For	m 5500-SF	Short Form Annu	•		oyee	(OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 ar		etirement		2015
Employee Be	partment of Labor enefits Security Administration nefit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections Revenue Code (the C	6057(b) and 6058(a) of the ode).	Internal		orm is Open to c Inspection
Part I		Complete all entries in Ientification Information		structions to the Form 5	500-SF.		
	ar plan year 2015 or fisca			and ending 1	2/31/2015		
A This ret	urn/report is for:	a single-employer plan		r plan (not multiemployer) employer information in ad	•	0	
B This retu	ırn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	ionths)		
C Check b	box if filing under:	_] Form 5558] special extension (enter desc	automatic extensio	n	_ D	FVC progra	am
Part II	Basic Plan Inforr	nation —enter all requested ir					
1a Name					1b Three plan r (PN) 1c Effect	number ▶	001 plan
2a Plan sr	oonsor's name (employe	r, if for a single-employer plan)				04/01	/2013 cation Number
Mailing	address (include room, town, state or province,	apt., suite no. and street, or P. country, and ZIP or foreign pos		nstructions)	(EIN)	20-35	11152 one number
						206-62	
542 1ST AVE SEATTLE, W	NUE SOUTH #200 A 98104					51910	,
3a Plan ad	dministrator's name and	address XSame as Plan Spor	sor.		3b Admir	nistrator's E	IN
					3c Admir	nistrator's te	lephone number
		lan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN		
name, a Sponso		per from the last return/report.			4c PN		
5a Total r	number of participants at	the beginning of the plan year.			5a		51
		the end of the plan year			5b		82
	· ·	count balances as of the end of		•	5c		82
d(1) Tota	al number of active partic	cipants at the beginning of the p	lan year		5d(1)		45
		cipants at the end of the plan ye rminated employment during th			5d(2)		74
than 1	100% vested	incomplete filing of this retur			5e	lished	3
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instru signed by an enrolled actuary,	ctions, I declare that I ha	ive examined this return/re	port, includin	g, if applica	
SIGN	Filed with authorized/va		07/05/2016	JAMES NIDA			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	inistrator
SIGN HERE	Signature of employe	pr/nlan snopsor	Date	Enter name of individ	lual signing o	s employer	or plan sponsor
Preparer's		ne, if applicable) and address (i			Preparer's		
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see th	ne instructions for Form 55	500-SF.			form 5500-SF (2015)

Form 5500-SF 2015		Page 2								
 6a 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 can C If the plan is a defined benefit plan, is it covered under the PBGC 	f an indeper / and conditi not use Fo i	dent qualified public a ons.) rm 5500-SF and must	ccounta	ant (IQ d use	PA) Form	5500.	X Yes	No No ed		
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year			
a Total plan assets	7a	555194				1529933				
b Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c	555194					1529933			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total			
 a Contributions received or receivable from: (1) Employers 	8a(1)		286	112						
(2) Participants	8a(2)		403	398						
(3) Others (including rollovers)	8a(3)		357	443						
b Other income (loss)	8b		-50	191						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						996762			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13	132						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f		8	891						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						22023			
Net income (loss) (subtract line 8h from line 8c)	8i						974739			
j Transfers to (from) the plan (see instructions)										
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pensio 2A 2E 2F 2G 2J 2K 3D	n feature co	des from the List of Pla	an Char	acteris	stic Co	odes in t	he instructions:			
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Plar	n Chara	cterist	ic Coc	les in th	e instructions:			
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Amount			
a Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х					
 b Were there any nonexempt transactions with any party-in-interer reported on line 10a.) 	st? (Do not i	nclude transactions	10a		х					
C Was the plan covered by a fidelity bond?			10c	Х			1000	000		
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	s fidelity bor	nd, that was caused	100	~	х		1000	000		
 Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther persons me or all of	s by an insurance the benefits under	10a		x					
f Has the plan failed to provide any benefit when due under the plan			10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount			10g		X					

h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	. 10h	x			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					
j	Did the plan trust incur unrelated business taxable income?	. 10j				
Part	VI Pension Funding Compliance					
	The shore of the s					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500) and line 11a below)				Ye	es 🗌 No
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions		 		Ye	es 🗌 No
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500) and line 11a below)	40	 	11a		es No

Form 5500-SF 2015

Page **3** - 1

					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	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			
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 							
	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)?		Design- based safe harbor method		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

