Form 5500-SF	Short Form Annu	•	•	oyee	OME	Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla			15	
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Form	is Open to
Pension Benefit Guaranty Corporation			nstructions to the Form 55	00-SF.		
Part IAnnual Report IFor calendar plan year 2015 or fise	dentification Information		and ending 12	/31/2015		
A This return/report is for:	a single-employer plan	a multiple-employe	er plan (not multiemployer) employer information in ac	(Filers check	-	
<b>B</b> This return/report is	X the first return/report an amended return/report	the final return/repo	ort eturn/report (less than 12 mo	onths)		
<b>C</b> Check box if filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extension	n	[] D	FVC program	
Part II Basic Plan Infor	mation—enter all requested ir	. ,				
<b>1a</b> Name of plan OPAS, P.C. 401(K) PLAN				(PN)	umber	001
				IC Ellect	01/01/20	
	er, if for a single-employer plan) a, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos		nstructions)	2b Emplo (EIN)	oyer Identificati 90-0536	
OPAS, P.C.	, country, and zir or foreign pos	tai code (il foreign, see i		2c Spons	sor's telephone 360-385-4	
1136 WATER STREET, SUITE 107 PORT TOWNSEND, WA 98368				2d Busine	ess code (see 621111	instructions)
<b>3a</b> Plan administrator's name and	d address XSame as Plan Spon	sor.		<b>3b</b> Admin	istrator's EIN	
		Ale a land and unit fill			-	
	plan sponsor has changed since ber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN 4c PN		
<b>5a</b> Total number of participants a	at the beginning of the plan year.			5a		0
	at the end of the plan year		í	5b		7
• •	ccount balances as of the end of			5c		7
d(1) Total number of active part	icipants at the beginning of the p	lan year		5d(1)		0
<b>d(2)</b> Total number of active par				5d(2)		6
than 100% vested	erminated employment during the			5e		0
Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	er penalties set forth in the instru d signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/rep	ort, includin	g, if applicable	
	alid electronic signature.	06/17/2016	JAMES ROTCHFORD	)		
HERE Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing a	s plan adminis	trator
SIGN HERE Signature of employ	ver/nlan snonsor	Date	Enter name of individu	ial signing of	s employer or	nlan sponsor
Preparer's name (including firm na					telephone num	
	and OMB Control Numbers, see th				_	n 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)		
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	t instea	ld use	Form	5500.	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Par	t III Financial Information	1	r					
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar	_		(b) End of Year
a	Total plan assets	. 7a			0	_		25857
b	Total plan liabilities	. 7b			0	_		0
С	Net plan assets (subtract line 7b from line 7a)	7c			0	_		25857
8	ncome, Expenses, and Transfers for this Plan Year	-	(a) Amou	Int				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		1	219			
	<ul> <li>(2) Participants</li></ul>	8a(2)			310	_		
		8a(3)			142			
	(3) Others (including rollovers)				186			
	Other income (loss)	8b			100	-		25857
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				-		23031
	to provide benefits)	8d			0			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g			0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i	Net income (loss) (subtract line 8h from line 8c)	8i						25857
j	Transfers to (from) the plan (see instructions)	8j			0			
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:
B	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
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		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x		
С	Was the plan covered by a fidelity bond?			10c		х		
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.).	ne or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			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	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		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedu 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	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	02 of E	RISA?	Yes >	< No

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					1		
	(lf "`	es," 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 ru Year	ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>		
b	Enter	the minimum required contribution for this plan year		12b			
-		the amount contributed by the employer to the plan for this plan year		12c			
d		ract 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?			Ye	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
	of th	e PBGC?	-			Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information	-				
14a	Name	of trust		14b	Trusťs E	IN	
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Ye	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)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No	
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	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		Ye	S	No	
19	Were	in-service distributions made during the plan year?		Ye	es	No	
	lf "Y€	es," enter amount		19			
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A

۰.			· · · · · ·				• • •
••	From: Jan	V	Detable	ed thave	(360)	370-144	1
٠	From: Jan	ies n.	ROLLING	14, IF a.	(000)	010-144	

To:

Fax: +1 (503) 8859101

