## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## 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	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12	2/31/2015						
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in ac							
71		a one-participant plan	a foreign plan	1 1 0 1 7							
<b>B</b> This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)						
C Check h	box if filing under:	Form 5558	automatic extension		X DFVC	program					
		special extension (enter desc	· · ·								
Part II		rmation—enter all requested in	formation		1 -						
1a Name BAXTER-RU	of plan UTHERFORD, INC. 40	D1(K) PLAN			<b>1b</b> Three-digit plan number						
					(PN) <b>•</b>	001					
					1c Effective da	ate of plan 01/01/1985					
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		2b Employer lo (EIN)	dentification Number 91-0785268					
	town, state or province THERFORD, INC.	e, country, and ZIP or foreign post	tal code (if foreign, see ins	structions)	2c Sponsor's	telephone number 06-762-4888					
D.O. BOY 04	204					ode (see instructions)					
P.O. BOX 24 SEATTLE, W	/A 98124-0324					423700					
3a Plan a	dministrator's name ar	nd address Same as Plan Spon	sor.		<b>3b</b> Administrat	or's EIN					
					3c Administrat	or's telephone number					
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN						
	, EIN, and the plan nui or's name	mber from the last return/report.			4c PN						
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	21					
<b>b</b> Total r	number of participants	at the end of the plan year			5b	20					
		account balances as of the end of			5c	15					
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	18					
<b>d(2)</b> Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	18					
<b>e</b> Numb	per of participants that	terminated employment during the	e plan year with accrued b	enefits that were less	5e	0					
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable car							
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete									
SIGN		valid electronic signature.	03/10/2016	ROBERT NORWOOD	)						
HERE	Signature of plan administrator Date Enter n			Enter name of individ	f individual signing as plan administrator						
SIGN HERE											
	Signature of emplo		Date			oloyer or plan sponsor					
riepalei S	name (including ilm n	name, if applicable) and address (in	nordue room or suite numi	JGI )	Preparer's telepl	ione number					
1											

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t</li></ul>	an independand condition	dent qualified public a	account	ant (IQ	PA)				Yes No
<b>c</b> 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	Not d	etermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End	l of Yea	ır
a Total plan assets	7a		1062					10	082473
<b>b</b> Total plan liabilities	7b			8830	-				200470
C Net plan assets (subtract line 7b from line 7a)	7c		1058	8869					082473
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total	
(1) Employers	8a(1)			319					
(2) Participants	8a(2)		42	2357					
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		-12	2017					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								30659
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3	3772					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		3	3283					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								7055
i Net income (loss) (subtract line 8h from line 8c)	8i								23604
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
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	ic Cod	les in the	e instruc	tions:	
<b>10</b> During the plan year:				Yes	No	N/A		Amo	unt
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)	oluntary Fi	duciary Correction	10a		X				
<b>b</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	Х					250000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				20000
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.)	ner persons ne or all of t	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					Х				
			101	X					4993
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR								4993
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	10h 10i						
j Did the plan trust incur unrelated business taxable income?			10j			X			
Part VI Pension Funding Compliance			,			<u>.                                      </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0	<u></u>		11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (	302 of E	RISA?	$\prod$	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
	_ `	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 inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne 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					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	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)		<b>13c(3)</b> F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
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)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage 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	s	No			
17a	Has the	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		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		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	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?									

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefil Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection** 

Parti		t identification information								
For calenda	ar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/2					
A This ref	urn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)							
74 11110100	arrivioport to tor.	a one-participant plan	a foreign plan	projet intermation in ac	oordanoo war me	Torri matraottoria)				
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report								
C Check t	oox if filing under:	Form 5558	automatic extension		X DFVC	program				
D: 411	D. 1 D. 1 (	special extension (enter desc	. /							
Part II		ormation—enter all requested ir	nformation		T					
<b>1a</b> Name Baxter-		Inc. 401(k) Plan			1b Three-digit plan number (PN) ▶					
					1c Effective da 01/01/1					
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0		ulations)	2b Employer lo (EIN) 91-	dentification Number 0785268				
	-Rutherford,	ce, country, and ZIP or foreign pos Inc .	tal code (il loreign, see instr	uctions)	2c Sponsor's 1 206-762	telephone number				
P.O. B	ox 24324				2d Business of 423700	ode (see instructions)				
Seattl		WA 98124-03								
3a Plan a	dministrator's name a	and address XSame as Plan Spon	SOL		3b Administrat	or's EIN				
					3c Administrat	or's telephone number				
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
a Sponse	•	amber from the last return/report.			4c PN					
<b>5a</b> Total r	number of participant	s at the beginning of the plan year.			5a	21				
		s at the end of the plan year			5b	20				
		account balances as of the end of			5c	15				
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	18				
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan ye	ear		5d(2)	18				
than '	100% vested	t terminated employment during the			5e	0				
		or incomplete filing of this retur								
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, polete								
SIGN	KINS	Gornack	3-10-16	Robert Norwoo	d					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plar	n administrator				
SIGN										
HERE		oyer/plan sponsor	Date			oloyer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numbe	er)	Preparer's telept	none number				
I										