For	m 5500-SF	Short Form Annu			oyee		OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury nal Revenue Service	This form is required to be file		d 4065 of the Employee R			2015	
Employee B	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974	Revenue Code (the Co	de).	This Form is Ope Public Inspection			
		Complete all entries in		structions to the Form 5	500-SF.		nande nietzen 🔹 nietze beste soner	
For calenda		t Identification Information	01/01/2015	and ending	1.2	/31/201	5	
		X a single-employer plan		plan (not multiemployer)				
A This ret	urn/report is for:	a one-participant plan		employer information in ac		-		
B This retu	ırn/report is	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)			
C Check	oox if filing under:	Form 5558	automatic extension	1		DFVC prog	gram	
		special extension (enter desc						
Part II		ormation—enter all requested in	formation					
1a Name RealSel		k) Retirement Plan				ee-digit n number I) ▶	001	
					1c Effe	ective date of		
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Em		ification Number	
City or		ce, country, and ZIP or foreign post		structions)		N) 20-35: onsor's telep	bhone number	
Realbe	, inc.				20	6-624-9	357	
542 ls	t Avenue Sout	th #200				9100	(see instructions)	
Seattl	e	WA 98104						
Ja Plan ad	dministrator's name a	nd address ⊠Same as Plan Spon	SOF.			ninistrator's ninistrator's	EIN telephone number	
4 If the r	ame and/or FIN of th	e plan sponsor has changed since	the last return/report filed	for this plan enter the	4b EIN			
name,	EIN, and the plan nu	mber from the last return/report.		for this plan, enter the				
a Sponso					4c PN 5a	1		
		at the beginning of the plan year			5a 5b		51	
		at the end of the plan year account balances as of the end of					82	
compl	ete this item)				5c		82	
		rticipants at the beginning of the pl			5d(1)		45	
e Numb	er of participants that	articipants at the end of the plan ye terminated employment during the	plan year with accrued b	enefits that were less	5d(2) 5e		74	
		or incomplete filing of this return				ablished	3	
Under pena SB or Sche	alties of perjury and of	her penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/rep	oort, includ	ling, if appli	cable, a Schedule y knowledge and	
SIGN	Attail	le	7/5/16	James Nida				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing	as plan ad	ministrator	
SIGN								
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing	as employe	er or plan sponsor	
Preparer's		name, if applicable) and address (ir		ber)		's telephone		
East Damas	wk Deduction Act Nati	ce and OMB Control Numbers see th		0.05			Form 5500-SE (2015)	

6a b c	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canne If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant (IQP/ ions.) rm 5500-SF and must instead use Fo	A) X Yes No Norm 5500.
	rt III Financial Information		-5-(,,	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	555,194	1,529,933
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	555,194	1,529,933
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	286,112	
	(2) Participants	8a(2)	403,398	
	(3) Others (including rollovers)	8a(3)	357,443	
b	Other income (loss)	8b	-50,191	

С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		996,762
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	13,132	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	8,891	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		22,023
i	Net income (loss) (subtract line 8h from line 8c)	8i		974,739
j	Transfers to (from) the plan (see instructions)	8j		

Part IV **Plan Characteristics**

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 3D

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
j	Did the plan trust incur unrelated business taxable income?	10j				
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)					Form
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40)			11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th	ne Cod	e or se	ction (302 of EF	RISA? Yes X No