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Form 5500-SF	Short Form Annua	l Return/Report of Small Employ Benefit Plan	/ee	CMB Nos, 1210-0110 1210-0089
Department of the Treasury Internal Révenue Service		e filed under sections 104 and 4065 of the Employe		2015
Department of Labor ployee Benefits Security Administrat	ion the l	Act of 1974 (ERISA), and section 6057(b) and 6058 nternal Revenue Code (the Code).	(a) of	This Form is Open to Public Inspection
ension Benefit Guaranty Corporatio	Complete all entries in a rt Identification Information	ccordance with the instructions to the Form 550	O-SF.	Inspectivit
	fiscal plan year beginning	01/01/2015 and ending	12/	31/2015
This return/report is for:	x a single-employer plan	a multiple employer plan (not multiemployer) ( a list of participating employer information in a		
	a one-participant plan	a foreign plan		
This return/report is:	x the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)	
Check box if filing under:	Form 5558	automalic extension		DFVC program
	special extension (enter desc			
	formation enter all requested	Information		
Name of plan OPAS, P.C. 401 (k)	FLAN		pla	ree-digit in number N) ► 001
			1c Eff	ective date of plan
Plan sponsor's name (em	ployer, if for a single-employer plan)			/01/2015
City or town, state or prov	oom, apt., suite no. and street or P.C ince, country, and ZIP or foreign pos	D, Box) tal code (if foreign, see instructions)	· ····································	IN) 90-0536172
OPAS, P.C.				onsor's telephone number 160) 385-4843
1136 WATER STREET	SUITE 107			siness code (see instructions)
US PORT TOWNSEND WA :98	1368			
Plan administrator's name	and address [X] Same as Plan Sp	onsor Name	3b Ad	Iministrator's EIN
			3c Ad	ministrator's telephone number
				anning ferding a respiration of the rest
		the last return/report filed for this plan, enter the	4b Ell	N
name, EIN, and the plan r Sponsor's name	number from the last return/report.		4c PN	1
Total number of participar			<b>5</b> a	0
Total number of participar	its at the end of the plan year	the plan year (defined benefit plans do not	5b	7
complete this item)		******	5c	7
		an year	5d(1) 5d(2)	0
Number of participants the	at terminated employment during the	plan year with accrued benefits that were	1.000	0
less than 100% vested		***************************************	فيصيبه ببدار	
tess than 100% vested ution: A penalty for the la der penalties of periuty and	ite or incomplete filing of this retu	rn/report will be assessed unless reasonable can octions. I declare that I have examined this return/re	port: Inclu	ding, if applicable, a Schedule
or Schedule MB complete lef, it is true, convel, and	and signed by th enrolled actuary,	as well as the electronic version of this return/repor	t, and to ti	he best of my knowledge and
	VETA IA	GAT 16 JAMES ROTCHFORD	· · · · · · · · · · · · · · · · · · ·	
GN /////	ephip/strater	Date // Enter name of Individu	al signing	as plan₂administrator
		6/17 /1 JAMES ROTCHFORD		
ERE SIGNATURO OF DIAN &	HOH N	A CALL REPORT OF A	nainnia Ia	as employer or plan sponsor
RE Signature of plan a GN ERE Signature of emplo		Day Enter name of individu		r's telephone number
ERE Signature of plan a GN ERE Signature of emplo	yer(plan sponsor) m name, if applicable) and address;			
IGN ERE Signature of emplo				
ERE Signature of plan a GN ERE Signature of emplo				

From: James K. Rotchford, IFax: (360) 379-1441

Fax: +1 (503) 8859101

To:

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Are you claiming a waiver of the annual examination and report of an	independent	instructions.) qualified public account	ntant (IQI	?A)		XYes	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC inst	d conditions. use Form 5 urance progr	) 500-SF and must inst am (see ERISA section	ead use 14021)?	Form 55	00. ] Yes		
Part III Financial Information				<u> </u>			
Plan Assets and Liabilities		(a) Beginning of			(I	b) End of Year	857
Total plan assets	7a	and the second	0			207	0
Total plan liablilies	7b		0			25.	857
Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	·····			(b) Total	
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from		(a) Amount					
(1) Employers	8a(1)		1,219				
(2) Participants	8a(2)		3,310				
(3) Others (including rollovers)	8a(3)		21,142				
Other income (loss)	8b		186			25	,857
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						, <u>0,9,1</u>
to provide benefits)	8d		0				0-000
Certain deemed and/or corrective distributions (see Instructions)	8e		0	100000000			
Administrative service providers (salaries, fees, commissions)	8f			10000000			<u></u>
Other expenses	8g		0.				0
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	No. of Concession, Name	ar i Villa dar Istor			25	,85.7
Net income (loss) (subtract line 8h from line 8c)	8i	·····	O.		San Ball	<u> </u>	
Transfers to (from) the plan (see instructions)	8]						
2A 2E 2F 2G 2J 2K 2R 3D	ature codes fi	from the List of Plan C om the List of Plan Ch			in the l		
2A     2E     2F     2G     2J     2K     2R     3D       b     if the plan provides welfare benefits, enter the applicable welfare features	ature codes fi				in the i	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare fee         Part V       Compliance Questions         0       During the plan year:		om the List of Plan Ch		ic Codes	in the i		
