Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

| Part I | Annual Report | Identification Information | | | | | | | | |
|--------------------------------------|--|---|---|--|----------------------------------|-------------------------|--|--|--|--|
| For calenda | ır plan year 2015 or fis | scal plan year beginning 01/01/20 | 15 | and ending 10/0 | 8/2015 | | | | | |
| A This retu | urn/report is for: | a single-employer plan a one-participant plan | | an (not multiemployer)(F ployer information in acco | - | | | | | |
| B This retu | rn/report is | the first return/report an amended return/report | the final return/report a short plan year return | n/report (less than 12 mont | ths) | | | | | |
| C Check b | ox if filing under: | Form 5558 special extension (enter descrip | automatic extension tion) | | DFVC prog | ram | | | | |
| Part II | Basic Plan Info | rmation—enter all requested info | rmation | | | | | | | |
| 1a Name o | | | | 1 | b Three-digit plan number (PN) ▶ | 001 | | | | |
| | | | | 1 | C Effective date of 01/0 | f plan 01/2007 | | | | |
| Mailing | oonsor's name (employ address (include roor | | Employer Identi (EIN) 20-2 | fication Number 2964363 | | | | | | |
| • | BENEFITS, INC. | e, country, and ZIP or foreign postal | code (ir foreign, see instr | uctions) | 2c Sponsor's telep 800-5 | phone number 44-2777 | | | | |
| | | | | 2 | 2d Business code | (see instructions) | | | | |
| 35 DOCK ST SUITE 113 ACOMA, WA | Г. А 98402-4629 | | | | 524 | 210 | | | | |
| 3a Plan ad | dministrator's name ar | nd address Same as Plan Sponso | r. | 3 | b Administrator's | EIN | | | | |
| A 1611 | V 5N 61 | | | | Administrator's | telephone number | | | | |
| | | e plan sponsor has changed since th mber from the last return/report. | e last return/report filed fo | | 4b EIN | | | | | |
| a Sponso | or's name | | | 4 | C PN | | | | | |
| 5a Total n | umber of participants | at the beginning of the plan year | | | 5a | 1 | | | | |
| | | at the end of the plan year | | | 5b | 0 | | | | |
| | | account balances as of the end of th | | | 5c | 0 | | | | |
| d(1) Tota | I number of active par | rticipants at the beginning of the plar | n year | | 5d(1) | 0 | | | | |
| d(2) Tota | al number of active pa | rticipants at the end of the plan year | | | 5d(2) | 0 | | | | |
| than 1 | 00% vested | terminated employment during the p | | | 5e | 0 | | | | |
| | | or incomplete filing of this return/i | | | | | | | | |
| SB or Sche | , , , | her penalties set forth in the instructing signed by an enrolled actuary, as plete. | · · | • | | · | | | | |
| SIGN | | /valid electronic signature. | 03/11/2016 | LLOYD G. WHITON | | | | | | |
| HERE | Signature of plan a | dministrator | Date | Enter name of individual | signing as plan adı | ministrator | | | | |

