party-in-interest | | | 10a | | ~ | | | | | |
| | orted on line 10a.) | | | 10b | | X | | | | | |
| c Wa | as the plan covered by a fidelity bond? | | | 10c | х | | | | 363844 | | |
| | the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty? | | | 10d | | х | | | | | |
| | and of distributesty: | | | IVU | | ~ | | <u> </u> | | | |
| car | rier, insurance service, or other organization that provides son plan? (See instructions.) | ne or all of | the benefits under | 10e | Х | | | | 16425 | | |
| f Has | s the plan failed to provide any benefit when due under the pla | ın? | | 10f | | Х | | | | | |
| g Did | the plan have any participant loans? (If "Yes," enter amount a | as of year e | ənd.) | 10g | Х | | | | 33097 | | |
| h If th | nis is an individual account plan, was there a blackout period? 20.101-3.) | (See instru | uctions and 29 CFR | 10g | | Х | | | | | |
| i If 1 | 0h was answered "Yes," check the box if you either provided t eptions to providing the notice applied under 29 CFR 2520.10 | he require | d notice or one of the | 10i | | | | | | | |

| Part | VI P | Pension Funding Compliance | | | | |
|------|---------|---|----------|-------|-----|------|
| 11 | | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scheo and line 11a below) | lule SB | (Form | Yes | No |
| 11a | Enter t | he unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 | 11a | | | |
| 12 | Is this | a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section | 302 of E | RISA? | Yes | X No |

10j

Did the plan trust incur unrelated business taxable income?

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| - | | | | | | | | | | |
|--|---|--|-------------------|----------|--|-------------|---------------------|--|--|--|
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | | |
| a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | | | | | | | | | | |
| lf | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | | . | | | | | |
| b | Enter | the minimum required contribution for this plan year | | 12b | | | | | | |
| - | | 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 ative amount) | | 12d | | | | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N/A | | | |
| Part | Part VII Plan Terminations and Transfers of Assets | | | | | | | | | |
| 13a Has a resolution to terminate the plan been adopted in any plan year? | | | | | | es X No | | | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | | | | | | | | |
| h | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou | | 13a | | | | | | |
| D | | e PBGC? | | | | Yes 🗙 | No | | | |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.) | fy the plan(s) to | | | | | | | |
| 1 | 13c(1) | Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) | PN(s) | | | |
| | | | | | | | | | | |
| Part | VIII | Trust Information | | | | | | | | |
| 14a | Name | of trust | | 14b | Trusťs E | IN | | | | |
| | | | | | | | | | | |
| 14c Name of trustee or custodian | | | | | 14d Trustee's or custodian's telephone number | | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | | |
| 15a | Is th | e plan a 401(k) plan? | | Y | es | No | | | | |
| 15b | | es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | b h | esign- ased safe arbor nethod | | ADP/ACP test | | | |
| 15c | testir | ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))? | | Y | es | | | | | |
| | | k the box to indicate the method used by the plan to satisfy the coverage requirements under sect | ., | Цр | atio ercentage est | | erage nefit test | | | |
| 16b | | the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules? | 0 | Y | es | No | | | | |
| 17a | Has | the plan been timely amended for all required tax law changes? | | Y | es | No | N/A | | | |
| | for ta | the last plan amendment/restatement for the required tax law changes was adopted////// | • | | | | tructions | | | |
| 17c | | plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r | | t to a f | avorable | IRS opinion | or | | | |
| 17d | | plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/ | nter the date of | the pla | in's last fa | avorable | | | | |
| 18 | | e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir | | Υe | S | No | No | | | |
| 19 | Were | in-service distributions made during the plan year? | | Y | es | No | | | | |
| | lf "Y€ | es," enter amount | | 19 | | | | | | |
| 20 | | e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)? | | Y | es | No | N/A | | | |

