For	m 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employed	e	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file		4065 of the Employee Retirem	ent	2015
Employee Be	epartment of Labor enefits Security Administration			57(b) and 6058(a) of the Intern	al This I	Form is Open to lic Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in a dentification Information		tructions to the Form 5500-SI		
	ar plan year 2015 or fisc			and ending 12/31/20	015	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (Filers mployer information in accorda	0	
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 months)		
C Check b	box if filing under:	Form 5558	automatic extension		DFVC prog	ram
Part II	Basic Plan Infor	special extension (enter descr mation—enter all requested inf	1 ,			
1a Name					Three-digit plan number (PN) ► Effective date of	001 f plan
		er, if for a single-employer plan) , apt., suite no. and street, or P.C		2b	Employer Ident	01/2007 ification Number
City or		country, and ZIP or foreign post		tructions) 2c	Sponsor's telep	
				2d		58-1421 (see instructions)
16510 106TH YELM, WA 9	1 AVENUE SE 8597-8636				811	190
3a Plan a	dministrator's name and	address Same as Plan Spons	sor.	3b	Administrator's	EIN
4 If the r	name and/or EIN of the r	plan sponsor has changed since	the last return/report filed			telephone number
	EIN, and the plan numb	per from the last return/report.		4c		
		t the beginning of the plan year		-		4
		t the end of the plan year				3
C Numb	er of participants with ac	count balances as of the end of	the plan year (defined ber	nefit plans do not 5	c	3
<b>d(1)</b> Tota	al number of active parti	cipants at the beginning of the pla	an year		(1)	3
		cipants at the end of the plan yea rminated employment during the		anofita that ware loss		7
than '	100% vested		• •			0
		r incomplete filing of this return er penalties set forth in the instruct				cable, a Schedule
SB or Sche	dule MB completed and rue, correct, and completed	l signed by an enrolled actuary, a	as well as the electronic ve	ersion of this return/report, and	to the best of my	y knowledge and
SIGN	Filed with authorized/va	alid electronic signature.	03/15/2016	MICHAEL J. BROWN		
HERE	Signature of plan ad	ministrator	Date	Enter name of individual sig	ning as plan ad	ministrator
SIGN						
HERE	Signature of employe		Date	Enter name of individual sig		
TAMMY WA HUNTER B 2607 BRID	ALSH ENEFITS CONSULTIN GEPORT WAY W., SUI		nclude room or suite numb	ver) Prep	arer's telephone 425-82	a number 23-2525
UNIVERSI	TY PLACE, WA 98466					
For Denerus	ark Daduction Act Nation	and OMB Control Numbers see the	a in atrustiana far Farm FEO			Form 5500-SE (2015)

	F0III 5500-5F 2015		Fage Z							
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
	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	- 7 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 ir	nsurance p	orogram (see ERISA se	ection 40	021)?		Yes	No	Not determin	ned
Par	t III Financial Information	•	1							
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) Enc	l of Year	
а	Total plan assets	. 7a		231	935				211082	2
b	Total plan liabilities	7b			0				0	)
C	Net plan assets (subtract line 7b from line 7a)	7c		231	935				211082	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)		11	836					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	. 8b		-2	673					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9163	\$
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		30	016					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							30016	5
i	Net income (loss) (subtract line 8h from line 8c)	8i							-20853	\$
j	Transfers to (from) the plan (see instructions)	8j			0					
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D	feature co	odes from the List of Pl	an Chai	racteris	stic Co	odes in t	the instru	ictions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Coo	les in th	ne instruc	tions:	
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а		itions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest			TUa		~				
	reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х				2	25000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
e	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	ın?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		Х				
h	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	he require	d notice or one of the	10i						

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)		nplete	Sched	lule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Code	e or se	ction 3	302 of E	ERISA?	Yes	X No

Х

10j

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERIS		-		-										-		-	-				-	-				-	· ·	-			/	-	-					-			
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERIS																																									
	ls t	his	за	def	ine	ed	cont	trib	utic	n p	olan	su	ıbje	ct	to t	the	mir	nim	um	fun	din	g re	equ	ire	em	ent	s o	f se	ectic	n 4	112	of	the	Cod	e oi	r se	ction	302	of	ERI	S

j Did the plan trust incur unrelated business taxable income?

