For	m 5500-SF	Short Form Annu	al Return/Repo Benefit Pla	•	oyee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file		-	etirement		2015
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to ic Inspection
	nefit Guaranty Corporation	Complete all entries in a		nstructions to the Form 5	500-SF.		
For calenda	Annual Report IC ar plan year 2015 or fisca	lentification Information al plan year beginning 01/01/2		and ending 1	2/31/2015		
	urn/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers check	-	
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	ionths)		
C Check b	box if filing under:	Form 5558 special extension (enter descr	automatic extensio	on	DI	FVC progr	am
Part II	Basic Plan Inform	<b>nation</b> —enter all requested int					
<b>1a</b> Name of THE MERZ					1bThree- plan n (PN)1cEffecti	umber ve date of	
		r, if for a single-employer plan) apt., suite no. and street, or P.C	). Box)		2b Emplo (EIN)	yer Identifi	/2002 cation Number 89740
	town, state or province, GENCY, INC.	country, and ZIP or foreign post	al code (if foreign, see i	nstructions)	, ,		one number 3-1264
3055 - 112TH	I AVE NE				2d Busine	ess code (s	ee instructions)
SUITE 102 BELLEVUE, \	WA 98004					5242	10
<b>3a</b> Plan ad	dministrator's name and	address XSame as Plan Spons	sor.		3b Admin 3c Admin		IN elephone number
		lan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN		
name, <b>a</b> Sponso	<i>i</i> 1	per from the last return/report.			4c PN		
5a Total n	number of participants at	the beginning of the plan year			5a		6
		the end of the plan year			5b		5
		count balances as of the end of		-	5c		5
<b>d(1)</b> Tota	al number of active partic	cipants at the beginning of the pl	an year		5d(1)		6
		cipants at the end of the plan yea			5d(2)		4
than 1	00% vested	rminated employment during the	•		5e		0
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, a	ctions, I declare that I have a second se	ave examined this return/re	port, including	g, if applica	
SIGN	Filed with authorized/va		08/04/2016	ROBERT D. MERZ			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing as	s plan adm	inistrator
SIGN HERE	Signature of employe	n/nlan snonsor	Date	Entor name of individ			or plan spansor
Preparer's r	Signature of employed name (including firm nar	ne, if applicable) and address (ir		Enter name of individ mber )	Preparer's t		
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)

			0					
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)					X Yes No
	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	ccounta	ant (IQ	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann		,					X Yes No
с	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
	rt III Financial Information		<b>.</b>		,		L	
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
a	Total plan assets	7a	( <i>,</i> <b></b>	1410				1405388
· · · ·	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		1410	725			1405388
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
а	Contributions received or receivable from:				000			
	(1) Employers	8a(1)			326	_		
	(2) Participants	8a(2)		13	205			
<u> </u>	(3) Others (including rollovers)	8a(3)			0	_		
b	Other income (loss)	8b		-19	799			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		-2268
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3	087			
	Certain deemed and/or corrective distributions (see instructions)	8e			0			
	Administrative service providers (salaries, fees, commissions)	8f			0			
					-18			
<u> </u>	Other expenses	8g			-10			3069
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-		-5337
<u>-</u>	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i				-		-0001
,		8j						
	rt IV Plan Characteristics	f						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	reature co	Daes from the List of Pla	an Cha	racteris	Stic Co	des in t	ine instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Plar	n Chara	acterist	ic Coo	les in th	e instructions:
Par					1	1	1	
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)			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest			4.01		х		
	reported on line 10a.)			10b		~		
				10c	Х			150000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	x			4297
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 year e	ənd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	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 require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Dar	VI Pension Funding Compliance			,	1	1	1	

I al		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes No
11a	a 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 the Code or section 302 of ERISA?	Yes X 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