2A       2E       2F       2G       2J       2K       2R       3D         b       If the plan provides welfare benefits, enter the applicable welfare fea         Part V       Compliance Questions         0       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 Vertice)	tions within th	om the List of Plan Ch	aracterist	ic Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare fee         Part V       Compliance Questions         0       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 Verprogram)	tions within th	om the List of Plan Ch ne time period. ciary Correction	aracterist	c Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare feature         Part V       Compliance Questions         0       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 Vor Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 40a.)	lions within II Sluntary Fidu ? (Do.not.inc	om the List of Plan Ch na time period clary Correction lude fransactions	aracterist	c Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       If the plan provides welfare benefits, enter the applicable welfare feat         Part V       Compliance Questions         0       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 Vor Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         C       Was the plan covered by a fidelity bond?	tions within II oluntary Fidu ? (Do not inc	om the List of Plan Ch ne time period ciary Correction lude fransactions	aracterist Ya 10a	ic Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature benefits, enter the applicable welfare feature to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's We Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	tions within II oluntary Fidu ? (Do.not inc fidelity bond	om the List of Plan Ch ne time period ciary Correction lude fransactions	aracterist Ya 10a	ic Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare feature to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vor Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth carrier insurance service, or other organization that provides som	tions within II oluntary Fidu ? (Do.not inc fidelity bond fidelity bond her persons t ne or all of th	om the List of Plan Ch ne time period clary Correction lude transactions that was caused y an insurance e banefits under	aracterist 10a 10b 10c	ic Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare feature to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vor Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or other arrier, insurance service, or other organization that provides som the plan? (See instructions.)	tions within II oluntary Fidu ? (Do.not inc fidelity bond fidelity bond her persons t ne or all of th	om the List of Plan Ch ne time period clary Correction lude transactions that was caused banefits under	araclerist	ic Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare feature benefits, enter the applicable welfare feature for the plan provides welfare benefits, enter the applicable welfare feature benefits, enter the applicable welfare feature for the plan provides welfare feature for the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vortice on line 10a.)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or other carrier, insurance, service, or other organization that provides sort the plan? (See instructions.)         f       Has the plan failed to provide any benefit when due under the plan	tions within the oluntary Fidure ? (Do not income ? (Do not inc	om the List of Plan Ch na time period clary Correction lude fransactions that was caused y an insurance a benefits under	aracterist 10a 10b 10c 10c 10c	ic Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan any participant contribution of the plan any participant contribution of the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vorthogram)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonestly?         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.)         f       Has the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and the plan have any participant loans? (If "Yes," enter amount and t	tions within II oluntary Fidu ? (Do not inc f(delity bond f(delity bond	om the List of Plan Ch ne time period clary Correction lude fransactions that was caused benefits under 1.)	araclerist 10a 10b 10c 10d 10c	ic Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare fee         Part V       Compliance Questions         0       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 VC Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         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.)         f       Has the plan have any participant loans? (If "Yes," enter amount replan? (See instructions.)         f       If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If toh was answored "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.30	tions within the second	om the List of Plan Ch ne time period ciary Correction lude transactions that was caused by an insurance a benefits under 1.) ions and 29 CFR notice or one of the	araclerist 10a 10b 10c 10c 10c 10c 10c 10c 10c 10c	c Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan provides and 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 Vor Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesity?         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.)         