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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF.		
Part I Annual Repor	t Identification Information				
For calendar plan year 2015 or	fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015		
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	•	ū	
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 me	onths)		
C Check box if filing under:	Form 5558 special extension (enter descr	. ,		DFVC prog	ram
Part II Basic Plan Inf	ormation—enter all requested inf	formation			
1a Name of plan WASHINGTON BANCORP, INC	. 401K PROFIT SHARING PLAN		pla (P	ree-digit an number N)	001
			IC EI	fective date of	ı pian 1/1997
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			nployer Identi	fication Number 716983
City or town, state or provin HE BANK OF WASHINGTON	nce, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c S _p		hone number 21-2426
901 196TH STREET SW YNNWOOD, WA 98036			2d Bu	siness code (see instructions)
3a Plan administrator's name a	and address XSame as Plan Spons	sor.	3b Ad	ministrator's I	EIN
			3c Ad	ministrator's t	elephone number
name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EI		
a Sponsor's name			4c PN	1	50
5a Total number of participant	ts at the beginning of the plan year		5a		53
·	' '		5b		50
		the plan year (defined benefit plans do not	5c		32
d(1) Total number of active p	participants at the beginning of the plant	an year	5d(1)		39
d(2) Total number of active p	participants at the end of the plan year	ar	5d(2)		37
Number of participants that than 100% vested	at terminated employment during the	plan year with accrued benefits that were less	5e		0
Caution: A penalty for the late	e or incomplete filing of this returr	n/report will be assessed unless reasonable cau	ise is es	tablished.	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

SIGN	Filed with authorized/valid electronic signature.	06/22/2016	DEBBY MCDANIEL				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (including firm name, if applicable) and address (including firm name).	clude room or suite num	Description of the second seco				
	marile (morading in miname, in applicable) and address (in	cidae room or saite main	ber) Preparer's telephone number				
	Traine (morading initiatine, in applicable) and address (initiatine)	cidae room or saite nam	preparer's telephone number				
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Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			X Yes X	No No
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 determine	ned
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	. 7a		1381	725				950067	7
b Total plan liabilities	. 7b		4004	705	-			050007	
C Net plan assets (subtract line 7b from line 7a)	. 7c		1381	725				950067	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otai	
(1) Employers	. 8a(1)			0					
(2) Participants	. 8a(2)		74	1233					
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	. 8b		-28	8112					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							46121	<u> </u>
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		447	114					
e Certain deemed and/or corrective distributions (see instructions)	. 8e		19	144					
f Administrative service providers (salaries, fees, commissions)	. 8f								
g Other expenses	. 8g		11	521					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							477779)
i Net income (loss) (subtract line 8h from line 8c)	. 8i							-431658	3
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructi	ons:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X				475	50000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
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		X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g 10h		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	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			,	1	<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a Enter the unpaid minimum required contribution for all years from						11a		<u></u>	
12 Is this a defined contribution plan subject to the minimum funding						302 of El	RISA?	Yes	X No

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	_ `	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

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For celledar plan year 2015 on fiscal plan year deginating 01 / 01 / 2015 and deating 1/23 1 / 2015		rt Identification Information				
A This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan a foreign plan B This return/report is the first return/report the final return/report a short plan year return/report (less than 12 months)	For calendar plan year 2015 or		01/01/2015	and ending		
B This return/report is		X a single-employer plan				
C Check box if fling under: Form 5558	A This return/report is for:	a one-participant plan		ployer information in a	ccordance with the f	orm instructions)
C Check box if filling under:	B This return/report is	the first return/report	the final return/report			
C Check box if filling under:	•	an amended return/report	a short plan year return	1/report (less than 12 m	ionths)	
Special extension (enter description) Part Basic Plan Information						
Part II Basic Plan Information	C Check box if filing under	Form 5558	automatic extension		DFVC pi	ogram
