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 calend | lar plan year 2015 or fi | scal plan year beginning 01/01/2 | 2015 | and ending 12/ | /31/2015 | | | | | |
| A This re | eturn/report is for: | a single-employer plan a one-participant plan | _ | lan (not multiemployer) (aployer information in acc | - | | | | | |
| _ | | | | | | | | | | |
| B This ret | urn/report is | the first return/report an amended return/report | the final return/report | onths) | | | | | | |
| C Check | box if filing under: | | | | | | | | | |
| • Check | box ii iiiing under. | Form 5558 special extension (enter descr | automatic extension | | □ peac | program | | | | |
| Part II | Rasic Plan Info | prmation—enter all requested inf | | | | | | | | |
| 1a Name | | ormation—enter all requested in | Offiation | | 1b Three-digit | | | | | |
| RBSI 401(K | • | | | | plan numb | | | | | |
| 11201 101(1 | () 1 27 (1 4 | | | | (PN) • | 001 | | | | |
| | | | 1c Effective d | ate of plan 01/01/2010 | | | | | | |
| Mailin | g address (include roo | oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O | | | 2b Employer Identification Number (EIN) 91-1662134 | | | | | |
| | r town, state or provinc NT BENEFIT SPECIAL | ce, country, and ZIP or foreign posta LISTS, INC. | al code (if foreign, see instr | uctions) | | telephone number 25-289-0591 | | | | |
| 120E4 DEL 1 | RED RD., STE 190 | | | | 2d Business code (see instructions) | | | | | |
| BELLEVUE, | | | | | 523120 | | | | | |
| 3a Plan administrator's name and address XSame as Plan Sponsor. | | | | | | 3b Administrator's EIN | | | | |
| | | | | | 3c Administrat | tor's telephone number | | | | |
| | | e plan sponsor has changed since mber from the last return/report. | the last return/report filed for | or this plan, enter the | 4b EIN | | | | | |
| a Spons | sor's name | | | | 4c PN | | | | | |
| 5a Total | number of participants | at the beginning of the plan year | | | 5a | 3 | | | | |
| b Total | number of participants | at the end of the plan year | | | 5b | 3 | | | | |
| | | account balances as of the end of | | • | 5c | 3 | | | | |
| d(1) Tot | tal number of active pa | articipants at the beginning of the pla | an year | | 5d(1) | 3 | | | | |
| | | articipants at the end of the plan yea | | | 5d(2) | 3 | | | | |
| Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | | 0 | | | | |
| | | or incomplete filing of this return ther penalties set forth in the instruc- | | | | | | | | |
| SB or Scho | | nd signed by an enrolled actuary, a | | | | | | | | |
| SIGN | Filed with authorized | /valid electronic signature. | 04/25/2016 | J. DEAN LOVELL | | | | | | |
| HERE | Signature of plan a | administrator | Date | Enter name of individu | ıal signing as plaı | n administrator | | | | |
| SIGN | | | | | | | | | | |
| HERE | Signature of emplo | | Date | | lual signing as employer or plan sponsor | | | | | |
| Preparer's | name (including firm r | name, if applicable) and address (in | clude room or suite numbe | er) | Preparer's telepl | hone 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 If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. | an indepen | dent qualified public a | ccount | ant (IQ | PA) | | |
| 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 Not determined |
| Part III Financial Information | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | of Ye | ar | | | (b) End of Year |
| a Total plan assets | . 7a | | 955 | 299 | | | 941002 |
| b Total plan liabilities | . 7b | | 055 | .000 | - | | 044000 |
| C Net plan assets (subtract line 7b from line 7a) | . 7с | | | 5299 | | | 941002 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | ınt | | | | (b) Total |
| (1) Employers | . 8a(1) | | 8 | 3121 | | | |
| (2) Participants | . 8a(2) | | 18 | 8591 | | | |
| (3) Others (including rollovers) | 1 1 | | | | | | |
| b Other income (loss) | . 8b | | -41 | 009 | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | | -14297 |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | . 8f | | | | | | |
| g Other expenses | . 8g | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | -14297 |
| j Transfers to (from) the plan (see instructions) | · 8j | | | | | | |
| Part IV Plan Characteristics | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D | feature cod | des from the List of PI | an Cha | racteris | stic Co | des in th | ne instructions: |
| B If the plan provides welfare benefits, enter the applicable welfare f | feature code | es from the List of Pla | n Chara | acterist | ic Coc | les in the | e instructions: |