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

| Form 5500-SF 2015 | | Page 2 | | | | | | | | |
|--|-----------------------------|-------------------------|----------|----------|----------|-----------|-----------|--------------|------------|----------|
| 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon | an indepen and condition | dent qualified public a | ccount | ant (IQ | PA) | | | > | Yes Yes | <u> </u> |
| c If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance pr | ogram (see ERISA se | ection 4 | 021)? | [| Yes | No | No | t deter | mined |
| Part III Financial Information | , , | | | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | of Ye | ar | | | (b) En | d of Y | ear | |
| a Total plan assets | 7a | | 12 | 2414 | | | | | | 0 |
| b Total plan liabilities | 7b | | | 0 | - | | | | | 0 |
| C Net plan assets (subtract line 7b from line 7a) | 7c | | | 2414 | | | | | | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | unt | | | | (b) | <u>Total</u> | | |
| (1) Employers | 8a(1) | | | 0 | | | | | | |
| (2) Participants | 8a(2) | | | 0 | | | | | | |
| (3) Others (including rollovers) | 8a(3) | | | 0 | | | | | | |
| b Other income (loss) | 8b | | | -219 | | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | | -2 | 219 |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 12 | 2195 | | | | | | |
| Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | | | | |
| g Other expenses | 8g | | | 0 | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | 121 | 95 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | | -124 | 114 |
| j Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions | eature code | es from the List of Pla | n Chara | acterist | tic Cod | les in th | ie instru | ictions | : | |
| 10 During the plan year: | | | | Yes | No | N/A | | Λn | nount | |
| Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) | oluntary Fi | duciary Correction | 10a | 100 | X | NA | | All | iount | |
| b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | X | | | | | |
| C 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 | | | | | |
| • 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 t | he benefits under | 10e | X | | | | | | 90 |
| f Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | nd.) | 10g | | X | | | | | |
| h If this is an individual account plan, was there a blackout period? 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 | he required | notice or one of the | 10i | | | | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10i | | Χ | | | | | |
| Part VI Pension Funding Compliance | | |) | | <u> </u> | | <u> </u> | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Г | Yes | No |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | 11a | | | | |
| 12 Is this a defined contribution plan subject to the minimum funding | | | | | | 302 of E | RISA? | | Yes | X No |

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | | | | |
|------|----------|--|------------------|------------------|----------------------------|-----------------------|--------------------|--|--|--|
| | (If "Ye | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| а | | aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver | | enter the Day | e date of | the letter ru Year | ling | | | |
| If | | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | Day_ | | Τσαι | | | | |
| b | Enter ti | he minimum required contribution for this plan year | | 12b | | | | | | |
| С | Enter th | ne amount contributed by the employer to the plan for this plan year | | 12c | | | | | | |
| | Subtra | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the | left of a | 12d | | | | | | |
| | | ve amount) | | | Yes | No | N/A | | | |
| Part | | e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets | | | 163 | NO | IN/A | | | |
| | | resolution to terminate the plan been adopted in any plan year? | | | X Ye | X Yes No | | | | |
| | | s," enter the amount of any plan assets that reverted to the employer this year | | 13a | | <u> </u> | (| | | |
| b | Were | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC? | ght under the co | ontrol | × | Yes | No | | | |
| С | If duri | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.) | | | | | | | | |
| • | 13c(1) N | lame of plan(s): | 13c(2) | EIN(s) | | 13c(3) F | PN(s) | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Part | | Trust Information | | | | | | | | |
| 14a | Name o | f trust | | 14b 1 | rust's Ell | N | | | | |
| | | | | | | | | | | |
| 14c | Name | of trustee or custodian | | | | s or custodi | an's | | | |
| | | | | | telepnon | e number | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | | |
| 15a | Is the | plan a 401(k) plan? | | ☐ Ye | s | No | | | | |
| | 10 110 | | | _ D | esign- | | | | | |
| 15b | | "," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | ha | sed safe arbor ethod | ADF test | P/ACP | | | |
| 15c | | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c | | Ye | | No | | | | |
| | | method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))? | | | | ш | | | | |
| 16a | | the box to indicate the method used by the plan to satisfy the coverage requirements under section | | | atio ercentage | | erage efit test | | | |
| 16b | | he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules? | | Ye | | No | | | | |
| 17a | | e plan been timely amended for all required tax law changes? | | Ye | S | No | N/A | | | |
| 17b | | ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes). | Enter the ap | plicable | code | (See ins | tructions | | | |
| 17c | If the p | lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r | | t to a fa | vorable I | RS opinion | or | | | |
| 17d | If the p | lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en | | the plai | n's last fa | vorable | | | | |
| 18 | Is the I | Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin | | Yes | S | No | | | | |
| 19 | Were in | n-service distributions made during the plan year? | | Ye | s | No | | | | |
| | If "Yes | ," enter amount | ····· | 19 | | | | | | |
| 20 | | equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)? | | Ye | s | No | N/A | | | |