| Form 5500-SF | Short Form Annua | al Poturn/Ponort | of Small Emplo | | OMB Nos, 1210-0110 | | | |
|--|---|--|---|---------------------------------------|---|--|--|--|
| Department of the Treasury | Short Form Annua | Benefit Plan | or Small Emplo | byee | 1210-0089 | | | |
| Internal Revenue Service | This form is required to be filed | | | | 2015 | | | |
| Department of Labor Employee Benefits Security Administration | Income Security Act of 1974 | Revenue Code (the Code | | This Form is Oper Public Inspectio | | | | |
| Pension Benefit Guaranty Corporation | Complete all entries in a | accordance with the instr | uctions to the Form 55 | 00-SF. | | | | |
| | dentification Information | | 1/12/2010/00/00/12/1 | 312 | | | | |
| For calendar plan year 2015 or fisc | | 01/01/2015 | and ending | | /31/2015 | | | |
| A This return/report is for: | x a single-employer plan | | | • | cking this box must attach a vith the form instructions) | | | |
| l | a one-participant plan | a foreign plan | | | | | | |
| B This return/report is | the first return/report | the final return/report | | | | | | |
| l | an amended return/report | a short plan year return | n/report (less than 12 mo | onths) | | | | |
| C Check box if filing under: | Form 5558 | automatic extension | | | DFVC program | | | |
| | special extension (enter descri | iption) | | | | | | |
| Part II Basic Plan Inform | mation-enter all requested info | ormation | | | | | | |
| 1a Name of plan OLYMPIC SPORTS & SPIN | E REHABILITATION, P | .S. 401(K) SAVIN | IGS PLAN | | e-digit number 002 | | | |
| | | | - | 1c Effect | ctive date of plan 01/1994 | | | |
| 2a Plan sponsor's name (employe | | | | 2b Emp | loyer Identification Number | | | |
| City or town, state or province, | apt., suite no. and street, or P.O country, and ZIP or foreign posta | al code (if foreign, see instr | ructions) | | 91-1299625 | | | |
| OLYMPIC SPORTS & SPI | INE REHABILITATION, | P.S. | | | -581-5200 | | | |
| 9315 GRAVELLY LK. DR | . SW, SUITE 306 | | | | ness code (see instructions) 340 | | | |
| LAKEWOOD | WA 98499 | | | | | | | |
| | | | | 3c Adm | inistrator's telephone number | | | |
| | plan sponsor has changed since t | the last return/report filed for | or this plan, enter the | 4b EIN | | | | |
| name, EIN, and the plan numb a Sponsor's name | per from the last return/report. | | | 4c PN | | | | |
| 5a Total number of participants a | t the beginning of the plan year | | | 5a | 62 | | | |
| | • • • • • | | t i i i i i i i i i i i i i i i i i i i | 5b | 59 | | | |
| c Number of participants with ac | t the end of the plan year count balances as of the end of t | the plan year (defined bene | efit plans do not | 5c | | | | |
| | | | | 5d(1) | 58 | | | |
| d(1) Total number of active parti d(2) Total number of active parti | | | | 5d(2) | 33 | | | |
| e Number of participants that te | rminated employment during the | plan year with accrued be | nefits that were less | 5e | | | | |
| Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed | er penalties set forth in the instruc I signed by an enrolled actuary, a | n/report will be assessed tions, I declare that I have | unless reasonable cau examined this return/rep | ort, includi | ng, if applicable, a Schedule | | | |
| | experit | 12/11/16 | Vern Essenberg | J | | | | |
| HERE Signature of plan add | | Date | Enter name of individu | ual signing | as plan administrator | | | |
| SIGN | P | | | | | | | |
| HERE Signature of employe | er/plan sponsor | Date | Enter name of individu | al signing | as employer or plan sponsor | | | |
| Preparer's name (including firm na | me, if applicable) and address (in | iclude room or suite numbe | ər) - | Preparer's | s telephone number | | | |
| | and OMB Control Numbers, see the | To Allow Co. Poster Pros | 05 | | Form 5500-SF (2015) | | | |