| In the plan provides we have benefits, effect the applicable we have | icatare ooat | 55 Hom the List of Fla | ii Onait | 20101101 | .10 000 | 100 111 1110 | , matruotiona. |
| Part V Compliance Questions | | | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | Amount |
| Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program) | √oluntary Fi | duciary Correction | 10a | | X | | |
| b Were there any nonexempt transactions with any party-in-interest | | | | | V | | |
| reported on line 10a.) | | | 10b | | X | | |
| C Was the plan covered by a fidelity bond? | | | 10c | X | | | 75000 |
| 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 son the plan? (See instructions.) | ne or all of t | he benefits under | 10e | X | | | 47 |
| f Has the plan failed to provide any benefit when due under the pla | | | 10f | | X | | |
| | | | | X | | | 15695 |
| h If this is an individual account plan, was there a blackout period? | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | | | | X | | 13033 |
| i If 10h was answered "Yes," check the box if you either provided t 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? | | | 10i 10j | | | | |
| Part VI Pension Funding Compliance | | | . 0, | | <u> </u> | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | 11a | |
| 12 Is this a defined contribution plan subject to the minimum funding | | | | | | | RISA? Yes X No |

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | | | |
|--|---|--|------------------|------------------------------|--------------|---|-------------------|--|--|
| | _ ` | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Day Year | | | | | | | | |
| 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 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? | | | | | | No 🗌 | N/A | | |
| Part | | Plan Terminations and Transfers of Assets | | | Yes | 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) | | 13c(3) 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 custodian'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 | 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)? | | | | | Design- based safe ADP/ACP harbor test method | | | |
| 15c | fc 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))? | | | | s | No | | | |
| 16a | ia Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | | | | | | 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 | 17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes). | | | | | | | | |
| 17c | 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 / / and the letter's serial number | | | | | | | | |
| 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 | | | | | | No | | | |
| 19 | Were in | n-service distributions made during the plan year? | | Ye | s | No | | | |
| | If "Yes | " enter amount | | 19 | | | | | |
| 20 | 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 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| Part | Annual Report | t Identification Information | | | - | <u> </u> |
|-----------------|--|--|--|-----------------------------|---------------------------------------|--------------------------|
| For care | ndar plan year 2015 or r | fiscal plan year beginning 01/01/2015 | | and ending 12 | | |
| A Thie | | X a single-employer plan | a multiple-employer | r plan (not multiemployer | i) (Filers checking | g this box must attach a |
| A IIIIs | return/report is for: | a one-participant plan | | employer information in a | accordance with the | he form instructions) |
| | | a are harrantan term. | a foreign plan | | | |
| B This r | retum/report is | the first return/report | the final return/report | rt | | |
| | | an amended return/report | = | turn/report (less than 12 r | -anthol | |
| C Cher | -1. b if filles under | | _ | | · _ | |
| C Cirec | ck box if filing under: | Form 5558 | automatic extension | i | DFV | C program |
| | | special extension (enter descrip | - | | | |
| Part II | | ormation—enter all requested infor | rmation | | | |
| | ne of plan | | | | 1b Three-dig | |
| RBSI 401(| (k) PLAN | | | | plan num | |
| | | | | | 1c Effective | |
| | | | | | 01/01/201 | |
| 2a Plan | sponsor's name (emplo | oyer, if for a single-employer plan) | | | | Identification Number |
| Maiir City | ing address (include roor | om, apt., suite no. and street, or P.O. E ce, country, and ZIP or foreign postal of | 3ox) | | (EIN) 91-1 | |
| RETIREM' | ENT BENEFIT SPECIAL | E, Country, and Zir or loreign poster. LISTS, INC. | code (if foreign, see ins | tructions | | s telephone number |
| | | | | | | (425) 289-0591 |
