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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calenda	ar plan year 2015 or fi	iscal plan year beginning 01/01/20)15	and ending 12/	31/2015	
A This ret	urn/report is for:	X a single-employer plan		lan (not multiemployer) (_	
		a one-participant plan	a foreign plan	. ,		,
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	nths)	
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC pro	gram
		special extension (enter descrip	,			
Part II		ormation—enter all requested info	ormation			1
1a Name					1b Three-digit	
EMERGENO	CY ASSOC. OF YAKII	MA, PLLC 401(K) PLAN			plan number (PN) ▶	001
				-	1c Effective date	
						01/2007
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	,		2b Employer Identification (EIN) 91-	tification Number 1894157
	town, state or province Y ASSOCIATES OF Y	ce, country, and ZIP or foreign postal YAKIMA, PLLC	I code (if foreign, see instr	ructions)	2c Sponsor's tele	phone number 653-2469
					2d Business code	
NACHES, W	NACHES HWY A 98937				622	2000
3a Plan a	dministrator's name a	nd address XSame as Plan Sponso	or.		3b Administrator's	EIN
					3c Administrator's	telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since the	he last return/report filed for	or this plan, enter the	4b EIN	
name, a Spons	•	mber from the last return/report.			4c PN	
		s at the beginning of the plan year			5a	22
b Total r	number of participants	s at the end of the plan year			5b	22
	er of participants with ete this item)	account balances as of the end of the	ne plan year (defined bene	efit plans do not	5c	22
d(1) Tota	al number of active pa	articipants at the beginning of the pla	n year		5d(1)	19
		articipants at the end of the plan year		_	5d(2)	17
		t terminated employment during the p		nefits that were less	5e	0
		or incomplete filing of this return/				
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete				
SIGN		/valid electronic signature.	08/29/2016	JOAN KNIGHT		
HERE	Signature of plan a	administrator	Date	Enter name of individua	al signing as plan ad	Iministrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individua	al signing as employ	er or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address (inc	clude room or suite numbe	er)	Preparer's telephone	e number

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 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			X Yes 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 determined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning					(b) End o	
a Total plan assets	7a		7209	184				7531697
b Total plan liabilities	7b		7000	1101				1500
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A	7209	1104			(b) T	7530197
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	otai
(1) Employers	8a(1)		541	740				
(2) Participants	8a(2)		287	'348				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-292	2562				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							536526
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		175	608				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g		39	905				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							215513
i Net income (loss) (subtract line 8h from line 8c)	8i							321013
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
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 the	instruction	ons:
10 During the plan year:				Yes	No	N/A		Amount
a Was there a failure to transmit to the plan any participant contribu 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?								50000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	X				500000
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 som 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		Χ			
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.	ne required	notice or one of the	10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			,	I	<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		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of EF	RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	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		a 11 0
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

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).