f       Has the plan have any participant loans? (If "Yes," enter amount and plan have any participant loans? (If "Yes," enter amount a plackout period?         g       Did the plan have any participant loans? (If "Yes," enter amount a plackout period?         h       If this is an individual account plan, was there a blackout period?	tions within the second	om the List of Plan Ch ne time period ciary Correction lude transactions that was caused by an insurance a benefits under 1.) ions and 29 CFR notice or one of the	araclerist 10a 10b 10c 10c 10c 10c 10c 10c 10c 10c	c Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vortice of the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vortice on line 10a.)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         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.)         f       Has the plan have any participant loans? (If "Yes," enter amount a provide any banefit when due under the plan g         j       Did the plan have any participant loans? (If "Yes," enter amount a provide any banefit when due under the plan a store any participant loans? (If "Yes," enter amount a provide any banefit when due under the plan a store any participant loans? (If "Yes," enter amount a plan was answored "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101         j       Did the plan trust incur unrelated business taxable income?	tions within the second	om the List of Plan Ch ne time period ciary Correction lude transactions that was caused by an insurance a benefits under 1.) ions and 29 CFR notice or one of the	araclerist 10a 10b 10c 10c 10d 10c 10d 10c 10d 10c 10d	c Codes	125202265201	nstructions:	
2A       2E       2F       2G       2J       2K       2R       3D         b       if the plan provides welfare benefits, enter the applicable welfare fee         Part V       Compliance Questions         0       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 VC Program)         b       Were there any nonexempt transactions with any party-in-interest reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?         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.)         f       Has the plan have any participant loans? (If "Yes," enter amount replan? (See instructions.)         f       If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If toh was answored "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.30	tions within the pluntary Fidure (200 not incomplete the personst incomplete the personst incomplete the personst incomplete the person of the	om the List of Plan Ch na time period clary Correction lude fransactions that was caused by an insurance a banefits under 1) ions and 29 CFR notice or one of the	araclerist 10a 10b 10c 10d 10d 10d 10d 10d 10d 10d 10d	ic Codes		nstructions:	(eş 🗵

To:

gamma (in the second	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a. It a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see. In Mo	nstructions, and conthDa	enter the date	of the letter ruling Year
2         Exter the information in equiption to the prior of the plan year         120           2         Exter the amount or endowed by the paragraphy is the plan year         122           3         Subtract the amount of end 22 from the amount of inte 120. Erric the moult (unter a mine ago to the left of all 122         122           4         With to minum funding amount operation inte 120. Erric the moult (unter a mine ago to the left of all 122         124           4         With to minum funding amount operation inte 120. Erric the moult (unter a mine ago to the left of all 122         124           1         Plan Terminations and Transferz of Assets         134         134           1         Prives "reliable and the plan have adopted in any plan year"         134         134           1         Plan Terminations and Transferz of Assets         134         134           0         Weat its minute adopted to plan year         134         134           1         Yeas "Site in the plan is adopted in any plan year         134         134           1         Yeas "Site in the plan is adopted in any plan year         134         134           1         Yeas "Site in the mount of plan year         134         134           1         Yeas "Site in the mount of plan year         134         Trues in formations's table havear in theplan of plan year wis of the plan year wise of plan	granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		
Control of the information of the anomal in the 12a. End the result (enter a minas ago to the left of a 12a intermediate and the i	b Enter the minimum required contribution for this plan year			
medical annount reported on the 12d be net by the funding deadline?       Value in minum funding amount reported on the 12d be net by the funding deadline?       Value in the information is an interval of the medical interval interval of the medical interval interval of the medical interval interval interval of the medical interval interval interval of the medical interval interval interval interval interval interval of the medical interval interva	c Enter the amount contributed by the employer to the plan for this plan year	loft of a	12c	