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b	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.)  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 No									No No
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar	1		(b) End o	f Year	
а	Total plan assets	7a	1-7,3		5269	9		\-/		32473
	Total plan liabilities	7b			383	0				
С	Net plan assets (subtract line 7b from line 7a)	7c		10!	5886	9			108	32473
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) To	tal	
а	Contributions received or receivable from:				31					
	(1) Employers	8a(1)			_	-		_	_	
	(2) Participants	8a(2)			4235	4				
h	(3) Others (including rollovers)	8a(3) 8b			1201	7		_		-
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1201	1			-	30659
	Benefits paid (including direct rollovers and insurance premiums	00							,	30033
	to provide benefits)	8d			377	2				
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			328	3				
g	Other expenses	8g				-				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								7055
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				-				23604
j	Transfers to (from) the plan (see instructions)	8j								
_	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 2T 3D	feature co	des from the List of Pla	an Chai	acteris	stic Co	des in t	he instructi	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plar	n Chara	cterist	ic Cod	les in the	e instructio	ns:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		A	
_	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		105	NO	N/A		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	X					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х					4993
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	ne require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j			Х			
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No

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

12

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

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiver	nter the			ng
ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 📗	N/A
VII Plan Terminations and Transfers of Assets				
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		U	
			Yes X	No
		114		
3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	N(s)
VIII Trust Information				
Name of trust	14b	Trust's EIN		
Name of trustee or custodian	14d Trustee's or custodian's telephone number			
IX IRS Compliance Questions				
Is the plan a 401(k) plan?	Ye	es	No	
	∐ b	ased safe arbor	ADP/ACP test	
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))?	_ Y	es	No	
Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	⊔ р	ercentage	Average benefit test	
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?	☐ Y€	es	No	
Has the plan been timely amended for all required tax law changes?	∐ Ye	es	No	□ N/A
Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	applica	ble code _	(See ii	nstructions
advisory letter, enter the date of that favorable letter and the letter's serial number			<u> </u>	ог
determination letter .	the pla	ın's last fav	orable	
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)?	-		No	
Were in-service distributions made during the plan year?	Y	es	No	
	0.016			
If "Yes," enter amount	19			
L L	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and or granting the waver.  Month  you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year  Subtract the amount contributed by the employer to the plan for this plan year.  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).  Will the minimum funding amount reported on line 12d be net by the funding deadline?  Will the minimum funding amount reported on line 12d be net by the funding deadline?  Will the manumation and Transfers of Assets  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.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coffice of the PECC?  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):  13c(2)  VIII Trust Information  Vame of trustee or custodian  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)?  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 1401(k)) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  Does the plan asatisfy	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the granting the waver.  Month Day, you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13.  Enter the minimum required contribution for this plan year  Parter the amount neighbory of the plan for this plan year.  12b  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  VII Plan Terminations and Transfers of Assets  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.  13a  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, 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):  13c(2) EIN(s)  VIII Trust Information  VIII Trust Information  14d  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)(s) and 401(m)(2)(2)  If "He 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)(iii):  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  If the ADP/ACP	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waker of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the granting the waker.  Month Day you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5600), and skip to line 13.  Enter the minimum required contribution for this plan year.  Italian the minimum required contribution for this plan year.  Italian the minimum required contribution for this plan year.  Italian the minimum funding amount reported on line 12b. Enter the result (enter a minus sign to the left of a negative amount).  Will the minimum funding amount reported on line 12b be met by the funding deadline?.  Will plan Terminations and Transfers of Assets  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.  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.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," when the amount of any plan assets that reverted to the employer this year.  If "Yes," when the amount of any plan assets that reverted to the employer this year.  If "Yes," when the amount of any plan assets that reverted to the employer this year.  If "Yes," when the amount of any plan assets that reverted to the employer this year.  If "Yes," when the amount of any plan assets that reverted to the employer this year.  If "Yes," when the amount of any plan assets that reverted to the employer this year.  If the plan this plan assets distributed to participants or instructions.  If "Yes," how does the 401(k) plan assists the nondiscr	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 rull granting the 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 rull granting the waiver.