		Form 5500-SF 2015 Page 3 -					
	(If "Ye	es," 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 ing the waiver		enter the Day_	e date of t	he letter ru Year	ıling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b	Enter	the minimum required contribution for this plan year		12b			
-		he amount contributed by the employer to the plan for this plan year		12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ive amount)		12d			
е	Will th	ne 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?			Yes	X No	
	lf "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	0			Yes X	No
С	lf duri	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi a assets or liabilities were transferred. (See instructions.)					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b ⊺	ſrusťs EIN	1	
4.4							
14C	Name	e of trustee or custodian		0.000	Trustee's telephone	or custodi number	an's
14c Part		e of trustee or custodian IRS Compliance Questions		0.000			an's
Part	t IX	IRS Compliance Questions		0.000	telephone	e number	an's
Part 15a	t IX Is the If "Yes			Pe De ba ha	telephone	number	P/ACP
Part 15a 15b	t IX Is the If "Yes match If the A testing	IRS Compliance Questions plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an	current year 401(m)-	Pe De ba ha mi	telephone s esign- ased safe arbor ethod s	e number	P/ACP
Part 15a 15b 15c 16a	t IX Is the If "Yes match If the A testing 2(a)(2 Check	IRS Compliance Questions plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4)(ii))?	current year 401(m)- ion 410(b):	Ye	telephone esign- ased safe arbor ethod es atio ercentage	e number	P/ACP
Part 15a 15b 15c 16a 16b	t IX Is the If "Yes match If the A testing 2(a)(2 Check	IRS Compliance Questions plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "co method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4)(ii))?	current year 401(m)- ion 410(b):	Ye	telephone esign- ased safe arbor ethod es atio ercentage st	e number	P/ACP t erage
Part 15a 15b 15c 16a 16b	t IX Is the If "Yes match If the A testing 2(a)(2 Check Does this pla	IRS Compliance Questions plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4)(ii))? the box to indicate the method used by the plan to satisfy the coverage requirements under sections the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com-	current year 401(m)- ion 410(b):	Ye ba ha mi Ye	telephone esign- ased safe arbor ethod es atio ercentage st	e number	P/ACP t erage
Part 15a 15b 15c 16a 16b 17a	t IX Is the If "Yes match If the A testing 2(a)(2 Check Does this pla Has th	IRS Compliance Questions plan a 401(k) plan?	current year 401(m)- ion 410(b):	<pre>Ye Peter Pete</pre>	telephone esign- ased safe arbor ethod s atio ercentage st es	e number	P/ACP t erage nefit test
Part 15a 15b 15c 16a 16b 17a 17b 17c	t IX Is the If "Yes match If the A testing 2(a)(2 Check Does this pla Has th Date t for tax If the p adviso	IRS Compliance Questions plan a 401(k) plan?	ion 410(b): bining 	Ye ba ha mo Ye Ra pe te: Ye Ye applicat	telephone s esign- ased safe arbor ethod s atio ercentage st s s ble code _ avorable IF 	e number	P/ACP t erage nefit test N/A instructions
Part 15a 15b 15c 16a 16b 17a 17b 17c 17d	t IX Is the If "Yes match If the A testing 2(a)(2 Check Does this pla Has th Date t for tax If the p adviso	IRS Compliance Questions plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4)(ii))? at the box to indicate the method used by the plan to satisfy the coverage requirements under sections an with any other plans under the permissive aggregation rules? the plan been timely amended for all required tax law changes? he last plan amendment/restatement for the required tax law changes was adopted [law changes and codes]. blan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan is an individually-designed plan and received a favorable determination letter from the IRS, e nination letter	current year 401(m)- ion 410(b): nbining Enter the an that is subject number enter the date of	Ye ba ha mo Ye Ra pe te: Ye Ye applicat	telephone s esign- ased safe arbor ethod s atio ercentage st s s ble code _ avorable IF 	e number	P/ACP t erage nefit test N/A instructions
Part 15a 15b 15c 16a 16b 17a 17b 17c 17d	t IX Is the If "Yes match If the A testing 2(a)(2 Check Does this pla Has th Date t for tax If the p adviso If the p determ Is the	IRS Compliance Questions plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(i)(i))? at the box to indicate the method used by the plan to satisfy the coverage requirements under sections an with any other plans under the permissive aggregation rules? the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com an with any other plans under the permissive aggregation rules? the last plan amendment/restatement for the required tax law changes was adopted (law changes and codes). blan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan on the letter's serial replan is an individually-designed plan and received a favorable determination letter from the IRS, e	current year 401(m)- ion 410(b): nbining Enter the an that is subject number enter the date of 2) has been	Ye ba ha mo Ye Ra pe te: Ye Ye applicat	telephone esign- ased safe arbor ethod as atio ercentage st es s ble code _ avorable IF n's last fav	e number	P/ACP t erage nefit test N/A instructions
Part 15a 15b 15c 16a 16b 17a 17b 17c 17d 18	t IX Is the If "Yes match If the A testing 2(a)(2 Check Does this pla Has th Date t for tax If the p adviso If the p the made)	IRS Compliance Questions plan a 401(k) plan? s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cog method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4)(ii))? the box to indicate the method used by the plan to satisfy the coverage requirements under sections an with any other plans under the permissive aggregation rules? the plan been timely amended for all required tax law changes? the last plan amendment/restatement for the required tax law changes was adopted taw changes and codes). plan satisfy end that favorable letter or y letter, enter the date of that favorable letter on individually-designed plan and received a favorable determination letter from the IRS, enination letter olan is an individually-designed plan and received a favorable determination letter from the IRS, enination letter	current year 401(m)- ion 410(b): nbining Enter the an that is subject number enter the date of the been n Islands)?	Ye De baa ma ma Te Pe Pe Pe Te Pe tes tes to a fa	telephone esign- ased safe arbor ethod es atio ercentage st es ble code _ avorable IF n's last fav	e number	P/ACP t erage nefit test N/A instructions
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