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Page **3 -** 1

-					1			
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.		_		of the let Year		ng
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day	/	_ Tea		
				12b				
D	Ente	r the minimum required contribution for this plan year			-			
-		the amount contributed by the employer to the plan for this plan year		120	;			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d	1			
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?			XY	'es	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou e PBGC?		ontrol		Yes	×	No
C	lf du	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.)		1				
1		Name of plan(s):	13c(2)	EIN(s	)	13	<b>c(3)</b> P	'N(s)
Part		Trust Information						
		e of trust		14h	Trust's E	IN		
		CAR CARE INC. 401(K) TRUST			0849620			
		ne of trustee or custodian J. BROWN		140	Trustee telepho	e's or cu one num		ın's
Par	t IX	IRS Compliance Questions		·				
15a	Is th	e plan a 401(k) plan?		י 🗌 ו	/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)?			Design- based sa harbor method	fe	ADP test	/ACP
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))?		ים	íes		No	
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under sect	on 410(b):		Ratio percentao test	ge		rage efit test
16b		s 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?		ים	/es		No	
17a	Has	the plan been timely amended for all required tax law changes?		ים	res		No	N/A
17b		the last plan amendment/restatement for the required tax law changes was adopted//	Enter the ap	plicat	ole code _	(Se	e inst	tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plasory letter, enter the date of that favorable letter/ and the letter's serial r		t to a	favorable	e IRS op	inion o	r
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the p	lan's last	favorab	е	
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		ΠY	es		No	
19	Were	in-service distributions made during the plan year?		ים	/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)?			/es		No	N/A

ξr .	3					
	prm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emp	oloyee	OMB Nos. 1210-0110 1210-0089
Int	ternal Revenue Service	This form is required to be file	ed under sections 104 and	4065 of the Employee	Retirement	2015
Employee	Department of Labor Benefits Security Administration Benefit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Cod	057(b) and 6058(a) of ti de).	ne Internal	This Form is Open to Public Inspection
Part I		Complete all entries in t Identification Information	accordance with the ins	tructions to the Form	5500-SF.	
	dar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/	/31/2015
		X a single-employer plan		Y		cking this box must attach a
A This r	eturn/report is for:	a one-participant plan	list of participating e	mployer information in	accordance w	ith the form instructions)
<b>B</b> This re	turn/report is	the first return/report	the final return/report			
		an amended return/report	8	rn/report (less than 12	months)	
C Check	box if filing under:	Form 5558			· _	
	-	special extension (enter desc	automatic extension			DFVC program
Part II	Basic Plan Info	prmation—enter all requested in				······································
1a Name	e of plan				1b Three	adigit
Browns	Car Care Inc	. 401(k) Trust				number 001
					(PN)	
						tive date of plan 01/2007
2a Plans	sponsor's name (emplo	yer, if for a single-employer plan)		·····		oyer Identification Number
City o	ig address (include roo ir town, state or provinc	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	l. Box) al code (if foreign, see inst	nuctions)		45-0489641
Brown	s Car Care Ind	с.	an eeue (n iereigh, eee ma	aduonay		sor's telephone number
16510	10611 7					-458-1421 ess code (see instructions)
16510	106th Avenue	SE			8111	
Yelm		WA 98597-863	o c			
3a Plan a	administrator's name ar	nd address XSame as Plan Spons			2h Adat	istrator's EIN
					JU Admir	histrator's EIN
					3c Admin	istrator's telephone number
4 If the	name and/or EIN of the	plan sponsor has changed since t	he last return/report filed f	or this plan enter the	Al	
name	, ⊏in, and the plan hur	nber from the last return/report.	ne iastretarimeport lieu i	or this plan, enter the	4b EIN	
	or's name	· · · · · · · · · · · · · · · · · · ·			4c PN	
5a Totali	number of participants	at the beginning of the plan year			5a	4
b Totalı C Numb	number of participants	at the end of the plan year			5b	3
compl	lete this item)	account balances as of the end of t	ne plan year (defined bene	efit plans do not	5c	2
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pla	n vear		5d(1)	3
<b>d(2)</b> Tot	al number of active par	ticipants at the end of the plan yea	۲		5d(2)	3
e Numb	per of participants that t	erminated employment during the	olan year with accrued her	ofits that were loce	5e	/
Gaution: A	penalty for the late of	r incomplete filing of this return	report will be accessed	unless sees such l		0
Under pene		et benallies set forth in the instruct	ione I declare that I have	maximum for a shall be to see to see the		
	rue, correct, and comp		well as the electronic ver	sion of this return/repor	t, and to the b	est of my knowledge and
SIGN	$\frown$		15 Mar 16	Michael J. Br	own	
HERE	Signature of plan ac	Iministrator	Date			plop administration
SIGN				Enter name of individ	uai siyiiing as	plan administrator
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ		omplauer ar star
Preparer's r Tammy W	name (including firm na	ame, if applicable) and address (inc	lude room or suite number	r)		employer or plan sponsor elephone number
rammy w	Benefits Cons					5-823-2525
	idgeport Way N					
	ity Place	WA 98466				
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the i	nstructions for Form 5500-S	SF.		Form 5500-SE (2015)