Short Form Annual Return/Report of Small Employee

Form 5500-SF

Benefit Plan

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| | ment | rnal | | |
|----------------------------|--|---|---|--|
| 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 Eorm 5500.SE |
| Department of the Treasury | Internal Revenue Service | Department of Labor | Employee Benefits Security Administration | Pension Benefit Guaranty Corporation |

| | Complete all entries in | ► Complete all entries in accordance with the instructions to the Form 5500-SF. | ions to the Form 5 | 500-SF. | |
|--|---|--|---|---|-------|
| For calendar plan year 2015 or fiscal plan year beginning | Alillual Report Identification Information plan year 2015 or fiscal plan year beginning | 01/01/2015 | and ending | 10/08/2015 | |
| A This return/report is for: | X a single-employer plan I a one-participant plan | | (not multiemployer) yer information in ac | king this b | 1 |
| B This return/report is | the first return/report an amended return/report | X the final return/report X a short plan year return/report (less than 12 months) | port (less than 12 m | onths) | |
| C Check box if filing under: | Form 5558 Special extension (enter description) | automatic extension cription) | | DFVC program | |
| Part II Basic Plan Information- | nformation—enter all requested information | nformation | | | ı |
| 1a Name of plan TRUSTINUS BENEFITS, | INC. 40 | | | 1b Three-digit plan number 001 (PN) ▶ 1c Effective date of plan | 1 |
| 2a Plan sponsor's name (employe Mailing address (include room. | ployer, if for a single-employer plan) room, apt., suite no, and street, or P.(| O. Box) | | 2b Employer Identification Number | |
| City or town, state or province, Trustinus Benefits, | | country, and ZIP or foreign postal code (if foreign, see instructions) $\mathtt{Inc}_{\:\raisebox{1pt}{\text{\circle*{1.5}}}}$ | ons) | 2c Sponsor's telephone number 800-544-2777 | 1 |
| 535 Dock St. Suite 113 | | | | 2d Business code (see instructions) 524210 | 1 |
| Tacoma | WA 98402-4629 | 129 | | | |
| 3a Plan administrator's name | 3a Plan administrator's name and address XSame as Plan Sponsor. | sor. | | 3b Administrator's EIN | 1 |
| | | | | 3c Administrator's telephone number | 1 |
| 4 If the name and/or EIN of | If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the | the last return/report filed for thi | is plan, enter the | 4b EIN | |
| a Sponsor's name | number nom the last returnreport. | | | 4c PN | l |
| 5a Total number of participants at | nts at the beginning of the plan year | | | 5a 1 | Ι. |
| | nts at the end of the plan year | | | 0 q 9 | 1 ~ 1 |
| c Number of participants with acc complete this item) | Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | the plan year (defined benefit pl | ans do not | 5c 0 | _ |
| d(1) Total number of active | d(1) Total number of active participants at the beginning of the plan year | lan year | | 5d(1) | ۱ _ |
| | d(2) Total number of active participants at the end of the plan year | ar | | 5d(2) 0 | 1 _ |
| e Number of participants that ten than 100% vested | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. | plan year with accrued benefits | that were less | 5e 0 | l _ |
| Under penalties of perjury and SB or Schedule MB completed | te or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, a | n/report will be assessed unleactions, I declare that I have exants well as the electronic version | ss reasonable cau: nined this return/rep of this return/report, | Under penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule So Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and | 1 |
| SIGN LEG. COLLEGE, SILL CO | White | LI | Lloyd G. Whiton | ü | |
| Signature | n administrator | Date 3/1/16 En | ter name of individu | Enter name of individual signing as plan administrator | |
| SIGN HERE Signature of emr | oloverinjan enoneor | C C | : | | - |
| Preparer's name (including firm | Preparer's name (including firm name, if applicable) and address (include room or suite number) | clude room or suite number) | ter name of individu | Enter name of individual signing as employer or plan sponsor | |
| | | | | | |
| or Paperwork Reduction Act No | or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. | e instructions for Form 5500-SF. | | Form 5500-SF (2015) | |

