Form 5500-	SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
Department of the Treas Internal Revenue Servi		This form is required to be filed		4065 of the Employee Re	etirement		2015
Department of Labor Employee Benefits Security Adn Pension Benefit Guaranty Co	ninistration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the de).	Internal		Form is Open to lic Inspection
-		Complete all entries in a lentification Information	ccordance with the ins	tructions to the Form 55	00-SF.		
For calendar plan year 2			015	and ending 12	/31/2015		
A This return/report is f	or:	a single-employer plan		plan (not multiemployer) mployer information in acc		-	
<b>B</b> This return/report is	[	the first return/report an amended return/report	the final return/report	: urn/report (less than 12 mc	onths)		
C Check box if filing un	der:	Form 5558	automatic extension			DFVC prog	ram
	[	special extension (enter descri	ption)				
Part II Basic Pla	an Inforr	nation—enter all requested inf	ormation				-
<b>1a</b> Name of plan EDGEWATER CONSULT	ING GROU	JP, LLC 401(K) PROFIT SHARIN	NG PLAN		•	ree-digit n number I) ▶	001
					1c Effe	ective date o	f plan 1/2012
Mailing address (inc	lude room,	r, if for a single-employer plan) apt., suite no. and street, or P.O			2b Em (Ell	ployer Identi	fication Number
City or town, state of EDGEWATER CONSULTI		country, and ZIP or foreign posta P, LLC	al code (if foreign, see ins	structions)	2c Sp		hone number 35-7341
37459 18TH AVENUE SO					2d Bus		(see instructions)
FEDERAL WAY, WA 9800						5419	990
<b>3a</b> Plan administrator's	name and	address XSame as Plan Spons	or.		<b>3b</b> Adr	ninistrator's	EIN
							telephone number
		lan sponsor has changed since t per from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN 4c PN	1	
	ticipants at	the beginning of the plan year			5a		15
		the end of the plan year		ł	5b		9
C Number of participa	nts with ac	count balances as of the end of t	he plan year (defined be	nefit plans do not	5c		9
d(1) Total number of a	active partic	cipants at the beginning of the pla	an year		5d(1)		15
d(2) Total number of a	active partic	cipants at the end of the plan yea	ır		5d(2)		9
		rminated employment during the			5e		0
		incomplete filing of this return					able a Cabadula
	pleted and	r penalties set forth in the instruc signed by an enrolled actuary, a ete.					
SIGN Filed with au	thorized/va	lid electronic signature.	02/28/2016	ROBERT HOSKINS			
Signature of	of plan adr	ninistrator	Date	Enter name of individu	ual signing	g as plan adr	ninistrator
SIGN HERE Signature of	ofemploye	er/plan sponsor	Date	Enter name of individu	al signing	as employe	er or plan sponsor
		ne, if applicable) and address (in				's telephone	
For Demonstrate Data of	And No.		in the state of th	0.85			
FOI Faperwork Reduction	AUL NUTICE &	and OMB Control Numbers, see the	monucions for Form 550	v-or.			Form 5500-SF (2015)

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a updar 20 CEP 2520 104 452 (Soc instructions on waiver aligibility)	an indepe	ndent qualified public a	ccount	ant (IQ	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a 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 ir	nsurance p	orogram (see ERISA se	ction 4	021)?		Yes	No Not determined
Par	t III Financial Information						-	
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	7a		68	131			53479
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c		68	131			53479
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	Int				(b) Total
	Contributions received or receivable from:			20	004			
	(1) Employers	8a(1)		-	024			
	(2) Participants	8a(2)		3	947			
	(3) Others (including rollovers)	8a(3)			101	_		
	Other income (loss)	8b			194	_		0.5777
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		35777
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		49	116			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1	313			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						50429
i	Net income (loss) (subtract line 8h from line 8c)	8i						-14652
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		х		
b		t? (Do not	include transactions	10b		Х		
c	Was the plan covered by a fidelity bond?			100 10c	Х			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	100	Χ	X		50000
e		ner person ne or all of	s by an insurance the benefits under	10e	х			1313
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		Х		1
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	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	he require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance			. 0]	1		I	1

11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).					
11a	Enter the 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 🗙 No		