| 100E4 DEI | | | | | | code (see instructions) |
| | L-RED RD., STE 190 | | | | 523120 | |
| BELLEVU | E. WA 98005 | | | | | |
| 3a Plan | administrator's name ar | nd address X Same as Plan Sponsor. | | | 3b Administra | etor's EIN |
| | | | | | | · |
| | | | | | 3c Administra | ator's telephone number |
| | | | | | | |
| | | | | | | |
| A 16 Slage | | | | | | |
| 4 If the name | name and/or EIN of the | e plan sponsor has changed since the mber from the last return/report. | : last return/report filed f | for this plan, enter the | 4b EIN | |
| | ie, EIN, and the plan num Isor's name | aber from the tast returnineport. | | | 4c PN | |
| | | at the heginning of the plan year | | | | |
| | | at the beginning of the plan year | | | | 3 |
| C Num | number or participants a box of participants with a | at the end of the plan yearaccount balances as of the end of the | | | 5b | 3 |
| com | plete this item) | account balances as of the end of the | plan year (defined peni | efit plans do not | 5c | 3 |
| | | ticipants at the beginning of the plan | | | 5d(1) | 3 |
| | | rticipants at the end of the plan year | | | 5d(1) | |
| e Numi | nber of participants that to | terminated employment during the pla | an vear with accrued be | enefits that were less | | 3 |
| than | ، 100% vested | | ••• | | 5e | 0 |
| Caution: A | A penalty for the late or | or incomplete filing of this return/rener penalties set forth in the instruction | port will be assessed | unless reasonable cau | ıse is establishe | d |
| OR OL SCUE | leanie wis completed and | id signed by an enrolled actuary, as w | is, I declare that I have well as the electronic ver | examined this return/report | ort, including, π ε t and to the best | applicable, a Schedule |
| belief, it is | true, correct, and comple | lete. | | | | of the knowledge and |
| SIGN | × (Dan | MRC | 1420.16 | x J. Dean | Love 11 | |
| HERE | Signature of plan ad | ministrator | Date | Enter name of individu | - | n administrator |
| SIGN | | | | | | T bear to constant |
| HERE | Signature of employ | /er/plan sponsor | Date | Enter name of individu | und signing as Am | -laver or plan enoneor |
| Preparer's | name (including firm na | ame, if applicable) and address (includ | de room or suite numbe | | Preparer's teleph | |
| | | | | · · | | TOTTO TIGITING. |
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| | | | | ŀ | | |
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| | | | | | / | |

| Form | 5500-SF 2015 | | Page 2 | | | | | | | |
|---------------------------------------|--|----------------------|-------------------------------------|---------|---------|---------|-----------|---------------------------------------|----------|--|
| b Are you clair under 29 CF | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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. | | | | | | | | | Yes N |
| | a defined benefit plan, is it covered under the F | | | | | | | | ☐ Not de | etermined |
| Part III Fina | ancial Information | | | | | | | | | |
| 7 Plan Assets | and Liabilities | | (a) Beginnir | ng of Y | ear | | | (b) En | d of Yea | , |
| a Total plan as | sets | 7a | | 9552 | 299 | | | | | 002 |
| b Total plan lia | bilities | 7b | | | | | | | | |
| C Net plan asse | ets (subtract line 7b from line 7a) | 7c | | 9552 | 299 | | 941002 | | | |
| | enses, and Transfers for this Plan Year | Neith Col | (a) Amo | unt | | | | (b) | Total | |
| | received or receivable from: rs | 8a(1) | | 81 | 21 | | | | | |
| | nts | | | 185 | 91 | | | | | |
| | ncluding rollovers) | | | | | | (EL) 7 | | | |
| | (loss) | | | -410 | 09 | | | . 1 | | |
| C Total income | (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | · · · · · · · · · · · · · · · · · · · | -142 | 297 |
| d Benefits paid to provide bea | (including direct rollovers and insurance preminefits) | ums 8d | | | | | | | | |
| e Certain deem | ed and/or corrective distributions (see instruction | ons) 8e | | | | 120 | | | | |
| f Administrative | e service providers (salaries, fees, commissions | s) 8f | | | | | | | | |
| | es | | | , | , | A La | | | | meta di e i |
| _ | es (add lines 8d, 8e, 8f, and 8g) | | | | | | | | | |
| | oss) (subtract line 8h from line 8c) | | | | | | | | -142 | 297 |
| | rom) the plan (see instructions)n | 8j | | | | | 7 | | | |
| | ovides welfare benefits, enter the applicable we | Ifare feature code | s from the List of Pla | n Char | acteris | tic Cod | des in th | e instruc | tions: | |
| 10 During the pl | an year: | | | | Yes | No | N/A | | Amour | ıt . |