Form 5500-SE 2015

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	101110000-01 2010		Page 2							
6a b	Were all of the plan's assets during the plan year invested in eligit 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 6h the plan approximation	an indepoint and conc	endent qualified public litions.)	c accou	ntant (I	QPA)			X Ye X Ye	
с	If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC in	not use F	orm 5500-SF and mu	ist inst	ead us	e For	m 5500.			
	art III Financial Information	nsurance	program (see ERISA	section	4021)?	?	Yes	No	Not dete	rmined
7	Plan Assets and Liabilities	1								
	Total plan assets	<u> </u>	(a) Beginni	- X				(b) End		
 b		. 7a			2319					211082
					0010	0				0
8	Income, Expenses, and Transfers for this Plan Year	. 7c			2319	35			·	211082
а	Contributions received or receivable from:		(a) Am	ount				(b) T	otal	
	(1) Employers	. 8a(1)				0				
	(2) Participants				118:	36		ng an terr		
	(3) Others (including rollovers)					0			n Bergere	
b					-26	73				
	(uuu mies eu(1); eu(2); eu(3); and eb)	8c								9163
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			3001	L6				
-	Certain deemed and/or corrective distributions (see instructions)	8e				0				
f	Administrative service providers (salaries, fees, commissions)	8f				0	e da jar			
<u> </u>		8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)									30016
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i								20853
1	Transfers to (from) the plan (see instructions)	8j				0				
B Par	If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions	eature coo	les from the List of Pla	an Char	acteris	tic Co	des in the	e instructio	ns:	
10					· · · · ·		,			
a	During the plan year: Was there a failure to transmit to the plan any participant and the				Yes	No	N/A		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Ve Program)	oluntary F	iduciary Correction	10a		х	·			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not	nclude transactions	10Ь		Х				
С					X					2500
d		fidelity bo	nd that was caused	10c		Х				2500(
e		er persons	s by an insurance	10d		Х				
f	Has the plan failed to provide any benefit when due under the plan	2		10e		.,				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f		Х				
h	If this is an individual account plan, was there a blackout period? (S	See instru	ctions and 29 CEP	10g		X X				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required	potico or one of the	10h		~				1 
j	Did the plan trust incur unrelated business taxable income?			10i 10i			X			
Part				10]	]					
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Y	es," see instructions a	and com	plete S	Sched	ule SB (F	orm		
		• • • • • • • • • • • • • • • • • • •							Yes	

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... 11a

Yes No ....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

Porm 5500-SF 2015 Page 3 -			
(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 and	instructions, and	enter th	e date of the letter ruling
	Nonth	Day	Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.	1	
<b>b</b> Enter the minimum required contribution for this plan year		. 12b	
C Enter the amount contributed by the employer to the plan for this plan year		12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	ne left of a	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			
Part VII Plan Terminations and Transfers of Assets		· [	Yes No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?		<u> </u>	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		•	X Yes No
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC?		. 13a	0
			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to	)	
13c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
Part VIII         Trust Information           14a Name of trust         Trust			
		14b Tr	ust's EIN
Browns Car Care Inc. 401(k) Trust			20-8496200
14c Name of trustee or custodian		44-1-7	
Michael J. Brown			rustee's or custodian's elephone number
Part IX IRS Compliance Questions			
<b>15a</b> Is the plan a 401(k) plan?		☐ Yes	
			No
	1	1165	ign-
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a	nd employer		ed safe ADP/ACP
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas harl	por test
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan user with the		bas harl met	bor test
<ul> <li>15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas Registerions 1.404(k) 2(a)(a)(k) and 401(k) 2(a)(k) and 401(k) and 401(k) 2(a)(k) and 401(k) and 4</li></ul>	current year	bas harl	por test
<ul> <li>15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 2(a)(2)(ii))?</li> </ul>	current year 401(m)-	bas harl met	por test
<ul> <li>15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas Reg sections 1.404(k) 2(a)(a)(k) and 4</li> </ul>	current year 401(m)-	bas harl met	oor test hod No
<ul> <li>15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 2(a)(2)(ii))?</li> <li>16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sections 1.401(k) and 1.40(k) and 1.40(</li></ul>	current year 401(m)- tion 410(b):	bas harl met Yes	oor test
<ul> <li>15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii)) and 1 2(a)(2)(ii))?</li> <li>16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sections 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by containing plan with any other plans under the permissive aggregation rules?</li> </ul>	current year 401(m)- tion 410(b): nbining	bas harl met	oor test hod No
<ul> <li>15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 2(a)(2)(ii))?</li> <li>16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sections the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by contains plan with any other plans under the permissive aggregation rules?</li> <li>17a Has the plan been timely amended for all required tax law changes?</li></ul>	current year 401(m)- tion 410(b): nbining	bas harl met Yes	oor test hod No o No eentage Average benefit test
<ul> <li>15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 2(a)(2)(ii))?</li> <li>16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sections the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by contains plan with any other plans under the permissive aggregation rules?</li> <li>17a Has the plan been timely amended for all required tax law changes?</li> <li>17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).</li> </ul>	current year 401(m)- tion 410(b): nbining Enter the a	bas harl met     Yes     Yes     Yes     Yes     Yes     Yes	oor test hod No oentage Average benefit test No No N/A code (See instructions
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