Form 5500-SF 2015

Page **3 -** 1

					1					
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>					
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	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h 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	14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	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	P/ACP				
15c	5c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No				
16a	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						Average benefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	7a Has the plan been timely amended for all required tax law changes?					No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer 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		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF	Short Form Annua	Return/Report of	Small Employe	e		OMB Nos, 1210-0110 1210-0089
Department of the Treasury		Benefit Plan	d 4065 of the Employee		2	015
Internal Revenue Service Department of Labor	<ol> <li>Botiroment Income Security.</li> </ol>	e filed under sections 104 an Act of 1974 (ERISA), and se nternal Revenue Code (the C	ction 6057(b) and 6056(a	a) of Thi		s Open to Public spection
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>			SF.		spection
	dentification Information	1				
or calendar plan year 2015 or fisc	al plan year beginning	01/01/2015	and ending	12/31/		······································
	a single-employer plan     a one-participant plan     the first return/report     an amended return/report	a list of participating ei a foreign plan the final return/report	an (not multiemployer) (F nployer information in ac n/report (less than 12 mo	cordance wi	ng this ba ith the for	x must attach m instructions)
		automatic extension			/C progra	m
Check box if filing under:	Form 5558					
· · · · · · · · · · · · · · · · · · ·	special extension (enter des		······································	,,,,,,,		
	rmation enter all requester	d information		1b Three	-diait	
1a Name of plan		cil Stanion Dlan		plan n	umber	001
Edgewater Consultin	ng Group, LLC 401(k) P	rofit Sharing Flan	ļ	(PN) I		
				1c Effect 01/0	1/2012	i pian
De Dies energede name (omple	yer, if for a single-employer plar	)}				ification Number
			ructions)	(EIN)	26-39	44884
City or town, state or provinc Edgewater Consultin	e, country, and ZIP of lorely in po	ostal code (il loteign, see ilisi	(000010)			hone number
Kagewater Consultin	ig group, the				3) 835-	(see instructions)
37459 18Th Avenue S	South			20 Busin 5419		(See instructions)
US Federal Way WA 98003				Ob. 4 Jul		<b>C</b> 11
3a Plan administrator's name a	nd address X Same as Plan S	Sponsor Name		3b Admir	nistrator s	⊂ IIN
4 If the name and/or EIN of th	e plan sponsor has changed sin	ce the last return/report filed	for this plan, enter the	4b EIN		
	mber from the last return/report.			4c PN		
a Sponsor's name 5a Total number of participants		ar		5a		15
5a Total number of participants	at the end of the plan year		***	5b		9
<ul> <li>Number of participants with</li> </ul>	account balances as of the end	of the plan year (defined ber	efit plans do not	5c		9
complete this item)	rticipants at the beginning of the	nlan year		5d(1)		15
				5d(2)		9
d(2) Total number of active participants that	rticipants at the end of the plan y terminated employment during t	he plan year with accrued be	nefits that were	<u>├</u> ───────┼		
e Number of participants that less than 100% vested	terminated employment during t			5e		0
Outline A papally for the late	or incomplete filing of this re	turn/report will be assesse	d unless reasonable ca	use is esta	blished.	<u> </u>
		www.externel.doctore.that i hav	o avamined this return/ri	эроп, пеша	ind, il app	licable, a Schedule ny knowledge and
SB or Schedule MB completed	and signed by an enrolled actua	ry, as well as the electronic v				
SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actua	ry, as well as the electronic v	ROBERT HOSKINS			
SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actual mplete.	ry, as well as the electronic v	· · · · · · · · · · · · · · · · · · ·			<u></u>
SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actual mplete.	2/28/16	ROBERT HOSKINS			<u>.</u> ,
SB or Schedule MB completed belief, it is true, correct, and cor sign The Signature of plan add Rohut	and signed by an enrolled actua mplete. ministrator	2/28/16 Date	ROBERT HOSKINS	al signing as al signing as	s plan adr s employe	ninistrator er or plan sponsor
SB or Schedule MB completed belief, it is true, correct, and cor sign Robert Signature of plan add Robert Signature of employs	and signed by an enrolled actua mplete. Masking ministrator Masking er/plan sponsor	2/28/16 Date Date Date	ROBERT HOSKINS Enter name of individu ROBERT HOSKINS Enter name of individu	al signing as	s plan adr s employe	ninistrator er or plan sponsor
SB or Schedule MB completed belief, it is true, correct, and cor according to the standard signature of plan address Signature of plan address Signature of employee	and signed by an enrolled actua mplete. ministrator	2/28/16 Date Date Date	ROBERT HOSKINS Enter name of individu ROBERT HOSKINS Enter name of individu	al signing as al signing as	s plan adr s employe	ninistrator er or plan sponsor
SB or Schedule MB completed belief, it is true, correct, and cor Sign Signature of plan adr Signature of plan adr Signature of employs	and signed by an enrolled actua mplete. Masking ministrator Masking er/plan sponsor	2/28/16 Date Date Date	ROBERT HOSKINS Enter name of individu ROBERT HOSKINS Enter name of individu	al signing as al signing as	s plan adr s employe	ninistrator er or plan sponsor