at WIE         Plan-Terminations and Transfors of Assets           a Has a resolution to isminute the plan been sidopted In any plan year?         Tas           If*'ses' crited the amount of any plan assets that growthed to the employer this year         Tas           If*'ses' crited the plan assets distributed to participants or beneficiants: transferred to another plan, or: trooright under the control         Tyres' K2 No           Of the PBCC?         If additional to plan (allow were transferred from the plan to another plan(d); Monthy the plan(d) to write assets of itabilities were transferred from the plan to enother plan(d); Monthy the plan(d) to write assets of itabilities were transferred from the plan to enother plan(d); Monthy the plan(d) to write assets of itabilities were transferred from the plan to enother plan(d); Monthy the plan(d) to write assets of itabilities were transferred from the plan to enother plan(d); Monthy the plan(d) to write assets of itabilities were transferred from the plan to enother plan(d); Monthy the plan(d) to write assets of itabilities were transferred from the plan to enother plan(d); Monthy the plan(d) to write assets of itabilities were transferred from the plan to enother plan(d); Monthy the plan(d); Monthy t	negative amount)	**********		
a Has a resolution to terminate the plan been adopted in any plan year?       If "yes" onlow the anound of any plan pases that provetide to the simployer this year?       13a         If "yes" onlow the anound of any plan pases that provetide to the simployer this year?       13a       13a         Verse all the plan saste distribution to participants or beneficiaries, transferred to another plan, or brought under the control       13a       Image: Control the anound of the plan set of the plan year, my assess or labeling were transferred (cm, this plan to enother plan(c), blortly the plan(c) to which assets or labeling were transferred. (See instructions.)       13c(2) EiN(o)       13c(2) EiN(o)       13c(3) PN(c)         art VIIII       Trusts Information       14b. Trusts is an asset of the plan of the plan to enother plan(c), blortly the plan(c) to enother plan(c), blortly the plan(c) to enother plan(c).       13c(2) EiN(o)       13c(3) PN(c)         art VIIIII       Trusts Information       14b. Trusts is an association of the plan on th			门 Yes	No N/A
arr with Number of Neurophysics of Section 2       13a         by Wree all the plan assets distributed to participants of beneficiaries, transferred to another plan, or brought under the control       yes         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control       yes         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control       yes         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control       yes         di (1) Name of plan(s):       13c(2) EIN(o)       13c(3) PN(o)         arrt VIIII       Trust Information       14b         4G Name of trustiee or custodian.       14d Truste or custodian's telephone number         2art IX       IRS Compliance Questions       yes         5a is the plan a 401(b) plan.       yes       Ne         26 if ADP/ACP test; dott we during plan participation of another plan year using the "current year" testing method or plan(2) plan another anoth			<u> </u>	
b       Were all the plan assets distributed to participants or beneficiaries. transferred to another plan, or brought under the control       I ves       I No         c       If during this plan year, any assets or itabilities were transferred. (See instructions.)       13c(2) EIN(a)       13c(2) FIN(a)         13c(1) Name of plan(e).       13c(2) FIN(a)       13c(2) FIN(a)       13c(2) FIN(a)         art VIII       Trust Information       14b Trusts EIN         4c Name of trustee or custodian       14d Trustee or custodian's telephone number         2art VIII       Trust or custodian       14d Trustee or custodian's telephone number         2art VIII       Trust or custodian       14d Trustee or custodian's telephone number         2art VIII       Trust or custodian       14d Trustee or custodian's telephone number         2art VIII       Trust or custodian       14d Trustee or custodian's telephone number         2art VIII       Trust or custodian       14d Trustee or custodian's telephone number         2art VIII       Trust or custodian       14d Trustee or custodian's telephone number         5b If Yes 'how does the 401(k) plan satisfy the another plan year using the "current year matching continuum (as anglicable) under section 401(k)(2) and 401(m)(2)?       14d Trustee or custodian's telephone number         2(a/2/iii)?       (a) Cabe Ab plan ce the 401(k) plan petrom ADP/ACP testing of the plan set of the plan year using the "curent yea		*****		3:190
of the PBCC7       Image: Section of plant(a), which assets or liabilities were transferred from this plant is avoid the plant(a) to which assets or liabilities were transferred. (See instructions.)       13c(2) EN(e)       13c(2) EN(e)         13c(1) Name of plant(a);       13c(2) EN(e)       13c(2) EN(e)       13c(2) EN(e)         13c(1) Name of plant(a);       13c(2) EN(e)       13c(2) EN(e)       13c(2) EN(e)         13c(1) Name of plant(a);       14d Trustle EN       14d Trustle e or custodians         144 Name of trust       14d Trustlee or custodians       14d Trustlee or custodians         2art IX       IRS Compliance Questions       9 Yes       No         15a is be plant a 401(k) plant satisfy the nondiscrimination requirements for amployee deferrals and amployer       Design: nethods       Design: nethods         15b If Yqs, 'now does the 401(k) plan satisfy the nondiscrimination requirements for amployee deferrals and amployer       Design: nethods       Design: nethods         15c if ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year besting method" to conhight/ compensated amployees (Treas. Reg. section 3401(k)/2(k)/2(k)/2(k)/2(k)/2(k)/2(k)/2(k)/2		ight under the co		
