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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part	: I A	Innual Report	: Identification Informatior	1					
For cal	lendar p	lan year 2015 or f	iscal plan year beginning 01/01/	2015		and ending 1	2/31/2	015	
A Thi	s return	/report is for:	a single-employer plan a one-participant plan	lis		an (not multiemployer) oloyer information in ac		-	
B This	s return/	report is	the first return/report an amended return/report	=	e final return/report short plan year return	/report (less than 12 m	onths)		
C Ch	eck box	if filing under:	Form 5558 special extension (enter desc	ш	itomatic extension			DFVC progr	am
Part	II E	Basic Plan Info	ormation—enter all requested in	nformation	on				
1a Na	ame of p	olan	NTER 401(K) PLAN					Three-digit plan number (PN) •	001
							10		1/2006
Ma	ailing ac	ldress (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0		(tt.		2b	Employer Identif	
URGE	RY CEN	vn, state or province TER OF OLYMPI OUND SURGER		tai code	(If foreign, see instru	ictions)	2c	Sponsor's telep	hone number 36-6301
	OVIDEN A, WA 9	CE LANE NORTH 98506	EAST				2d	Business code (,
3a Pl	an admi	nistrator's name a	nd address ⊠Same as Plan Spor	isor.				Administrator's t	elephone number
			e plan sponsor has changed since imber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b	EIN	
a Sp	onsor's	name					4c		
5a ⊤	otal num	ber of participants	s at the beginning of the plan year.				5	a	51
b To	otal num	ber of participants	s at the end of the plan year				5	b	52
			account balances as of the end of				5		37
d(1)	Total n	umber of active pa	articipants at the beginning of the p	lan year	·		5d	(1)	46
d(2)	Total n	umber of active pa	articipants at the end of the plan ye	ear			5d	(2)	50
tl	han 100	% vested	t terminated employment during th				5		1
Under SB or S belief,	penaltie Schedul it is true	es of perjury and or e MB completed a c, correct, and com		ıctions, I	declare that I have ones the electronic vers	examined this return/re sion of this return/repor	port, in	ncluding, if applic to the best of my	· ·
SIGN HERE	Fil	ed with authorized	l/valid electronic signature.		06/16/2016	CHARLES E. HUGGI	NS, III		

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 superior of the plan year invested in eligible to the plan ye	an independand condition	dent qualified public a	account	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					(b) End of Year
a Total plan assets	7a		1661		-		1701324
b Total plan liabilities	7b		1001	776			1701324
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A man	1661	770	+		1701324
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total
(1) Employers	8a(1)		74	193			
(2) Participants	8a(2)		143	3438			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		7	'689			005000
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						225320
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		185	261			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f			511			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						185772
i Net income (loss) (subtract line 8h from line 8c)	8i						39548
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension							
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 the	instructions:
10 During the plan year:				Yes	No	N/A	Amount
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 Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c	Х			166170
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10c	X	X		166178
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			7036
f Has the plan failed to provide any benefit when due under the pla			10f		Χ		
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g	X			9191
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		X		3.0.