	Form 5500-SF 2015	<u> </u>	Page <b>2</b>		
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)	******	XYes No
b	Are you claiming a waiver of the annual examination and report of an	n Independen	t qualified public accountant (IQPA)		X Yes No
c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC ins	nd conditions t use Form { surance prog	) 5500-SF and must instead use Form ram (see ERISA section 4021)?	n 5500.	
	Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End o	t Year
<u>_</u>		7a	68,131		53,479
a	Total plan assets				0

а	Total plan assets	<u>'a</u>		
ĥ	Total plan liabilities	7b	0	0
-	Net plan assets (subtract line 7b from line 7a)	7c	68,131	53,479
<u> </u>	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
8	Income, Expenses, and Transfers for mist fait four			
а	Contributions received or receivable from:	8a(1)	32,024	
	(1) Employers		3,947	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)			
			(194)	
þ	Other income (loss)			35,777
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		
Ы	Benefits paid (including direct rollovers and insurance premiums		49,116	
м	to provide benefits)	8d	47,110	
-	Certain deemed and/or corrective distributions (see instructions)			
		8f	1,313	
f	Administrative service providers (salaries, fees, commissions)	1		
a	Other expenses	<u>8g</u>		50,429
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			
	Net income (loss) (subtract line 8h from line 8c)	. 8i		(14,652)
<u> </u>			A second s	
i	Transfers to (from) the plan (see instructions)	. 8)	<u></u>	

## Plan Characteristics

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

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

## Compliance Questions

(Allowing of the second se			Yes	No	Amount
<u>10</u> a	During the plan year: 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.)	10b		x	
	Was the plan covered by a fidelity bond?	10c	x	I	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by traud or dishonesty?	10d		x	
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		1,313
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i			
j	Did the plan trust incur unrelated business taxable income?	10j			

## Pan VE Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 🗌 Yes 🔀 No 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40 11a