which assets or liabilities were transferred. (See instructions.)       13c(3) PN(e)         13c(3) Name of plan(s):       13c(3) PN(e)         art VIII       Trust Information         4a Name of truste       14b Trusts EIN         4c Name of truste or custodian       14d Trustee or custodian's toppone number         2art X       IRS Compliance Questions         15a is the plan a 401(b) plan satisfy the nondiscrimination requirements for employee deferrals and employer       Design and the plan a 401(b) plan satisfy the nondiscrimination requirements for employee deferrals and employer         15b If Yes, how does the 401(b) plan parform ADP/ACP testing for the plan year using the "current year testing method" to conclusive and analysis conclusion (as applicable) under sections 401(b)(3) and 407(m)(2)?       Design and too testing applicable componeated amployees (Trees. Rep. section 1401(b)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	of the PBGC?	************************		Yes X No
13(1) Name of panely.       14b Trusts Information         4c Name of trustee or custodian       14d Trustee or custodian's telephone number         3ct IX       IRS Compliance Questions         15a is the plan a 401(b) plan satisfy the anotiserimination requirements for employee deferrals and employer.       Dasign.         15b is 'Yes,' how does the 401(b) plan satisfy the anotiserimination requirements for employee deferrals and employer.       Dasign.         15b is 'Yes,' how does the 401(b) plan satisfy the anotiserimination requirements for employee deferrals and employer.       Dasign.         15b is 'Yes,' how does the 401(b) plan satisfy the anotiserimination requirements for employee deferrals and employer.       Dasign.         15c is ADP/ACP test; did the 401(b) plan entities and employee.       ADP/ACP test; did the 401(b) plan entities and employee.         15c is ADP/ACP test; did the 401(b) plan entities and employee and the formation of the plan very set is a 401(b) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	C if during this plan year, any assets or liabilities were transferred from this plan to enounce plants, turn which assets or liabilities were transferred. (See instructions.)			
44 Name of trust       14b Trusts EIN         44 Name of truste or custodian       14d Trustee or custodian's telephone number         2art JX       IRS Compliance Questions         15a is the plan a 401(k) plan.       Dasign         15b If Yes, 'now 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)?       Dasign         15b If Yes, 'now does the 401(k) plan perform ADP/ACP testing for the plan year using the 'surrent year lesting method' for nonbigibly compensated employees (Treas. Reg. section 1.401(k),2(a)(2)(b)) and 1.401(m).       Yes       No         15c If ADP/ACP test; did the 401(k) plan perform ADP/ACP testing for the plan year using the 'surrent year lesting method' for nonbigibly compensated employees (Treas. Reg. section 1.401(k),2(a)(2)(b)) and 1.401(m).       Yes       No         16a Check the box to indicate the method used by the plan to satisfy the coverage trequitements under section 410(b).       Pation       Parentage       Average Benefit Test         16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining       Yes       No       NA         17b Date of the last plan amendmend/vestatement for the required tax law changes was adopted if it and it and adopter of a pre-applicable code if it and adopter of a pre-applicable code if the last is an adopter of a pre-applicable if it and it and adopter of a pre-applicable (It it and it and adopter of a pre-applicable if it and it andopter of a pre-applicable if it and it and	13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)
44 Name of trust       14b Trusts EIN         44 Name of truste or custodian       14d Trustee or custodian's telephone number         2art JX       IRS Compliance Questions         15a is the plan a 401(k) plan.       Dasign         15b If Yes, 'now 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)?       Dasign         15b If Yes, 'now does the 401(k) plan perform ADP/ACP testing for the plan year using the 'surrent year lesting method' for nonbigibly compensated employees (Treas. Reg. section 1.401(k),2(a)(2)(b)) and 1.401(m).       Yes       No         15c If ADP/ACP test; did the 401(k) plan perform ADP/ACP testing for the plan year using the 'surrent year lesting method' for nonbigibly compensated employees (Treas. Reg. section 1.401(k),2(a)(2)(b)) and 1.401(m).       Yes       No         16a Check the box to indicate the method used by the plan to satisfy the coverage trequitements under section 410(b).       Pation       Parentage       Average Benefit Test         16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining       Yes       No       NA         17b Date of the last plan amendmend/vestatement for the required tax law changes was adopted if it and it and adopter of a pre-applicable code if it and adopter of a pre-applicable code if the last is an adopter of a pre-applicable if it and it and adopter of a pre-applicable (It it and it and adopter of a pre-applicable if it and it andopter of a pre-applicable if it and it and				