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				
Part VI Pension Funding Compliance			,		1		
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	requireme	nts of section 412 of t	he Cod	e or se	ection	302 of EF	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		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)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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			
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

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

Part I		Identification Information								
For calenda	ar plan year 2015 or f	scal plan year beginning	01/01/2015	and ending	12/31/2	2015				
A This ret	urn/report is for:	X a single-employer plan		olan (not multiemployer) hployer information in ac						
71 1110101	aninopent is left.	a one-participant plan	a foreign plan	,		,				
B This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	n/report (less than 12 months)							
C Check t	oox if filing under:	Form 5558	automatic extension		DFVC	program				
		special extension (enter descr	ription)							
Part II	Basic Plan Info	rmation—enter all requested inf	formation							
1a Name SOUTH S		CENTER 401(K) PLAN			1b Three-digit plan number (PN) ▶					
					1c Effective da 01/01/2					
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Employer Id (EIN) 20-	lentification Number 1414974				
	town, state or provinc cy Center Of				2c Sponsor's t	elephone number				
410 Pr	ovidence Lane	D/B/A SOUTH SOUNI North East	D SURGERY CENTER	2		ode (see instructions)				
Olympi	a	WA 98506								
3a Plan ad	dministrator's name a	nd address XSame as Plan Spons	or.		3b Administrate	or's EIN				
					3c Administrate	or's telephone number				
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN					
a Sponso	or's name				4c PN					
5a Total n	number of participants	at the beginning of the plan year			5a	51				
		at the end of the plan year			5b	52				
C Numbe comple	er of participants with ete this item)	account balances as of the end of t	he plan year (defined ben	efit plans do not	5c	37				
d(1) Tota	I number of active pa	rticipants at the beginning of the pla	an year		5d(1)	46				
		rticipants at the end of the plan yea			5d(2)	50				
than 1	00% vested	terminated employment during the			5e	1				
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	ise is established					
SB or Sche	dule MB completed a rue, correct, and com	ner penalties set forth in the instruc nd signed by an enrolled actuary, a blete.	s well as the electronic ver	rsion of this return/report	t, and to the best o	f my knowledge and				
SIGN	X Maile	> Heldging III	6/16/16	Charles E. Hug	ggins, III					
HERE	Signature of plan a	dministrator //	Date	Enter name of individu	ual signing as plan	administrator				
SIGN HERE										
1361	Signature of emplo	yer/plan sponsor ame, if applicable) and address (in	Date	Enter name of individu		The state of the s				
riepaiersi	iame (including lim n	ame, ii appiicabie) and address (in	ciude room or suite numbe	er)	Preparer's teleph	one number				

	Form 5500-SF 2015		Page 2							
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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition ot use Forr	dent qualified public a ons.) ons.yourne	t inste	ant (IQ	PA) Form	5500.		X Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance pro	ogram (see ERISA se	ection 4	021)?		Yes _	No 📙	Not detern	nined
Pa	rt III Financial Information					1				
	Plan Assets and Liabilities		(a) Beginning		ar 6177	6		(b) End o		01324
	Total plan liabilities	7a		10	01//	0			17	01324
	Total plan liabilities	7b 7c		16	6177	_			17	01324
8	Income, Expenses, and Transfers for this Plan Year	76	(a) Amo		01//	Ť		(b) To		01521
_	Contributions received or receivable from:		(a) Allio	шп		210	To the state of	(6) 10	lai	Z-III
	(1) Employers	8a(1)			7419	3		V - V = 8	No.	PALL
	(2) Participants	8a(2)		1	4343	8				
	(3) Others (including rollovers)	8a(3)					Sty IIIs	4 - Q- 1 II	111	IVI (FI
b	Other income (loss)	8b			768	9	1 31 1		5111 (4)	X 76
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7.5					2	25320
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1	8526	1				
e	Certain deemed and/or corrective distributions (see instructions)	8e					188	- GI - III	C .	