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Page 2

| b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can: c If the plan is a defined benefit plan, is it covered under the PBGC is a set of the plan can be plan be a set of the plan can be a set of the plan be a set of the plan can be a set of the plan be a set of the plan can be a set of the plan be a set of the plan can be a set of the plan be a set of the plan can be a set of the plan be a set of the pl | an independe and condition not use Form | s.) 5500-SF and must | iccount t instea | ant (IC ad use | PA) Form | 5500. | ¥2 | X Yes X Yes | No |
|--|--|--|---|-------------------|---------------------------------|--------------|----------|----------------|------------------------|
| Part III Financial Information | | | | 021)1 | | | | | |
| 7 Plan Assets and Liabilities | | | e f Ve | | Т | (1-) | End of | | |
| A second s | 7. | (a) Beginning | | ar 3843 | | (D) | End of | | 31103 |
| a Total plan assets b Total plan liabilities | | | 50 | 5045 | - | | | 5 | 1107 |
| C Net plan assets (subtract line 7b from line 7a) | | | 36 | 3843 | | | | | 29996 |
| 8 Income, Expenses, and Transfers for this Plan Year | . 7c | (-) . | | 2042 | - | | | | 29990 |
| a Contributions received or receivable from: | | (a) Amou | Int | | - | | (b) Tota | | |
| (1) Employers | . 8a(1) | | | 5968 | 9 | | | | |
| (2) Participants | . 8a(2) | | 2 | 1997 | 2 | | | | |
| (3) Others (including rollovers) | | | | | | | | | |
| b Other income (loss) | | | - : | 2387 | 2 | | - | | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | | | 2 | 55789 |
| d Benefits paid (including direct rollovers and insurance premiums | | | | _ | | | 110 | | |
| to provide benefits) | . 8d | | 1. | 4955 | 6 | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | 1.1 | | |
| f Administrative service providers (salaries, fees, commissions) | . 8f | | | 1467 | 6 | | | | |
| g Other expenses | . 8g | | | _ | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | | 1 | 64232 |
| i Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | | | 91557 |
| j Transfers to (from) the plan (see instructions) | - 8j | | | | | | | | |
| Part V Compliance Questions | | | _ | | | | | | |
| 10 During the plan year: | | | _ | Yes | No | N/A | A | mount | |
| a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program). | √oluntary Fidu | ciary Correction | | | | | | | |
| b Were there any nonexempt transactions with any party-in-interes reported on line 10a.) | t2 (Do not incl | | 10a | | х | | | | |
| | | ude transactions | 10a 10b | | x x | | | | |
| c Was the plan covered by a fidelity bond? | | ude transactions | | x | | | | | 36384 |
| c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | ifidelity bond, | ude transactions | 10b | x | | | | | 36384 |
| 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, her persons by ne or all of the | ude transactions that was caused / an insurance benefits under | 10b 10c | x | x | | | | |
| c Was the plan covered by a fidelity bond? | fidelity bond, her persons by ne or all of the | ude transactions that was caused / an insurance benefits under | 10b 10c 10d 10e | | x | | | | |
| c Was the plan covered by a fidelity bond? | a fidelity bond, her persons by ne or all of the | ude transactions that was caused / an insurance benefits under | 10b 10c 10d 10e 10f | x | x | | | | 1642 |
| c Was the plan covered by a fidelity bond? | her persons by ne or all of the an? | ude transactions that was caused / an insurance benefits under | 10b 10c 10d 10e | | x | | | | 1642 |
| c Was the plan covered by a fidelity bond? | a fidelity bond, her persons by ne or all of the an? as of year end. (See instruction | ude transactions that was caused / an insurance benefits under) | 10b 10c 10d 10e 10f | x | x | | | | 1642 |
| c Was the plan covered by a fidelity bond? | a fidelity bond, her persons by ne or all of the an? as of year end. (See instruction he required no 11-3 | ude transactions that was caused / an insurance benefits under) ons and 29 CFR otice or one of the | 10b 10c 10d 10e 10f 10g 10h 10i | x | x x x | | | | 1642 |
| c Was the plan covered by a fidelity bond? | a fidelity bond, her persons by ne or all of the an? as of year end. (See instruction he required no 11-3 | ude transactions that was caused / an insurance benefits under) ons and 29 CFR otice or one of the | 10b 10c 10d 10e 10f 10g 10h | x | x x x | | | | 1642 |
| c Was the plan covered by a fidelity bond? | a fidelity bond, her persons by ne or all of the an? (See instruction he required no 11-3 | ude transactions that was caused / an insurance benefits under) ons and 29 CFR otice or one of the | 10b 10c 10d 10e 10f 10g 10h 10i 10j | x | X X X X X | | | | 1642 |
| c Was the plan covered by a fidelity bond? | a fidelity bond, her persons by ne or all of the an? (See instruction he required no 11-3 | ude transactions that was caused / an insurance benefits under) ons and 29 CFR otice or one of the ," see instructions a | 10b 10c 10d 10e 10f 10g 10h 10i 10j | X | X X X X X Schece | lule SB (For | m | Yes | 36384 1642 3309' |
| c Was the plan covered by a fidelity bond? | a fidelity bond, her persons by ne or all of the an? (See instruction he required no 11-3 | ude transactions that was caused / an insurance benefits under) ons and 29 CFR otice or one of the ," see instructions a | 10b 10c 10d 10e 10f 10g 10h 10i 10j | X | X X X X X Scheo | | m | Yes | 1642 |

| | Form 5500-SF 2015 Page 3 - | | | | | | |
|-------|---|--------------|--|-------------------------------------|-----------------------|--------------------|--|
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver, | , and e | nter the Day | | ie letter rul Year | ing | |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | Day | | Teal | | |
| b | 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 | | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | | 12d | | | | |
| e | 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 | X No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | of the PBGC? | | ntrol | | Yes X | No | |
| с | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.) | n(s) to | | | | | |
| 1 | 3c(1) Name of plan(s): | 3c(2) E | EIN(s) | | 13c(3) F | PN(s) | |
| | | | | | | | |
| Part | VIII Trust Information | | | | | | |
| 14a | Name of trust | | 14b Trust's EIN | | | | |
| 14c | Name of trustee or custodian | | 14d Trustee's or custodian's telephone number | | | | |
| Par | IX IRS Compliance Questions | | | | | | |
| 15a | Is the plan a 401(k) plan? | | . Yes | | No | | |
| 15b | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | ba ha | esign- sed safe rbor ethod | ADP/ACP test | | |
| 15c | If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current ye testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? | | Ye: | S | No No | | |
| | Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b |): | | atio rcentage st | | erage efit test | |
| 16b | Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? | | Ye | S | No | | |
| | Has the plan been timely amended for all required tax law changes? | diferentieri | Ye | | No | N/A | |
| | for tax law changes and codes). | | | le code _ | | nstructions | |
| | If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number | | | · | | or | |
| | determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been been been been been been been bee | en | ∏Yes | | No | | |
| 10 | made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands) Were in-service distributions made during the plan year? | | Ye | | | | |
| 13 | If "Yes," enter amount | | 19 | | | | |
| 20 | Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)? | | Ye | s | No | N/A | |
| | | | | | | | |