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To traine of rubble of classicult       ielephone number         Part JX       IRS Compliance Questions         55 a is the plan a 401(k) plan	ta Name of trust		14b Trust's	ĘIN
IRS. Compliance Questions       IRS. Compliance Questions         15a is the plan a 401(k) plan:       IVes       No         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:				
Part IX       IRS Compliance Questions         15a is the plan a 401(k) plan       Yes       No         25b if 'Yes,'' how does the 401(k) plan satisfy tha nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?       Design         15b if 'Yes,'' how does the 401(k) plan perform ADP/ACP testing for the plan year using the 'current year       Yes       No         15c if ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the 'current year       Yes       No         2(a)(2)(iii))?       Percentage       Average Benefit Test       Percentage       Average Benefit Test         16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):       Percentage       Average Benefit Test         16b Does the plan satisfy the coverage and nondescrimination tests of sections 410(b) and 401(a)(4) by combining       Yes       No         17d Has the Flan been timely: amended for all required tax bonges?       Yes       No       NA         17b Date of the last plan amendment/restatement for the required tax law changes and acodes of the last plan andopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject to a favorable RS opinion or and the letter's serial number.         17c If the plan is an individually-designed plan and received a favorable determination letter from IRS, please enter the date of plan's tast favorable detemination letter from IRS, please enter the d	4c Name of trustee or custodian			
15a is the plan a 401(k) plan:       Yes       No         15b If 'Yes' how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer       Design:       Design:         15b If 'Yes' how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer       Design:       Design:         15c if ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year       Yes       No         15c if ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year       Yes       No         16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):       Ratio       Percentage       Average         16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining       Yes       No         17a Has the Plan been timely amended for all required tax law changes was adopted       ///       Enter the applicable code       (See         17tb Date of the last plan amendment/restatement for the required tax law changes was adopted       ///       Enter the applicable code       (See         17d If the plan is an individually designed plan and received a favorable determination letter from IRS; plaese enter the date of plan's last favorable       Yes       No         17b Date of the last plan amendment/restatement for the required tax changes was adopted       ////       Enter t				
15 bit 'Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer       Design		۵۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰		
13D If Yes: Now does in a 20 (k) plan satisfy the totolicommunities of sections 401(k)(3) and 401(m)(2)?       habor       test         matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?       method       Yes       No         15C If ADP/ACP test, did the 401(k) plan perform ADP/ACP, testing for the plan year using the "current year.       Yes       No         2(a)(2)(iii))?       Ratio       Percentage       Average         2(a)(2)(iii))?       Benefit Test       Benefit Test         16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining       Yes       No         17a Has the Plan been timely amended for all required law changes?       Yes       No       N/A         17b Date of the last plan amendment/restatement for the required tax law changes was adopted       /				
testing method <sup>ii</sup> for nonhighly compensated amployees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(iii)?  16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining  Yes No  17a Has the Plan been timely amended for all required law changes?  17b Date of the last plan amendment/restatement for the required tax law changes was adopted 7 7 2 (Enter the applicable code (See instructions for tax law changes and codes).  17c If the plan is an individually-designed plan and recleved a favorable determination letter from IRS. please enter the date of plan's last favorable  17d If the plan maintained in a U.S. territory (Le:, Puerto Ricc (If no election under ERISA section 1022(I)(2) has been 18 19 Were in-service distributions made during the plan year?  19 Were in-service distributions made during the plan year?  20 Were miservice distributions made during the plan year?  20 Were miservice distributions made 10.5% owners who have attained age 70 ½ (regardless of whether or)  21 22 20 Were miservice distributions made to 5% owners who have attained age 70 ½ (regardless of whether or)  22 20 20 20 20 20 20 20 20 20 20 20 20	15b If 'Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer	based sa barbor	and the second