1a Name of plan Walshington Bancorp, Inc. 401k Profit Sharing Plan 1b Three-digit plan number 1c Effective date of plan 010/10/1997 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) The Bank Of Washington 2b Employer Identification Number (EIN) 91-1716-983 2c Sponsor's telephone number 425-921-2426 2d Business code (see instructions) 522110 Lynnwood WA 98036 3a Plan administrator's name and address Sysme as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 5 Total number of participants at the end of the plan year 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year 5 Total number of participants at the beginning of the plan year 6 Unit number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6 C Number of participants at the end of the plan year 6 C Number of participants with account balances as of the end of the plan year 6 C Number of participants with account balances as of the end of the plan year (defined benefit shut were less than 100% vested on the plan year (defined benefit shut were less than 100% vested of participants that terminated employment during the plan yea		special extension (enter des	cription)			
Same about the plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apl., suite no. and street, or P.O. Box) City or flown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) The Bank of Washington	Part II Basic Plan In	formation—enter all requested i	nformation			
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3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this flem) 4d(2) Total number of active participants at the beginning of the plan year. 5 Number of participants at the beginning of the plan year. 5 A 32 6d(1) Total number of active participants at the beginning of the plan year. 5 A 32 6 Number of participants at the end of the plan year. 5 A 32 6d(2) Total number of active participants at the beginning of the plan year. 6 Administrator's telephone number of the plan year in the plan year. 5 A 4c PN 5 B 5 B 5 B 5 B 5 B 5 B 5 B 5 B 5 B 5	5901 196th Street	SW			522110	
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year	3a Plan administrator's name	and address x Same as Plan Spoi	1sor		3D Administrato	'S EIN
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b Total number of participants at the beginning of the plan year	name, EIN, and the plan r		e the last return/report liled to	or this plan, enter the		
b Total number of participants at the end of the plan year						
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year 5d(1) 39 d(2) Total number of participants at the end of the plan year 5d(2) 37 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 55e 0 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Debby McDaniel Enter name of individual signing as employer or plan sponsor						
d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year d(2) Total number of active participants at the end of the plan year d(2) Total number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor					50	50
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d(2) Total number of active participants at the end of the plan year	110010000				5d(1)	
E Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						
than 100% vested					50(2)	37
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Signature of plan administrator Date Enter name of individual signing as plan administrator Debby McDaniel Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Signature of plan	administrator				administrator
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Denn	6-22-16	Debby McDanie	1	
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	HERE Signature of emp	oloyer/plan sponsor	Date	Enter name of individ	lual signing as empt	oyer or plan sponsor
	Preparer's name (including firm	n name, if applicable) and address (include room or suite numbe	er)	Preparer's telepho	ne number
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Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or the plan cannot be	an indeper	ndent qualified public a	account	lant (IC	(PA)	on contents		X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in							No ∏ No	ot determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar	Т		(b) End of	Year
a Total plan assets	7a		-	8172	:5		1.7	950067
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c		13	8172	:5			950067
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Tota	ř
Contributions received or receivable from: (1) Employers	8a(1)	· · · · · · · · · · · · · · · · · · ·		7.	0		120	
(2) Participants	8a(2)			7423	3			
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		_	2811	.2			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							46121
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4	4711	4			
e Certain deemed and/or corrective distributions (see instructions)	8e			1914	4			
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g			1152	1			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							477779
Net income (loss) (subtract line 8h from line 8c)	Bi Bi							-431658
j Transfers to (from) the plan (see instructions)	8j							
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Char	acteris	tic Cod	les in the	e înstructions	s:
Part V Compliance Questions				_				
10 During the plan year:				Yes	No	N/A	An	nount
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	iduciary Correction	10a		х			
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				475000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	nd, that was caused	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 t	the benefits under	10e		Х			
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		Х			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		Х			
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i					
i Did the plan trust incur unrelated business taxable income?								