	Administrative service providers (salaries, fees, commissions)	8f			51	1			S	18,167
500	Other expenses	8g				100	, "T Y		N. W.	1
	Total expenses (add lines 8d, 8e, 8f, and 8g)			U.V.					1	85772
	Net income (loss) (subtract line 8h from line 8c)	8i		10						39548
	Transfers to (from) the plan (see instructions)	8i				E.			Tu be	
Par	t IV Plan Characteristics									
B	2E 2G 2J 2K 3D 2F 2T If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the plan provides welfare for the plan provides welfare for the plan provides welfare benefits.	eature code	s from the List of Pla	n Char	acterist	ic Cod	tes in the	instructio	ns:	
10	During the plan year:				Yes	No	N/A		Amount	
а	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 Fid	luciary Correction	10a		х				
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	Х		10.11			16617
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.)	e or all of th	ne benefits under	10e	х					703
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	nl o			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g	Х		11 133			919
h	If this is an individual account plan, was there a blackout period? (10h		Х				17
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			10i			130			
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 5500) and line 11a below)	ents? (If "Ye	es," see instructions	and cor	nplete	Sched	lule SB (F	orm	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	requiremen	te of cartion 412 of t	he Cod	0.05.60	ction (202 of ED	IEA2	T Yes	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 instruction granting the waiver		nter the Day	e date of t	he letter ru Year	ıling
[1	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
k	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			
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)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	t VII Plan Terminations and Transfers of Assets					
13a	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			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?				Yes 🛚	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)					
	13c(1) Name of plan(s):	13c(2) l	EIN(s)		13c(3)	PN(s)
Par	t VIII Trust Information			-		-
14a	Name of trust		14b 1	Trust's EIN	1	-
140	Name of trustee or custodian			Trustee's telephone	or custodi number	an's
	Name of trustee or custodian IRS Compliance Questions					an's
Pai				telephone		an's
Pai 15a	rt IX IRS Compliance Questions	oloyer	Ye De ba	telephone	number	P/ACP
15a	IRS Compliance Questions Is the plan a 401(k) plan? Of "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp	year	Ye De ba	s esign- used safe urbor ethod	No ADI	P/ACP
15a 15b 15c	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	year)- 0(b):	☐ Ye ☐ ba ha m ☐ Ye	s esign- sed safe urbor ethod s attio	No Ave	P/ACP
15a 15b 15c	IRS Compliance Questions Is the plan a 401(k) plan? If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp 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 testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m) 2(a)(2)(ii))?	year)- 0(b):	Ye baahaa mo Ye Raape	s esign- sed safe urbor ethod s	No Ave	P/ACP t
15a 15b 15c 16a 16b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	year)- 0(b):	Ye De baahaa mid	s esign- sed safe irbor ethod s atio ercentage st s	No ADI tes:	P/ACP t
15a 15b 15c 16a 16b 17a	Is the plan a 401(k) plan? If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp 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 testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m) 2(a)(2)(ii))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410 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? Has the plan been timely amended for all required tax law changes was adopted End of the plan amendment/restatement for the required tax law changes was adopted End of the plan amendment/restatement for the required tax law changes was adopted End of the plan amendment/restatement for the required tax law changes was adopted End of the plan amendment/restatement for the required tax law changes was adopted End of the plan amendment/restatement for the required tax law changes and codes).	year)- 0(b):	Ye De ba had mr. Ye Ra pe te: Ye. Ye Application	s esign- sed safe urbor ethod s atio ercentage st s	No April No Ave ber No No (See i	P/ACP t erage efit test N/A nstructions
15a 15b 15c 16a 16b 17a 17b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	year)- 0(b): Enter the a	Ye De ba had and my Ye Rappet tes Ye Ye Ye to a fall to a fa	s esign- sed safe urbor ethod s atio ercentage st s s lie code vorable IF	No ADI tes No Ave ber No (See i	P/ACP t erage efit test N/A nstructions
15a 15b 15c 16a 17a 17b 17c	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	year)- 0(b): Enter the a	Ye De ba had and my Ye Rappet tes Ye Ye Ye to a fall to a fa	s esign- sed safe urbor ethod s atio ercentage st s s lie code vorable IF	No ADI tes No Ave ber No (See i	P/ACP t erage efit test N/A nstructions
15a 15b 15c 16a 16b 17a 17b	IRS Compliance Questions Is the plan a 401(k) plan? If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp 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 testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m) 2(a)(2)(iii)? I Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410 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? It has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial number and solving letter. If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter. Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has be made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Island.	Enter the a t is subject r ne date of t	Ye De ba had and my Ye Rappet tes Ye Ye Ye to a fall to a fa	s esign- sed safe urbor ethod s attio ercentage st s vorable IF	No ADD tes No AVE ber No See i	P/ACP t erage efit test N/A nstructions
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