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):       Ratio Percentage Test       Average Benefit Test         16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining       Yes       No         17a Has the Plan been timely amended for all required law changes?       Yes       No       N/A         17b Date of the jast plan amendment/restatement for the required tax law changes was adopted       / / Enter the applicable code       (See         Instructions for tax law changes and codes).       17c If the plan sponsor is an adopter of a pre-approved master, 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 plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject to a favorable IRS opinion or and the letter's serial number.       No         17d If the plan is nondividually-designed plan and recieved a favorable determination letter from IRS, please enter the date of plan's last favorable determination letter       No         18 is the Plan maintained in a U.S. territory (i.e Puerto Rico (If no election under ERISA section 1022(i)(2) has been made). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?       Yes       No         19       Yes, enter amount       19       No       No       N/A <td>testing method" for nonhighly compensated employees (Treas, Reg. section 1.401(k)-2(a)(2)(ii) and 1.4</td> <td>r 401(m)-</td> <td></td> <td>⊡ No</td>	testing method" for nonhighly compensated employees (Treas, Reg. section 1.401(k)-2(a)(2)(ii) and 1.4	r 401(m)-		⊡ No
16b       Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining       Yes       No         17a       Has the Plan been timely amended for all required law changes?       Yes       No       NA         17b       Date of the last plan amendment/restatement for the required tax law changes was adopted       / / Enter the applicable code       (See         17b       Date of the last plan amendment/restatement for the required tax law changes was adopted       / / Enter the applicable code       (See         17b       Date of the last plan amendment/restatement for the required tax law changes was adopted       / / Enter the applicable code       (See         17b       Date of the last plan amendment/restatement for the required tax law changes was adopted       / / Enter the applicable code       (See         17c       If the plan sponsor is an adopter of a pre-approved master, 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       / / An the letter's serial number.         17d       If the plan is an individually-designed plan and recleved a favorable determination letter from IRS, please enter the date of plan's last favorable determination letter       / Yes       No         17d       If the plan maintained in a U.S. territory (i.e.; Puerto Rico (if no election under ERISA section 1022(i)(2) has been matched, American Samoa, Guam, the Commonwealth of the Northern Mariena Islands or the U.S. Virgin Islands)? <td></td> <td>tion 410(b):</td> <td>Percenta</td> <td>age Average Report Test</td>		tion 410(b):	Percenta	age Average Report Test
this plan with any other plans under the permissive aggregation rules?       Yes       No         17a Has the Plan been timely amended for all required law changes?       Yes       No       N/A         17b Date of the last plan amendment/restatement for the required tax law changes was adopted       /	(0) and (0)(a)(4) by co	mbining	lest	
17b Date of 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 If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject to a favorable IRS opinion or addisory letter, enter the date of that favorable letter // / and the letter's serial number.         17d If the plan is an individually designed plan and recieved a favorable determination letter from IRS, please enter the date of plan's last favorable determination letter from IRS, please enter the date of plan's last favorable determination letter / / / No.         17d If the plan is an individually designed plan and recieved a favorable determination letter from IRS, please enter the date of plan's last favorable determination letter from IRS, please enter the date of plan's last favorable made). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?       Yes       No.         19       Yes, enter amount       19       Yes       No.       N/A	with a plan with any other plans upday the permissive 200(00210) (UIES (	*****************************		
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17 d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the date of plan's last ravitable determination letter         18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (If no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?         19 Were in-service distributions made during the plan year?         If Yes, enter amount         19 Marco minimum required distributions made to 5% owners who have attained age 70 % (regardless of whether or)	17 c If the plan sponsor is an adopter of a pre-approved master; prototype (M&P), or volume submitter plan			
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