E	orm 5500-SF	Short Form Ann	al Defume/Dene		1	OMB Nos. 1210-0110
D	epartment of the Treasury	Short Form Annu	Benefit Plan			1210-0089
-	nternal Revenue Service Department of Labor	This form is required to be file Income Security Act of 1974	ed under sections 104 an 4 (ERISA), and sections 6	d 4065 of the Employee 057(b) and 6058(a) of th	Retirement ne Internal	2015
	ee Benefits Security Administration	<ul> <li>Complete all entries in</li> </ul>	Revenue Code (the Co	de).		This Form is Open to Public Inspection
Part	Annual Report	dentification Information		structions to the rollin	5500-5F.	
	ndar plan year 2015 or fis		01/01/2015	and ending	12/	31/2015
		X a single-employer plan	a multiple-employer	plan (not multiemployer		king this box must attach a
A This	return/report is for:	a one-participant plan	list of participating of a foreign plan	employer information in	accordance w	ith the form instructions)
<b>B</b> This r	eturn/report is	the first return/report	the final return/repor	t		
		an amended return/report		urn/report (less than 12 i	months)	
C Chec	k box if filing under:	X Form 5558	automatic extension			
	-	special extension (enter desci				FVC program
Part II	Basic Plan Infor	mation—enter all requested int	1 /			
	e of plan	onter an requested in			1b Three	diait
	ERZ AGENCY, INC.	401(K) PLAN			plan r	number 001
					(PN) 1c Effect	ive date of plan
						01/2002
Maili	ng address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta	. Box)			oyer Identification Number 91-1189740
	MERZ AGENCY, INC		al code (il foreign, see ins	tructions)		sor's telephone number
						453-1264
3055 SUITE	- 112th Ave NE 102				20 Busine 5242	ess code (see instructions) 10
BELLE	VUE	WA 98004				
3a Plan	administrator's name and	address XSame as Plan Spons	or.		3b Admin	istrator's EIN
					3C Admin	istrator's telephone number
4 16.0						
4 If the name	name and/or EIN of the p e, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	he last return/report filed	or this plan, enter the	4b EIN	
	sor's name				4c PN	
5a Total	number of participants at	the beginning of the plan year			5a	6
		the end of the plan year			5b	5
C Numb	per of participants with acc	count balances as of the end of th	e plan vear (defined ben	efit plans do not	5c	F
		pants at the beginning of the pla			5d(1)	5
		ipants at the end of the plan year			5d(2)	6
e Numi	ber of participants that ter	minated employment during the p	lan year with accrued be	nefits that were less		4
than Caution: /	100% vested	neemplete filing of this actions (			5e	0
Under pen SB or Sche	alties of perjury and other edule MB completed and s	ncomplete filing of this return/n penalties set forth in the instructi signed by an enrolled actuary, as	ons. I declare that I have	examined this return/rer	ort including	if applicable a Schedule
belief, it is	true, correct, and complet	e				
SIGN	120 W	my	8-07-16	Robert D. Merz		
	Signature of plan adm	inistrator	Date	Enter name of individu		plan administrator
SIGN HERE	Kolor W		8-04-16	Robert D. Merz	2	
	Signature of employer	/plan sponsor	Date	Enter name of individu	al signing as	employer or plan sponsor
Preparer's	name (including firm name	e, if applicable) and address (incl	ude room or suite numbe	r)		lephone number
				F	1914 (S. 1894)	
For Panerwo	ork Reduction Act Notice an	d OMB Control Numbers see the in	activations for Form FFOO		and the second second	

Ο.

