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

Part II	Pens	sion Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form 5	500-SF.		
A This return/report is for: a single-employer plan sist of participating employer information in accordance with the form instructions) a non-participant plan a stording plan a tording plan a tord	Par	t I Annual Report	Identification Information				
A This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan a foreign plan	For ca	llendar plan year 2015 or fis	scal plan year beginning 01/01/2	2015 and ending 12	2/31/2015		
C Check box if filing under:	A Th	is return/report is for:		list of participating employer information in ac		_	
Special extension (enter description) Part II Basic Plan Information — enter all requested information	B Thi	s return/report is	님	H	onths)		
Part II Basic Plan Information—enter all requested information 1a Name of plan 1c Effective date of plan 08/01/1978 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 91-0565984 2c Sponsor's telephone number 253-833-2485 2d Business code (see instructions) 2d Business	C Ch	neck box if filing under:				DFVC prog	ram
18 Name of plan IOM MATSON DODGE, INC. 401(K) PROFIT SHARING PLAN 29 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 fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OM MATSON DODGE, INC. 20 Employer Identification Number (EIN) 91-0656984 21 Employer Identification Number (EIN) 91-0656984 22 Sponsor's telephone number 253-833-2485 23 Business code (see instructions) Administrator's name and address Same as Plan Sponsor. 31 Administrator's telephone number 32 Administrator's telephone number 33 Administrator's telephone number 34 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aname, EIN, and the plan number from the last return/report. 3 Sponsor'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 aname, EIN, and the plan number from the last return/report. 4 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year. 5 D 32 6 Unber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 C 32 6 Unber of participants with account balances as of the end of the plan year. 6 Number of participants at the end of the plan year. 5 D 30 6 Number of participants at the end of the plan year. 5 D 30 6 Number of participants at the end of the plan year. 5 D 30 6 Number of participants at the end of the plan year. 5 D 30 6 Number of participants at the end of the plan year. 5 D 30 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 D 10 Departicipants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	Dari	II Racio Plan Info		1 /			
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) OM MATSON DODGE, INC. 2c Sponsor's telephone number 253-833-2485 2d Business code (see instructions) A41110 3a Plan administrator's name and address Same 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. 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. 4 Department of participants at the beginning of the plan year. 5 D Total number of participants at the end of the plan year. 5 D Total 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 plan year. 6 D Total number of active participants at the beginning of the plan year. 6 D Total number of participants with account balances as of the plan year. 6 D Total number of active participants at the end of the plan year. 6 D Total number of participants with account balances as of the plan year. 6 D Total number of participants with account balances as of the plan year. 6 D Total number of participants with account balances as of the plan year with accrued benefits that were less than 100% vested. 7 D Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. 8 D Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested.	1a N	ame of plan		iomaion	pla (P	an number N) fective date of	f plan
253-833-2485 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	M	ailing address (include roor	n, apt., suite no. and street, or P.C		(EI	nployer Identi N) 91-0	fication Number 656984
NUMCLAW, WA 98022 3a Plan administrator's name and address Same as Plan Sponsor. 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year				,	2 c Sp		
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 4c PN 5a Total number of participants at the beginning of the plan year					2d Bu	`	,
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	3a P	lan administrator's name an	nd address XSame as Plan Spon	sor.			
Total number of participants at the beginning of the plan year	n	ame, EIN, and the plan nur		the last return/report filed for this plan, enter the			
b Total number of participants at the end of the plan year	_		at the beginning of the plan year				66
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			. ,		}		32
d(1) Total number of active participants at the beginning of the plan year	C N	lumber of participants with a	account balances as of the end of	the plan year (defined benefit plans do not			32
d(2) Total number of active participants at the end of the plan year					5d(1)		48
Pumber of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	•	•		·	5d(2)		0
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	e 1	Number of participants that than 100% vested	terminated employment during the	e plan year with accrued benefits that were less			0
	Under	penalties of perjury and oth	ner penalties set forth in the instru	ctions, I declare that I have examined this return/re	port, inclu	iding, if applic	

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 Schedul 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

