Form 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Ret	tirement		2015
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974		57(b) and 6058(a) of the li			orm is Open to ic Inspection
	Complete all entries in a Identification Information	ccordance with the ins	tructions to the Form 550	00-SF.		-
For calendar plan year 2015 or fi		015	and ending 03/	31/2016		
A This return/report is for:	X a single-employer plan		plan (not multiemployer)(mployer information in acc		-	
B This return/report is	the first return/report	X the final return/report	rn/report (less than 12 mo	nths)		
C Check box if filing under:	Form 5558	automatic extension			DFVC progr	am
	special extension (enter descri	. ,				
	ormation—enter all requested info	ormation				
1a Name of plan THE PEDIMENT GROUP, INC. E	MPLOYEES 401(K) PROFIT SHAR	ING PLAN AND TRUST	AGREEMENT	1b Thre plan (PN)	number	001
				1c Effect	tive date of	plan 1/1998
Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.			2b Emp (EIN)	loyer Identif	ication Number 833393
City or town, state or provinc THE PEDIMENT GROUP, INC.	ce, country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)	2c Spor		none number 37-6731
1207 SE RASMUSSEN BLVD				2d Busir	ness code (see instructions)
SUITE 101 BATTLE GROUND, WA 98604					5111	30
3a Plan administrator's name a	nd address XSame as Plan Spons	or.		3b Admi	inistrator's E	EIN
					inistrator's t	elephone number
	e plan sponsor has changed since t mber from the last return/report.	he last return/report filed		4b EIN 4c PN		
· · · · ·	at the beginning of the plan year			5a		6
	at the end of the plan year		F	5b		0
C Number of participants with	account balances as of the end of t	he plan year (defined ber	nefit plans do not	5c		0
, ,	rticipants at the beginning of the pla		F	5d(1)		6
d(2) Total number of active pa	articipants at the end of the plan yea	r		5d(2)		0
than 100% vested	terminated employment during the			5e		0
	or incomplete filing of this return ther penalties set forth in the instruct					able a Schodula
	nd signed by an enrolled actuary, as					
SIGN Filed with authorized	/valid electronic signature.	05/11/2016	WENDY FENISON			
HERE Signature of plan a	administrator	Date	Enter name of individua	al signing	as plan adn	ninistrator
SIGN HERE Signature of ample	wor/nlan energer	Date	Entor nome of individua		oo omniour	r or plan apopear
Preparer's name (including firm r	hame, if applicable) and address (in		Enter name of individuation		telephone	
		· · · · · · · · · · · · · · · · · · ·				
For Paperwork Reduction Act Notic	ce and OMB Control Numbers, see the	instructions for Form 550	U-SF.			Form 5500-SF (2015)

b	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	an indeper	ndent qualified public a	ccount	ant (IQ	PA)		ſ	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann							L	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ction 4	021)?		Yes	No No	ot determined
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of \	(ear
а	Total plan assets	. 7a		1056	606				0
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		1056	606				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) Tota	1
	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)				_			
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-36	527	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			-36527
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1014	609				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f		5	470				
	Other expenses	8g				_			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1020079
	Net income (loss) (subtract line 8h from line 8c)	8i				_			-1056606
	Transfers to (from) the plan (see instructions)	8j							
Par									
9a	If the plan provides pension benefits, enter the applicable pension $3D$ 2E 2F 2G 2J 2T	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in	the instructior	IS:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions	3:
Part	V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Ar	nount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/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	х				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
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.).	her person he or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		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	d notice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes," see instructions a	and cor	nplete	Scheo	lule SB	(Form	

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched 5500) and line 11a below)	ule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	Yes	< No

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-					Т		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling
lf	you c	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			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
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			
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?			X Y	es No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0
D		e PBGC?				X Yes	No
С		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.)	ify the plan(s) to	I			
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Dert	1/111	Truck Information					
Part		Trust Information		116	T	15.1	
14a	Name	e of trust		140	Trust's E	IN	
14c	Nam	ne of trustee or custodian		14d		's or custoo ne number	lian's
Par	t IX	IRS Compliance Questions		1			
15a	Is th	e plan a 401(k) plan?		Y	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- ased safe arbor nethod	e AD	PP/ACP st
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No	
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit 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?	0	ΓY	es	No	
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Ye	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)?		[] Y	es	No	N/A