| described in | failure to transmit to the plan any participant co 29 CFR 2510.3-102? (See instructions and DO | OL's Voluntary Fig | luciary Correction | 10a | | х | 7° . | | | |
| b Were there a | ny nonexempt transactions with any party-in-inine 10a.) | terest? (Do not in | clude transactions | 10b | | х | 911 | | | |
| | o covered by a fidelity bond? | | | | х | | | | | 75000 |
| d Did the plan | have a loss, whether or not reimbursed by the shonesty? | plan's fidelity bond | I, that was caused | 10c | | Х | | | | 75000 |
| e Were any fee carrier, insura | es or commissions paid to any brokers, agents, ance service, or other organization that provide the instructions.) | or other persons | by an insurance e benefits under | 10a | х | | - , | | | 47 |
| | failed to provide any benefit when due under the | | | 10f | | Х | | | | |
| | nave any participant loans? (If "Yes," enter amo | | | 10g | Х | | | | | 15605 |
| h If this is an in | dividual account plan, was there a blackout per | riod? (See instruct | ions and 29 CFR | 10g | | х | | | | 15695 |
| i If 10h was an | swered "Yes," check the box if you either provi providing the notice applied under 29 CFR 252 | ded the required r | otice or one of the | 10i | | | | | | |
| | rust incur unrelated business taxable income? | | | 10i | | | | | | ************************************** |
| | on Funding Compliance | | | . 4) | | | | | | · . |
| 11 Is this a define | ed benefit plan subject to minimum funding request 11a below) | uirements? (If "Ye | s," see instructions a | ind com | plete (| Schedi | ule SB (| Form | ∏ Ye | s No |
| | aid minimum required contribution for all years | | | | | | 11a | | | <u> </u> |
| | ed contribution plan subject to the minimum fur | | | | | _ | | RISA? | Ye | s X No |

| | Form 5500-SF 2015 Page 3 - 1 | | | | | | | | | |
|---------------|---|----------------------|------------------------------|------------|--------------|--------------------|--|--|--|--|
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | | |
| | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year | | | | | | | | | |
| | If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | | | |
| | b Enter the minimum required contribution for this plan year | | 12b | | | | | | | |
| | C 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 negative amount) | left of a | 12d | | | | | | | |
| | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N/A | | | | |
| Par | Part VII Plan Terminations and Transfers of Assets | | | | | | | | | |
| 13 | 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 | | | | | | | |
| | of the PBGC? | | | | Yes X | No | | | | |
| _ | | fy the plan(s) to |) | | | | | | | |
| | 13c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) PN(s) | | | | | |
| 1 | | | | | | | | | | |
| Par | Trust Information | | | | | | | | | |
| 14a | Name of trust | | 14b T | rust's EIN | | | | | | |
| | | | | | | | | | | |
| 140 | Name of trustee or custodian | | 14d Trustee's or custodian's | | | | | | | |
| her tigher to | | | telephone number | | | | | | | |
| Pai | • | | | | | | | | | |
| 15a | I is the plan a 401(k) plan? | | Yes | | No | | | | | |
| | b 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)? | | | | ADP/ACP test | | | | | |
| 15c | If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(iii)? | rrent year 01(m)- | Yes | | No | | | | | |
| | Check the box to indicate the method used by the plan to satisfy the coverage requirements under section | | Rati perd | centage | | erage efit test | | | | |
| 16b | Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules? | ining | Yes | | No | | | | | |
| 17a | Has the plan been timely amended for all required tax law changes? | | Yes | | No | ∏N/A | | | | |
| | Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). | Enter the ap | | | - ` | structions | | | | |
| | If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial new plants and the letter's serial new plants are considered and the letter's serial new plants. | umber | | | | or | | | | |
| | If the plan is an individually-designed plan and received a favorable determination letter from the IRS, ent determination letter | | he plan's | last favo | rable | | | | | |
| 18 | Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is | nas been slands)? | Yes | | No | · | | | | |
| 19 | Were in-service distributions made during the plan year? | | Yes | | No | | | | | |
| | if "Yes," enter amount | | 19 | | | | | | | |
| 20 | Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)? | ther or not | Yes | | No | □ N/A | | | | |
| | | | | | | | | | | |