Filed with authorized/valid electronic signature

06/24/2016

TOM L MATSON

belief, it is t	rue, correct, and complete.					
	Filed with authorized/valid electronic signature.	06/24/2016	TOM L. MATSON			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe) Preparer's telephone	number		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann 	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			<u> </u>	es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End		
a Total plan assets	7a		1288	483				124	9722
b Total plan liabilities	7b		1288	102				124	9722
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		403			(b) T		3122
a Contributions received or receivable from:		(a) Amot	ant				(b) i	Olai	
(1) Employers	8a(1)								
(2) Participants	8a(2)		47	887					
(3) Others (including rollovers)	8a(3)		4.0	500					
b Other income (loss)	8b		-19	593				2	9204
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c								8294
to provide benefits)	8d		65	975					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		1	080					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								7055
Net income (loss) (subtract line 8h from line 8c)	8i							-3	8761
Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j								
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instruct	ions:	
10 During the plan year:				Yes	No	N/A		Amour	nt
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					500000
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused			X				500000
by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance the benefits under	10d 10e	X	X				5273
f Has the plan failed to provide any benefit when due under the plan			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Χ				
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			Х			
Part VI Pension Funding Compliance			ivj	<u> </u>	<u> </u>	^`			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Пү	es X 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							RISA?	Y	es X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter th	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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No	
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>	
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· v (3)
Dant		Turnet hafe amount on					
Part	Name o	Trust Information		14h 1	Γrust's Ell	N	
ı T a	Name 0	ii iiust		140	iusi s Lii	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
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)?			ased safe arbor	☐ ADF	P/ACP
450					ethod		
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No	
	2(a)(2)	(ii))?		□ Ra	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	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 fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

		t Identification Information				
For ca	alendar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/201	5
	nis return/report is for:	x a single-employer plan a one-participant plan the first return/report	a multiple-employer pla a list of participating er a foreign plan the final return/report			
	contraction of Participation	an amended return/report	a short plan year return	n/report (less than 12 n	nonths)	
C CI	neck box if filing under:	Form 5558 special extension (enter descr	automatic extension aption)		DFVC pr	ogram
Par	t II Basic Plan Inf	ormation enter all requested	information		A THE SOURCE OF THE SAME OF TH	
1a 1	Name of plan				1b Three-digit	
	Tom Matson Dodge,	Inc. 401(K) Profit Shar	ing Plan		plan numbe (PN) ▶	o01
					1c Effective da 08/01/1	ite of plan
1	Mailing Address (include ro	loyer, if for a single-employer plan) nom, apt., suite no. and street or P.O nce, country, and ZIP or foreign post	. Box) al code (if foreign, see instru	uctions)	2b Employer le	dentification Number -0656984
	Tom Matson Dodge,			•	2c Sponsor's t (253) 83	elephone number 33-2485
1	PO Box 1228				2d Business c 441110	ode (see instructions)
t	JS Enumclaw WA 98022					
3a F	Plan administrator's name	and address X Same as Plan Spo	onsor Name		3b Administrat	or's EIN
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN	or's telephone number
a s	Sponsor's name				4c PN	
5a	otal number of participant	s at the beginning of the plan year		••••••	5a	66
		s at the end of the plan year			5b	32
(complete this item)	account balances as of the end of t			5c	32
d(1)	Total number of active pa	articipants at the beginning of the pla	in year		5d(1)	48
d(2)	Total number of active pa	articipants at the end of the plan year	r	•••••	5d(2)	0
e ¦	Number of participants that ess than 100% vested .	terminated employment during the	plan year with accrued bene	fits that were	5e	0
Caut	ion: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	unless reasonable ca	use is established	
SBo	er penalties of perjury and r Schedule MB completed f, it is true, correct, and co	other penalties set forth in the instru and signed by an enrolled actuary, a mplete.	ctions, I declare that I have as well as the electronic vers	examined this return/resion of this return/repo	eport, including, if a rt, and to the best o	oplicable, a Schedule f my knowledge and
SIG	1014	l-	06/24/2016		MATSON	
HEI	RE Signature of plan ad	ministrator		Enter name of individu		dministrator
SIG			06/24/2016	TOM L. A	MATSON	
	RE Signature of employ			Enter name of individu	al signing as emplo	yer or plan sponsor
Prep	arer's name (including firm	name, if applicable) and address; ir	nclude room or suite number		Preparer's teleph	one number