Department of the Tre	D-SF	Short Form Annu	al Return/Repor Benefit Plan		oloyee		OMB Nos. 1210-01 1210-00
Internal Revenue Se	ervice	This form is required to be file	d under sections 104 and	4065 of the Employee	Retirement		2015
Department of Lab Employee Benefits Security A Pension Benefit Guaranty (dministration	Income Security Act of 1974	Revenue Code (the Cod	de).			Form is Open to blic Inspection
		Complete all entries in a intification Information	accordance with the ins	tructions to the Form	5500-SF.		
For calendar plan year	2015 or fiscal	plan year beginning	04/01/2015	and ending	0.3/	31/201	6
A This return/report is	X	a single-employer plan a one-participant plan	a multiple-employer list of participating e a foreign plan	plan (not multiemploye mployer information in	r) (Filers check	king this b	ox must attach a
${f B}$ This return/report is		the first return/report an amended return/report	\mathbf{X} the final return/report	rn/report (less than 12	monthe		
C Check box if filing u		Form 5558	automatic extension			FVC prog	ram
		special extension (enter descri	iption)				
Part II Basic P	lan Informa	ation-enter all requested info	ormation				
1a Name of plan	ROUP, ING	C. EMPLOYEES 401(K)		G PLAN AND	(PN)	umber •	001
					1c Effecti	ve date o 1/1998	
Mailing address (inc	clude room, ap	f for a single-employer plan) it., suite no. and street, or P.O. untry, and ZIP or foreign posta	Box)		2b Employ		ication Number
The Pediment	Group, II	TC .	i code (if foreign, see insi	tructions)		or's telep 687-67	hone number 731
1207 SE Rasmus Suite 101	ssen Blvd	ł			2d Busine 5111		see instructions)
Battle Ground		WA 98604					
4 If the name and/or E	EIN of the plan	sponsor has changed since th	e last return/report filed f	or this plan enter the	4b EIN		
name, EIN, and the a Sponsor's name	plan number	from the last return/report.		or this plan, enter the	40 EIN		
5a Total number of par	ticipants at the	beginning of the plan year			5a	- w	(
		end of the plan year		•••••••	5b		
C Number of participation	nts with accou	nt balances as of the end of th	e plan year (defined bene	efit plans do not	5c		(
d(1) Total number of a	active participa	nts at the beginning of the plan	n year		5d(1)		
		nts at the end of the plan year.			5d(2)		(
e Number of participa than 100% vested.	ants that termin	nated employment during the p	lan year with accrued be	nefits that were less	5e		(
Caution: A papalty for t	he late or inc	omplete filing of this return/r nalties set forth in the instruction	eport will be assessed	unless reasonable ca examined this return/re	port, including,	if applica	ble, a Schedule
Under penalties of perjury SB or Schedule MB comp	pleted and sig	ned by an enrolled actuary, as		I			
Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, a SIGN	pleted and sig	hed by an enrolled actuary, as $42n_{1}$		Wendy Fenison			
Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, a SIGN HERE Signature o	bleted and sign ind complete CLL f plan admini	finesci) strator,	Date 5 4 - 14	I		olan admi	nistrator
Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, a SIGN HERE Signature o SIGN HERE Signature o	oleted and sign ind complete Cally J if plan admini Cally J f employer/pl	fanisch strator, filmisch	Date 5 4 - 14 Date 5 - 9 - 14	Wendy Fenison Enter name of individ Enter name of individ	ual signing as	employer	or plan sponsor

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		Page Z					
6a Were all of the plan's assets during the plan year invested in eligibb Are you claiming a waiver of the annual examination and report of							X Yes No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ıs.)					X Yes No
If you answered "No" to either line 6a or line 6b, the plan cann C If the plan is a defined benefit plan, is it covered under the PBGC ir							Not determined
Part III Financial Information			Section	4021)?	····· [
7 Plan Assets and Liabilities		(a) Beginnii	an of V			()	
a Total plan assets	7a	(a) Deginini)566(06	(L) End of Year
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c		1()5660	06		(
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount				(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-	-3652	27		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-36527
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 	8d	*******************************	10	1460	9		
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f			547	0		
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1020079
Net income (loss) (subtract line 8h from line 8c)	8i						-1056606
J Transfers to (from) the plan (see instructions)	8j				1	··· · · ·.	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	an Char	acterist	tic Coc	les in the in	structions:
Part V Compliance Questions 10 During the plan year:				T Vaa	No		
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) 	oluntary Fidu	ciary Correction	10a	Yes	No X	N/A	Amount
b Were there any nonexempt transactions with any party-in-interest?					Х		
reported on line 10a.)			10b				
c Was the plan covered by a fidelity bond?			10c	X			10000
d Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		x		
e Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of the	benefits under	10e		х		
${f f}$ Has the plan failed to provide any benefit when due under the plan	1?	•••••	10f		х		
g Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10g		Х		
h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		х		
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 no	tice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance							
 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below). 							
11a Enter the unpaid minimum required contribution for all years from S	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 the Code or section 302 of ERISA?	Ye	s X	No
	Is this a defined contribution plan subject to the minimum indusing requirements of section rice of the ended of section rice of the			