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6	Were all of the plan's assets during the plan year invested in eligi	ble assets? (	See instructions.)						X	Yes 🗌 No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an independ	ent qualified publi	c accou	intant (	IQPA)			X	res 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan can	not use Forn	n 5500-SF and m	ust inst	ead us	se For	m 5500			
C	If the plan is a defined benefit plan, is it covered under the PBGC i								Not de	termined
	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginn	ing of V	0.05	T		(b) End		
a	Total plan assets	. 7a	(a) beginn		10,7	25		(D) End	of Year	
	Total plan liabilities	. 7b		1,1	10,7	23			1,	405,388
	Net plan assets (subtract line 7b from line 7a)	. 7c		1 4	10,7	25		199.0	1	405,388
8	Income, Expenses, and Transfers for this Plan Year		(a) Am		10,7	23				405,560
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Am	ount	4,3	26		(d)	Total	A. Sector
_	(2) Participants	8a(2)			13,2	05				C. P. Sale
	(3) Others (including rollovers)	8a(3)			,	0				
b	Other income (loss)	8b		-	19,7	99		1999		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		219318						2 200
	Benefits paid (including direct rollovers and insurance premiums					-	1020754	4.60 A.		-2,268
	to provide benefits)	8d			3,08	37				
e	Certain deemed and/or corrective distributions (see instructions)	8e				0				
f	Administrative service providers (salaries, fees, commissions)	8f				0				
g	Other expenses	8g			- 1	8				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								3,069
i	Net income (loss) (subtract line 8h from line 8c)	8i								-5,337
j	Transfers to (from) the plan (see instructions)	8j				100				and and
B	2E       2F       2G       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare fe         t V       Compliance Questions	ature codes f	from the List of Pla	an Char	acteris	tic Coo	des in th	e instructio	ons:	
10		· · · · · · · · · · · · · · · · · · ·								
a	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fiduc	ciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inclu	ide transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	х					150,000
d	by fraud or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of the b	penefits under	10e	x					4,297
f	Has the plan failed to provide any benefit when due under the plan?					x				
q				10f						
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X		No. of Concession, Name		
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h		Х				
	exceptions to providing the notice applied under 29 CFR 2520.101-	3		10i						
1	Did the plan trust incur unrelated business taxable income?			10j						
Part										
	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)						ile SB (I	Form	Yes	No
	Enter the unpaid minimum required contribution for all years from So						11a			
12	Is this a defined contribution plan subject to the minimum funding re	quirements o	f section 412 of th	e Code	or sec	tion 30	02 of EF	RISA?	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, see instructions and	enter the	e date of	the letter	ruling
	granting the waiver	Day		Year	
	<b>b</b> Enter the minimum required contribution for this plan year	12b			
		12c			
-	<ul> <li>c Enter the amount contributed by the employer to the plan for this plan year</li> <li>d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a</li> </ul>	•			
	negative amount)	12d			
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
	rt VII Plan Terminations and Transfers of Assets				
1;	3a Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X	No
	C 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 transferred. (See instructions.)	)			
	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)
Pa	rt VIII Trust Information				
	a Name of trust				
140	a Name of trust	<b>14b</b> Tr	ust's EIN	1	
14	C Name of trustee or custodian			or custod number	ian's
Pa	rt IX IRS Compliance Questions				
15	a Is the plan a 401(k) plan?	Yes		No	
15	b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer	_ Des			
	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	base harb	ed safe por	ADI tes	P/ACP t
150	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? <b>c</b> 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))?	base	ed safe por		
16a	<ul> <li>matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>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))?</li> <li>a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):</li> </ul>	base harb meti Yes	ed safe oor hod	tes	
16a	<ul> <li>matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>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))?</li> </ul>	base harb metil Yes	ed safe bor hod	tes	erage
16a 16k 17a	<ul> <li>matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>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))?</li> <li>Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):</li> <li>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?</li> <li>Has the plan been timely amended for all required tax law changes?</li></ul>	base harb metal Yes     Ratin perc test     Yes     Yes	ed safe bor hod o entage	tes No Ave ber No No No	t erage hefit test
16a 16b 17a 17b	<ul> <li>matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>C 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))?</li> <li>a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):</li> <li>b 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?</li> <li>b Date the last plan amendment/restatement for the required tax law changes was adopted</li></ul>	base harb harb harb harb harb harb harb harb	ed safe bor hod o entage code	tes No No No No No No (See in	t befit test
16a 16b 17a 17b	<ul> <li>matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>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))?</li> <li>a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):</li> <li>b 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?</li> <li>b Date the last plan amendment/restatement for the required tax law changes was adopted</li></ul>	base harb harb harb harb harb harb harb harb	ed safe bor hod o entage code	tes No No No No No No (See in	t befit test
16a 16b 17a 17b 17c	<ul> <li>matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>C 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))?</li> <li>a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):</li> <li>b 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?</li> <li>b Date the last plan amendment/restatement for the required tax law changes was adopted</li></ul>	base harb harb harb harb harb harb harb harb	ed safe bor hod entage code rable IRS	tes No No No No No Sopinion	t befit test
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16a 16k 17a 17k 17c 17d	<ul> <li>matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li></ul>	base harb harb harb harb harb harb harb harb	ed safe bor hod entage code rable IRS	tes  No  No  No  No  No  No  No  No  No  N	t befit test