j Did the plan trust incur unrelated business taxable income?			10i	1		l II		
		***************************************	10j					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	ients? (If "Y	es," see instructions	and cor	nplete	Sched	ule SB (Form	Yes No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Part VII Plan Terminations and Transfers of Assets 138 Has are solution to terminate the plan been adopted in any plany year? 159 Wore all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 150 Wore all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 150 If during this plany year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? 150 If during this plan year, any assets or liabilities were transferred (See instructions.) 150 If year If ye		Form 5500-SF 2015 Page 3 -					
granting the valver. Month Day Year Ye	(11 ")	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
b Enter the minimum requires contribution for this plan year							ling
Enter the amount contributed by the employer to the plan for this plan year	If you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
Subtract the amount in line 1 22 From the amount in line 1 25. Enter the result (enter a minus eign to the left of a negative timount) Yes No No No No No No No N	b Enter	the minimum required contribution for this plan year		12b			
engative amount).	C Enter	the amount contributed by the employer to the plan for this plan year	************	12c			
Plan Terminations and Transfers of Assets				12d			
13a Has a resolution to terminate the plan been adopted in any plan year? 13a 13a	e Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗍	No [N/A
M'Yes, "enter the amount of any plan assets that reverted to the employer this year 13a	Part VII	Plan Terminations and Transfers of Assets					
Description Word all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control yes No No If PRIGCS No If Juring this plan year, any assets or liabilities were transferred from this plan to another plan(e), identify the plan(e) to which assets or liabilities were transferred (See instructions.) 13c(1) EIN(e) 13c(2) EIN(e) 13c(3) PN(s)	13a Has	a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were unsiferred. (See instructions.) 13c(1) Name of plan(p): 13c(2) EIN(s) 13c(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(p): 14d Trust es in the plan and trust. 14d Trust es or custodian telephone number telephone number telephone number telephone number. 14d Trust es or custodian telephone number. 14d Trust es or custodian telephone number. 14d Trust es or custodian telephone number. 15d is the plan a 401(k) plan? 15b it "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer macking contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15b it "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer macking contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c (if the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP (testing for the plan year using the "current year testing method" for nonlingthy compensated employees (Tress. Reg sections 1.401(b).2(a)(2)(b) and 4.001(m). 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b) Paper contage Average (testing the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining Average Program and the leafur section 410(b) Paper Contage Program and the leafur's serial number. 17b Date the last plan amondment/stattement for the required tax law changes? 17c If the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining Program and the felter's serial number. 17d Has be as the plan bean timely amended for all required tax law changes? 17d Has be as the plan bean timely amended for the required tax law changes was adopted Finiter the applicable code (See instruction to the plan and received a	If "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
C If during this plan year, any assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information 14a Name of trustee or custodian 14b Trust's EIN 14c Name of trustee or custodian 14d Trustees or custodian 14d Trustees or custodian 14d Trustees or custodian 15a is the plan a 401(k) plan? 15b If "Yes." Invo 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)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees. (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m). 16c Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(t). 17a Has the plan satisfy the coverage and nondiscrimination tests of sections 410(t) and 401(a)(4) by combining the plan year using the first last with any other plans; under the permissive aggregation rules? 17b Date the last plan amendment/restatement for the required tax law changes and codes. 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan this is subject to a favorable letter and the letter's serial number. 17d If the plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(0)(2) has been made). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 18 the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(0)(2) has been made). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 19 Were required minimum distributions made during the plan year? 19 Yes No						Yes X	No
Part VIII Trust Information 14b Trust's EIN 14b Trust's EIN 14c Name of trust 14b Trust's EIN 14d Trust's EIN 15d Is the plan a 401(k) plan?	C If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify					
14c Name of trustee or custodian 14d Trust's EIN 14d Trustee's or custodian's telephone number 15d Is the plan a 401(k) plan?	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
14d Trust's EIN 14d Trust's EIN 14d Trustee's or custodian's telephone number 15d Is the plan a 401(k) plan?	D 1 \ m:						
14c Name of trustee or custodian 14d Trustee's or custodian's telephone number Part IX IRS Compliance Questions 15a Is the plan a 401(k) plan?	2000						
Part IX IRS Compliance Questions Test IRS Compliance Questions Yes No No No No No No No	14c Nam	e of trustee or custodian		14d			an's
15a Is the plan a 401(k) plan? Yes No No	··· - ···-·····························				telephone	- Idiliber	
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)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b)	Part IX	IRS Compliance Questions					
Solution 15b f "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)?	15a Is the	e plan a 401(k) plan?		Ye	!S	No	
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b)			1, ,	ba ha	ased safe arbor		
16b 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? 17a Has the plan been timely amended for all required tax law changes? 17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable 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? 19 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not whether or not local part of the plan is a permission whether or not local part of the plan is an individual part of the plan is an individually designed plan and received a favorable determination letter. 19 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not local part of the plan is an individually designed plan and received a favorable determination letter.	testir	ng method" for nonhighly compensated employees (Treas, Reg sections 1,401(k)-2(a)(2)(ii) and 1.40		Ye	:S	No	
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advisory letter, enter the date of that favorable letter and the letter's serial number 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable 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)?			Enter the	applica	ble code	(See ii	nstruction
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)?	advis	ory letter, enter the date of that favorable letter and the letter's serial nu	ımber				ог
made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	delei	minaliūn lelter					
If "Yes," enter amount	made	e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	Islands)?				
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not					:S	∏ 1/10	
		PORTECON, INCREASE SERVICE AND		19			
				Ye	is .	No	[] N/A