(IF ^{III}	Form 5500-SF 2015 Page 3 -						
(11	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				1		
a Ifa gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year inting the waiver.		Month	enter th Day	ne date of	the letter Year	ruling
lf you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	p to line	13.				
b Enter	er the minimum required contribution for this plan year			. 12b			
C Enter	r the amount contributed by the employer to the plan for this plan year			12c			
d Subt	ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus si lative amount)	an to the	left of a				
e 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?				X Ye	s No	
	es," enter the amount of any plan assets that reverted to the employer this year				<u>_</u>		
of the	re all the plan assets distributed to participants or beneficiaries, transferred to another plan ne PBGC?				x	Yes	No
C Ifdu	uring this plan year, any assets or liabilities were transferred from this plan to another plan ch assets or liabilities were transferred. (See instructions.)	s), identif	fy the plan(s) t	0	L		
13c(1)) Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII	Trust Information	I					
14a Name	of trust			14b ⊤	rust's EIN	1	
14c Name	e of trustee or custodian				Trustee's telephone	or custod number	an's
	IRS Compliance Questions						ian's
Part IX					telephone		an's
Part IX 15a Is the 15b If "Yes	IRS Compliance Questions	rrals and	employer	Pes De bas har	telephone s sign- sed safe rbor	No	P/ACP
Part IX 15a Is the 15b If "Yes match 15c If the A testing	IRS Compliance Questions e plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defe	rrals and g the "cui and 1.40	employer rrent year I1(m)-	Pes De bas har	sign- sed safe rbor thod	No	P/ACP
Part IX 15a Is the 15b If "Yes match 15c If the A testing 2(a)(2)	IRS Compliance Questions e plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defening contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(iii)	rrals and g the "cui and 1.40	employer rrent year i1(m)-	☐ Yes De bas har me Yes Rat	telephone sign- sed safe rbor thod s tio centage	No ADA test No	P/ACP
Part IX 15a Is the 15b If "Yes match 15c If the A testing 2(a)(2) 16a Check 16b Does ti	IRS Compliance Questions e plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defening contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii))?	rrals and g the "cur and 1.40 er section by comb	employer rrent year 11(m)- n 410(b):	Yes De baa har me Yes Rat per	telephone sign- sed safe rbor thod s tio centage t	No ADA test No	P/ACP
Part IX 15a Is the 15b If "Yes match 15c If the A testing 2(a)(2) 16a Check 16b Does ti this pla	IRS Compliance Questions e plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defending contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii))? at the box to indicate the method used by the plan to satisfy the coverage requirements unce the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4)	rrals and g the "cui and 1.40 er section by comb	employer rrent year 11(m)- n 410(b):	Yes De bas har me Yes Rat per tesi	telephone sign- sed safe rbor thod s tio centage t	No ADf test No Ave ben	P/ACP
Part IX 15a Is the 15b If "Yes match 15c If the A testing 2(a)(2) 16a Check 16b Does ti this pla 7a Has the 7b Date th	IRS Compliance Questions e plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defening contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii))? At the box to indicate the method used by the plan to satisfy the coverage requirements unce the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) an with any other plans under the permissive aggregation rules?	rrals and g the "cui and 1.40 er section by comb	employer rrent year 11(m)- n 410(b):	Yes De bas har me Yes Yes Yes	telephone sign- sed safe rbor thod tio centage t	No	P/ACP t erage efit test
Part IX 15a Is the 15b If "Yes match 15c If the A testing 2(a)(2) 16a Check 16b Does ti this pla 17a Has the 7b Date th for tax 7c If the pl advisor	IRS Compliance Questions a plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defending contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii))? K the box to indicate the method used by the plan to satisfy the coverage requirements uncertain the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) an with any other plans under the permissive aggregation rules? the last plan amendment/restatement for the required tax law changes was adopted taw changes and codes). plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume subnory letter, enter the date of that favorable letter	rrals and g the "cui and 1.40 er section by comb itter plan serial nui	employer rrent year 11(m)- n 410(b): ining . Enter the a that is subject mber	Yes De baas me Yes Yes Yes Yes Yes Yes Yes Yes to a fav	telephone sign- sed safe rbor thod tio ccentage t e code orable IR	No S opinion	P/ACP t erage lefit test
Part IX 15a Is the 15b If "Yes match 15c If the A testing 2(a)(2) 16a Check 16b Does ti this pla 17a Has the 17b Date th for tax 7c If the p advisor 17d If the p	IRS Compliance Questions a plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee defending contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii))? At the box to indicate the method used by the plan to satisfy the coverage requirements uncertain the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) an with any other plans under the permissive aggregation rules? the last plan amendment/restatement for the required tax law changes was adopted taw changes and codes). plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume subnory letter, enter the date of that favorable letter an individually-designed plan and received a favorable determination letter from the nination letter	rrals and g the "cui and 1.40 er section by comb itter plan serial nui IRS, ent	employer rrent year 11(m)- n 410(b): ining . Enter the a that is subject mber er the date of f	Yes De baas me Yes Yes Yes Yes Yes Yes Yes Yes to a fav	telephone sign- sed safe rbor thod tio ccentage t e code orable IR	No S opinion	P/ACP t erage lefit test
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