204E

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	t Guaranty Corporation	Complete all entries in	accordance with the i	nstructions to the Form	5500-SF.	Pub	lic Inspection		
Part I A	Innual Report	Identification Information	1		3300 0.1				
For calendar p	lan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/	/31/201	5		
A This return	/report is for:	X a single-employer plan	a multiple-employ	er plan (not multiemployer	oyer) (Filers checking this box must attact in accordance with the form instructions				
		a one-participant plan	a foreign plan	g employer information in a	accordance w	ith the forn	n instructions)		
B This return/	report is	the first return/report	the final return/repo						
C Chook how	if films and an	an amended return/report	a short plan year re	eturn/report (less than 12 i	months)				
C Check box	ii iiing under:	Form 5558 special extension (enter description)	automatic extension	on		OFVC prog	ram		
Part II B	asic Plan Info	rmation—enter all requested in							
1a Name of p	lan	mation—enter all requested in	formation						
EMERGENCY	ASSOC. OF	YAKIMA, PLLC 401(K)	PLAN		1b Three plan (PN)	number	001		
0					1c Effec	tive date of	plan		
Mailing add	dress (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C	. Box)		2b Emplo	oyer Identif 91-189	ication Number		
Emergeng	II, state or province	e, country, and ZIP or foreign posta es Of Yakima, PLLC	al code (if foreign, see in	nstructions)			none number		
Emergenc	y Associate	es OI Yakima, PLLC			509	-653-24	69		
11810 Ol	d Naches Hw	У			2d Busin 6220	ess code (s 000	see instructions)		
Naches		WA 98937							
Sa Pian admin	listrator's name an	d address XSame as Plan Spons	or.		3b Admir	nistrator's E	IN		
name, cm	, and the plan num	plan sponsor has changed since to the sponsor has changed since to the last return/report.	he last return/report file	d for this plan, enter the	4b EIN				
a Sponsor's r					4c PN				
5a Total numb	er of participants a	at the beginning of the plan year			5a		22		
b Total numb	er of participants a	at the end of the plan year	***************************************		5b		22		
C Number of	participants with a	ccount balances as of the end of the	ne plan year (defined he	enefit plane do not	5c		22		
d(1) Total nur	mber of active part	icipants at the beginning of the pla	n year		5d(1)		19		
d(2) Total nur	mber of active part	icipants at the end of the plan year	۲		5d(2)		17		
e Number of than 100%	participants that to vested	erminated employment during the p	olan year with accrued t	penefits that were less	5e				
Caution: A pen	aity for the late of	r incomplete filing of this return/	report will be accessed	d unlana rananahla	ise is establi	ished.	0		
SB or Schedule	or perjury and other	is penalties set forth in the instruct	ions I declare that I have	10 avaminad this return /	and the termination		ole, a Schedule nowledge and		
SIGN HERE	Jan	KAN	8/29/20	Joan Knight					
SIGN	nature of plan ad	ministrator /	Date	Enter name of individu	ual signing as	plan admir	nistrator		
HERE	nature of employ	er/nlan enoneor	Dete						
Preparer's name	(including firm nar	me, if applicable) and address (inc	Date	Enter name of individu	ual signing as	employer	or plan sponsor		
		, , , , , , , , , , , , , , , , , , , ,	isas room of suite from	i de la companya de l	Preparer's te	elephone no	umber		