-	Form 5500-SF 2015		Page 2			_				
6a Wer	e all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)						X Yes N	No.
	you claiming a waiver of the annual examination and report of a									
und	er 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd condition	ns.)	•••••		•••••		••••••	X Yes N	Vo
If yo	ou answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must inst							
	e plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	gram (see ERISA section	n 402	1)?	••••••	Yes	∐ No	Not determ	nined
Part I				222				Out of the out	40.21	
-	Assets and Liabilities		(a) Beginning of			-		(b) End	NO. 104-107-107 (104-100)	
-	Il plan assets	7a	1,28	38,4	83				1,249,722	
	Il plan liabilitiesplan assets (subtract line 7b from line 7a)	7b 7c	1,28	00 1	02	+			1 240 722	
	me, Expenses, and Transfers for this Plan Year	70	(a) Amount		03			(b) T	1,249,722 otal	
	tributions received or receivable from:	2 (1)		(Lot-count						
	Employers Participants	8a(1)		17,8	07					
	Others (including rollovers)	8a(2) 8a(3)		± / , O	0 /					
	er income (loss)	8b	(19	9,59	3)				we sale take the	
C Tota	l income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						Caranata III Paranii Car	28,294	
	efits paid (including direct rollovers and insurance premiums	0.1		CE 0'	7.5					100
0.00	ain deemed and/or corrective distributions (see instructions)	8d 8e		55,9	/5					
	ain deemed and/or corrective distributions (see instructions) inistrative service providers (salaries, fees, commissions)	8f		1,0	80					
	er expenses	8g								
-	l expenses (add lines 8d, 8e, 8f, and 8g)	8h							67,055	
i Net	income (loss) (subtract line 8h from line 8c)	8i							(38,761)	
j Trar	sfers to (from) the plan (see instructions)	8j								
Part I	/ Plan Characteristics									
9a If the	e plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan Ch	naract	eristic	Code	s in the	instruction	ons:	
	2E 2F 2G 2J 2K 3D									
b If the	e plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic	Codes	in the i	nstructior	ns:	
Dest										
Part V	/ Compliance Questions uring the plan year:					T				
	as there a failure to transmit to the plan any participant contributi	ions within t	he time period		Yes	No	N/A		Amount	
	scribed in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
	ogram)			10a		x				
	ere there any nonexempt transactions with any party-in-interest?			10h		х				
	ported on line 10a.)as the plan covered by a fidelity bond?			10b	x	A			500,0	000
	d the plan have a loss, whether or not reimbursed by the plan's f			100					300,0	
	fraud or dishonesty?		A TOWN THE STATE OF A STATE OF	10d		x				
	ere any fees or commissions paid to any brokers, agents, or other									
	rrier, insurance service, or other organization that provides some plan? (See instructions.)		AND HIS SELECTION OF SEMESTIC CONTROL OF THE CONTRO	10e	x				5,2	273
f Ha	as the plan failed to provide any benefit when due under the plan			10f		x				
2000	d the plan have any participant loans? (If "Yes," enter amount as			10g		x				
	his is an individual account plan, was there a blackout period? (iog		A		75026		
25	20.101-3.)			10h		x				
i If	10h was answered "Yes," check the box if you either provided th	e required r	notice or one of the							
. 1000	ceptions to providing the notice applied under 29 CFR 2520.101			10i				Description of the second		
J Di	d the plan trust incur unrelated business taxable income?	••••••	••••••	10j			x			
Part V	Pension Funding Compliance									
	this a defined benefit plan subject to minimum funding requirement	ents? (If "Ye	es," see instructions and	comp	lete S	Schedu	ule SB (Form		_
-	00) and line 11a below)				••••••		······	•••••	Yes X	No
	tter the unpaid minimum required contribution for current year fro				•••••		11a		T = =	
12 Is	this a defined contribution plan subject to the minimum funding r	equirement	s of section 412 of the C	ode o	r sect	ion 30	2 of ER	ISA?	Yes X	No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s granting the waiver.		enter the d	ate of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I	ine 13.		
b Enter the minimum required contribution for this plan year		12b	
c Enter the amount contributed by the employer to the plan for this plan year		12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	the left of a	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		\ \ \ \ \ \ \	es No N/A
Part VII Plan Terminations and Transfers of Assets			
Has a resolution to terminate the plan been adopted in any plan year?		X Yes	□ No
		13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or beneficiaries.	brought under the co		
of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ic which assets or liabilities were transferred. (See instructions.)	dentify the plan(s) to	î	
13c(1) Name of plan(s):	136	c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b Trus	t's EIN
14c Name of trustee or custodian		14d Trus	tee or custodian's
		CONTRACTOR TO SERVICE	one number
Part IX IRS Compliance Questions			
- ·			
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 deferral matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design based harbor methol	I safe
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current y testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 2(a)(2)(ii))?	1.401(m)-	☐ Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under	section 410(b):	Ratio Perce Test	ntage Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by 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/.
17b Date of the last plan amendment/restatement for the required tax law changes was adopted/	/Enter th	e applicable	e 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 p	lan that is subject to	a favorable	e IRS opinion or
advisory letter, enter the date of that favorable letter / / and the letter's seria 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, p determination letter / /	number. please enter the date	e of plan's la	ast favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Vi	i)(2) has been irgin Islands)?	☐ Yes	☐ No
19 Were in-service distributions made during the plan year?	•••••••••••	☐ Yes	□ No
If Yes, enter amount		19	
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of	of whether or	Yes	□ No □ N/
not retired) as required under section 401(a)(9)?			