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| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | assets? (See instructions.) independent qualified public | accountant | IQPA) | | X Yes No |
|--|--|--------------|----------|----------------------|---|
| If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? \[\] Yes | tuse Form 5500-SF and mu urance program (see ERISA) | st instead u | se For | n 5500.] Yes ∏No | Z |
| Part III Financial Information | | | |] [|] |
| 7 Plan Assets and Liabilities | (a) Beginning of Year | ig of Year | | (q) | (b) End of Year |
| a Total plan assets | 7a | 1241 | 14 | | 0 |
| b Total plan liabilities | 7b | | 0 | | 0 |
| | 7с | 124 | 2414 | | 0 |
| - 1 | (a) Amount | unt | | | (b) Total |
| Contributions received or receivable from: (1) Employers | 8a(1) | | 0 | | |
| (2) Participants | 8a(2) | | 0 | | |
| (3) Others (including rollovers) | 8a(3) | | 0 | | |
| b Other income (loss) | 8b | `- | 219 | | - |
| - 1 | 8c | | | | -219 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | D8 | 12195 | 95 | | |
| e Certain deemed and/or corrective distributions (see instructions) | - 8e | | 0 | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | |
| g Other expenses | 8g | | 0 | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | 12195 |
| i Net income (loss) (subtract line 8h from line 8c) | l8 | | | | -12414 |
| j Transfers to (from) the plan (see instructions) | 8j | | | | |
| Part IV 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. | ature codes from the List of F | lan Characte | ristic C | odes in the in | structions: |
| plan provide | ture codes from the List of Pla | in Character | stic Co | des in the ins | tructions: |
| | | | | | |
| ᆔ | | | | | |
| During the plan year: | | Yes | 2 | N/A | Amount |
| a 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) | ns within the time period untary Fiduciary Correction | ,0a | × | | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | Do not include transactions | 9 | × | | |
| C Was the plan covered by a fidelity bond? | | 100 | × | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | elity bond, that was caused | 200 | × | | |
| • 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.). | persons by an insurance or all of the benefits under | 2 d0 | | | 06 |
| f Has the plan failed to provide any benefit when due under the plan? | | 10f | × | | |
| ı | ıf year end.) | 10g | × | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | e instructions and 29 CFR | 10h | × | | TOTAL |
| 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 | required notice or one of the | 10. | | | |
| j Did the plan trust incur unrelated business taxable income? | | 10i | × | | |
| Part VI Pension Funding Compliance | | 5: | | | |
| 11 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) | ts? (If "Yes," see instructions | and complet | Sche | lule SB (Forn | n Yes No |
| l m | hedule SB (Form 5500) line 4 | 0 | | 11a | 1 |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | quirements of section 412 of t | ne Code or s | ection | 302 of ERISA | ? Yes 🗓 No |
| | | | | | |

| ctions, and enter the date of the letter ruling | th Day Year | 12b | 12c | of a 12d | Yes No N/A | | X Yes □ No | 13a C | under the control X Yes No | e plan(s) to | 13c(2) EIN(s) 13c(3) PN(s) | | 14b Trust's EIN | 14d Trustee's or custodian's telephone number | | YesNo | | nt year Tes No | 10(b): Ratio Average benefit test | | Yes No N/A | Enter the applicable code (See instructions | at is subject to a favorable IRS opinion or | the date of the plan's last favorable | been Yes No | No No | 19 | _ |
|---|----------------------------|---|-----|---|--|--|---|---|--|---|----------------------------|-----------------------------|-------------------|---|----------------------------------|---------------------------------------|---|---|--|--|--|---|--|---------------------------------------|---|---|------------------------|---|
| (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 | granting the waiver. Month | n you completed line 12a, complete lines 3, 3, and 10 of schedule line (roth), and skip to line 13. b Enter the minimum required contribution for this plan year | | d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) | e Will the minimum funding amount reported on line 12d be met by the funding deadline? | Part VII Plan Terminations and Transfers of Assets | 13a Has a resolution to terminate the plan been adopted in any plan year? | If "Yes," enter the amount of any plan assets that reverted to the employer this year | b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | 13c(1) Name of plan(s): | Part VIII Trust Information | 14a Name of trust | 14c Name of trustee or custodian | Part IX IRS Compliance Questions | 15a Is the plan a 401(k) plan? | 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | 15c 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)? | 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | 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? | 17a Has the plan been timely amended for all required tax law changes? | 17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). | 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter | ived a favorable determination | 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? | 19 Were in-service distributions made during the plan year? | If "Yes," enter amount | |