	Form 5500-SF 2015		Page 2								
6a b	Were all of the plan's assets during the plan year invested in eligii 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	an independe	ent qualified public	accour	tant (I	QPA)		₩ Vaa	ш		
С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance prog	ram (see ERISA s	ection	4021)?		∏ Yes	∏No ∏ Not determ	mined		
	rt III Financial Information								mileu		
7	Plan Assets and Liabilities		(a) Beginnir	a of Ye	ar	\top		(b) End of Year			
a	Total plan assets	. 7a	, , ,		9,1	34		7,53	1.69		
<u>b</u>	Total plan liabilities	. 7b							1,50		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		7,20	9,18	34	7,530,1				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from: (1) Employers	82/1)	541,740		10	Alefo essential de la constant					
	(2) Participants	8a(1) 8a(2)				-					
	(3) Others (including rollovers)	8a(3)		26	7,34	8					
b	Other income (loss)	8b		-20	2,56	:2					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		- 23	2,30	,2					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	175,608			8	536,52				
е	Certain deemed and/or corrective distributions (see instructions)	8e									
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f				1					
g	Other expenses	8g		3	9,90	5					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					215,51				
 	Net income (loss) (subtract line 8h from line 8c)	8i **		£ .				321	1,013		
	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j									
Pari	If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature codes f	rom the List of Pla	n Chara	acterist	ic Cod	les in th	e instructions:			
10	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fiduc	time period								
b	More there and persons the second sec		iary Correction	400		х		Amount			
		(Do not inclu	iary Correction	10a				Amount			
	reported on line 10a.)	Do not inclu	de transactions	10a 10b		х		Amount			
С	reported on line 10a.) Was the plan covered by a fidelity bond?	P (Do not inclu	ide transactions		х				0,00		
d	reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	P (Do not inclu	de transactions that was caused	10b					0,00		
d	reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	idelity bond, t	de transactions that was caused an insurance	10b 10c 10d		Х			0,00		
d e	reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	O (Do not inclusive persons by e or all of the l	de transactions that was caused an insurance penefits under	10b 10c 10d		x x			0,00		
d e	reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	P (Do not included) idelity bond, the persons by the or all of the terms.	de transactions that was caused an insurance penefits under	10b 10c 10d 10e 10f		x x x			0,00		
d e f g	reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (See Instructions and Instructions and Instructions and Instructions are plant to the plant have any participant loans? (If "Yes," enter amount as If this is an individual account plant, was there a blackout period? (See Instructions and Instructions and Instructions are plant to the	of year end.)	that was caused an insurance penefits under	10b 10c 10d 10e 10f 10g		x x			0,00		
d e f g	reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pland the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	of year end.)	that was caused an insurance penefits under	10b 10c 10d 10e 10f 10g		x x x x			0,00		
d e f g	reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	of year end.) See instruction	that was caused an insurance penefits under as and 29 CFR	10b 10c 10d 10e 10f 10g 10h		x x x x			0,00		
d e f g h	reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income?	of year end.) See instruction	that was caused an insurance penefits under as and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x			0,00		
d e f g h i	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income? VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	P (Do not included) Provided it is presented by the persons by the	an insurance penefits under	10b 10c 10d 10e 10f 10g 10h 10i 10j	X Plate 6	X X X X X X		50	0,00		
d e f g h i j Part 11	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Did the plan trust incur unrelated business taxable income?	of year end.) See instruction erequired not	hat was caused an insurance penefits under	10b 10c 10d 10e 10f 10g 10h 10i 10j	X plete S	X X X X X X Checked		50	0,00		

	Form 5500-SF 2015 Page 3 -					
(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a Ifav	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir ting the waiver.	estructions, and		L e date of		ruling
If you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	Day		Year_	
	the minimum required contribution for this plan year		12b			
	the amount contributed by the employer to the plan for this plan year		12c			
a Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)	loft of a	12d			
e Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?		\vdash	Yes	No	□ N/A
Part VII	Plan Terminations and Transfers of Assets			103	140	IN/A
13a Has	resolution to terminate the plan been adopted in any plan year?			Пу	- Fel N -	
If "Ye	s," enter the amount of any plan assets that reverted to the employer this year		42-	те	s X No	
b Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan as beau	mhá cua al a a th	13a			
- 01 111	PBGC?ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident				Yes X	No
WITICI	n assets or liabilities were transferred. (See instructions.) Name of plan(s):					
130(1)	name of plants).	13c(2)	EIN(s)		13c(3)	PN(s)
				1		
		2				
Part VIII	Trust Information					
14a Name			4.41			
			14b Ti	ust's EIN	ļ	
14c Name	of trustee or custodian		14d 7	rustee's	or custodi	an's
			Į(elephone	number	
Part IX	IRS Compliance Questions					
15a is the	plan a 401(k) plan?		Yes		No	
15b If "Yes matchi	" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and no contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	bas har		ADF test	
15c If the A	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu	irrent year	met	hod	П.,	
testing	method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))?	01/m)	☐ 1es		∐No	
	the box to indicate the method used by the plan to satisfy the coverage requirements under section		Rati		☐ Ave	erage
		2003	test	entage		efit test
triis pia	ne plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combon with any other plans under the permissive aggregation rules?		Yes		No	
	plan been timely amended for all required tax law changes?		Yes		No	N/A
for tax			□ .00			
4-	e last plan amendment/restatement for the required tax law changes was adopted aw changes and codes).		pplicable		(See ir	
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