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... Yes 🗶 No

12

Form 5500-SF 2015 Pag	ge 3			<u> </u>		
(14 TV contraction in a 120 or lines 120 120 and 120 and 120 below as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plananting the waiver.	SAICCULL		enter th ay	ne date of Yea	the letter rulin ar	9
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	d skip to line 13.					
b Enter the minimum required contribution for this plan year			125			
c Enter the amount contributed by the employer to the plan for this plan year			12c			
<ul> <li>Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount)</li> </ul>	nus sign to the lef	tofa	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		J/A
Plan Terminations and Transfers of Assets						
Ba Has a resolution to terminate the plan been adopted in any plan year?	******		<u> </u>	es 🛛 N	lo	
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to anothe of the PBGC?					Yes X	No
<ul> <li>If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)</li> </ul>	r plan(s), identify	the plan(s) to	1			
13c(1) Name of plan(s):		130	(2) EIN	(s)	13c(3) PN	(s)
Leaf ( ) remite or branks).						
						,
are the Trust Information (optional)						
			146 -	rust's EIN	r	
4a Name of trust			140	IUSIS EIN	4	
			1/1 1 7	Cavataa ar	custodian's	
4c Name of trustee or custodian				phone nu		
			leie	рпопе па	mber	
IDO Compliance Questions						
IRS Compliance Questions					· · · · · · · · · · · · · · · · · · ·	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
15a is the plan a 401(k) plan:			De	es esign-	No No	
15a is the plan a 401(k) plan:	vee deferrals and	employer	De De	es esign- used safe		P
15a is the plan a 401(k) plan:	vee deferrals and	employer	De De ha	es esign-	No No	P
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	vee deferrals and	employer	De De ha no	esign- used safe urbor ethod	No ADP/AC test	P
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	vee deferrals and	Jaa	De De ha	esign- used safe urbor ethod		P
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	vee deferrals and e "current year a)(2)(ii) and 1.401	Jaa	De De ha no	esign- used safe urbor ethod	No ADP/AC test	P
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	vee deferrals and e "current year a)(2)(ii) and 1.401	Jaa	Ye De ba ha mi	es esign- ised safe arbor ethod	□ No □ ADP/AC test □ No	
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	vee deferrals and e "current year a)(2)(ii) and 1.401	(m)-	Ye De ba ha mi	es esign- ised safe arbor ethod	No ADP/AC test No Average	
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	ree deferrals and e "current year a)(2)(ii) and 1.401 ents under section	(m)- n 410( <b>b</b> ):	De Da ha mi Ye	es esign- ised safe arbor ethod	No ADP/AC test	
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	ree deferrals and e "current year a)(2)(ii) and 1.401 ents under section 01(a)(4) by comb	(m)- n 410(b): ining	De Da ha mi Ye	es esign- ised safe arbor ethod es atio ercentage est	No ADP/AC test No Average	
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	ree deferrals and e "current year a)(2)(ii) and 1.401 ents under section 01(a)(4) by comb	(m)- n 410(b): ining	Yee     Dee     baa     ha     mo     Yee     Fee     Tee	es esign- used safe urbor ethod es atio ercentage est es	No ADP/AC test No Average Benefit	Tes
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	ree deferrals and e "current year a)(2)(ii) and 1.401 ents under section 01(a}(4) by comb	(m)- n 410(b): ining	Ye baa ha mi Ye Re Fe Ye Ye Ye Ye Ye Ye Ye Ye Ye	es asign- ised safe arbor ethod es atio ercentage es es	No ADP/AC test No Average Benefit No No No	ſes
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	ree deferrals and re "current year a)(2)(ii) and 1.401 ents under section 01(a)(4) by comb oted//	(m)- n 410(b): ining Enter th	Ye ba ha mo Ye Fe Te Ye Ye e applic	es esign- used safe urbor ethod es atio ercentage es es es cable code	No ADP/AC test No Average Benefit No No Solution	
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	ree deferrals and re "current year a)(2)(ii) and 1.401 ents under section 01(a)(4) by comb oted// submitter plan th	(m)- n 410(b): ining Enter th at is subject t	Ye ba ha mo Ye Fe Te Ye Ye e applic	es esign- used safe urbor ethod es atio ercentage es es es cable code	No ADP/AC test No Average Benefit No No Solution	ſes
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	ree deferrals and e "current year a)(2)(ii) and 1.401 ents under section 01(a)(4) by comb pted	(m)- in 410(b): .Enter th at is subject t	Ye     De     ba ha m  Ye     Ye	es esign- used safe rbor ethod es atio ercentage es es cable code orable IRS	No ADP/AC test No Average Benefit No No No Sopinion or	ſes
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	ree deferrals and e "current year a)(2)(ii) and 1.401 ents under section 01(a)(4) by comb offed/	(m)- n 410(b): ining .Enter th at is subject to ber. enter the dat as been	Ye ba ha mo Ye Re Ye Ye Ye Ye Ye to a favo	es esign- used safe rbor ethod es atio ercentage es es cable code orable IRS	No ADP/AC test No Average Benefit No No No Sopinion or	ſes
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	ree deferrals and re "current year a)(2)(ii) and 1.401 ents under section 01(a)(4) by comb oted// submitter plan th etter's serial numi from IRS, please ection 1022(i)(2) h - the U.S. Virgin h	(m)- n 410(b): Ining Enter the at is subject to perton the data as been slands)?	Ye ba ha mo Ye Re Ye Ye Ye Ye Ye to a favo	es es es es es es es es es cable code orable IRS es es	No ADP/AC test No No Average Benefit No No Sopinion or avorable	ſes
<ul> <li>I5a is the plan a 401(k) plan:</li></ul>	ree deferrals and e "current year a)(2)(ii) and 1.401 ents under section 01(a)(4) by comb oted	(m)- n 410(b): ining Enter the at is subject to ber. enter the da as been slands)?	Ye De ba ha mi Ye Ye Te Te Ye o a favo te of pla	es es es es es es es es es cable code orable IRS es es	No ADP/AC test ADP/AC test No Average Benefit No No Sopinion or avorable No No No	ſes
<ul> <li>15a Is the plan a 401(k) plan:</li></ul>	ree deferrals and e "current year a)(2)(ii) and 1.401 ents under section 01(a)(4) by comb oted// submitter plan th etter's serial numb from IRS, please ection 1022(i)(2) h the U.S. Virgin h regardless of who	(m)- n 410(b): ining Enter the at is subject to enter the da as been slands)?	Ye  De baa ha mo Ye  Pe Te Ye  Ye  Ye  Ye  Ye  Ye  Ye  Ye  Ye	es es es es es es es es es cable code orable IRS es es	No ADP/AC test No No Average Benefit No No Sopinion or avorable No	Tes