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.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information						
For calend	dar plan year 2015 or	fiscal plan year beginning 01/01/20		-	2/31/2015			
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a				
71		a one-participant plan	a foreign plan	, ,,		,		
B This ret	turn/report is	the first return/report	the final return/repor					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC	orogram		
Dort II	Pasis Dlan Inf	special extension (enter descri	. ,					
Part II	_	ormation—enter all requested info	ormation		1h Thron digit			
1a Name		PROFIT SHARING PLAN			1b Three-digit plan number			
					(PN) •	001		
					1c Effective da	of plan 01/01/1999		
Mailin	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.		otw.otiona)	' '	lentification Number 65-0844916		
	H. JOYCE, D.O., P.A.	nce, country, and ZIP or foreign posta	ii code (ii foreigh, see in	structions)		elephone number 41-766-0750		
05000 01 1/4	ADIA AVENUE OUT	F 500			2d Business co	ode (see instructions)		
	MPIA AVENUE, SUIT RDA, FL 33950	E 500				621111		
3a Plan a	administrator's name	and address XSame as Plan Spons	or.		3b Administrate	or's EIN		
					3c Administrate	or's telephone number		
4 If the	name and/or EIN of t	he plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN			
	e, EIN, and the plan n sor's name	umber from the last return/report.			4c PN			
		ts at the beginning of the plan year			5a	8		
_		s at the end of the plan year			5b	9		
		n account balances as of the end of the		enefit plans do not	5c	9		
	,	articipants at the beginning of the pla			5d(1)	8		
d(2) To	tal number of active p	participants at the end of the plan yea	r		5d(2)	9		
than	100% vested	at terminated employment during the			5e	0		
		or incomplete filing of this return						
SB or Sch		other penalties set forth in the instruction and signed by an enrolled actuary, as notete						
SIGN		d/valid electronic signature.	08/30/2016	DOUGLAS JOYCE				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	administrator		
SIGN								
HERE		loyer/plan sponsor	Date		ividual signing as employer or plan sponsor			
Preparer's JAY WUN	, -	name, if applicable) and address (inc	clude room or suite num	ber)	Preparer's teleph	one number 1-766-8686		

JAY WUNDER CPA 17801 MURDOCK CIRCLE SUITE C PORT CHARLOTTE, FL 33948

	Form 5500-SF 2015		Page 2								
b	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 cann	an indepe and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Yes	
C I	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	N	lot dete	rmined
Par	t III Financial Information	1	•								
7	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of		
	Total plan assets	. 7a		1024	050					1084	666
	Total plan liabilities	. 7b		4004	1050					4004	000
	Net plan assets (subtract line 7b from line 7a)	. 7c		1024	1050					1084	666
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	unt				(k) Tot	al	
	(1) Employers	. 8a(1)		75	526						
((2) Participants	. 8a(2)									
	(3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	. 8b		-14	910						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								60	616
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i								60	616
j	Transfers to (from) the plan (see instructions)	· 8j									
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the ins	tructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uction	ns:	
					20101101						
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		F	mount	
а	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 F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X						103000
d	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 some	her person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e		X					
-				10f							
<u>g</u>	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.)			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			10i							
j	Did the plan trust incur unrelated business taxable income?	_ _ _		10j		Χ					
Part	VI Pension Funding Compliance			•		•					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X 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	requirem	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA	·	Ye	s 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 brought under the of the PBGC?						Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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2015

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OMB Nos. 1210-0110

1210-0089

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

Part I		Identification Information				
For calenda	ar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/3	31/2015
A This ret	urn/report is for:	a single-employer plan a one-participant plan				ing this box must attach a n the form instructions)
		□ a and bandbank ban	a loreign plan			
B This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 r	months)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DF	FVC program
Part II	Pacia Plan Infe	special extension (enter description)—enter all requested in				
1a Name		ormation—enter all requested in	ormation		1b Three-	digit
	total Indicated	P.A. PROFIT SHARING	PLAN		plan n	umber
					2000 0000 0000	ve date of plan 1/1999
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O				ver Identification Number 65-0844916
	H. JOYCE, D.	e, country, and ZIP or foreign post	al code (it foreign, see instr	uctions)		or's telephone number) 766-0750
25002 0	TAMBLE AMENITE	CUITE FOO			2d Busine 6211	ess code (see instructions)
	LYMPIA AVENUE	., SULLE SUU				
3a Plan a		nd address 🏿 Same as Plan Spons		33950	3b Admini	strator's EIN
		_				
					20 1-1	-444 4-14
					3c Admini	strator's telephone number
					3c Admini	strator's telephone number
					3c Admini	strator's telephone number
4 If the r	name and/or FIN of th	e nlan snonsor has channed since	the last return/report filed fo	ur this plan, enter the		strator's telephone number
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed fo	r this plan, enter the	3c Admini 4b EIN	strator's telephone number
	EIN, and the plan nu		the last return/report filed fo	r this plan, enter the	4b EIN 4c PN	
name, a Sponso	EIN, and the plan nu or's name				4b EIN 4c PN 5a	8
name, a Sponso 5a Total r	EIN, and the plan nu or's name number of participants	imber from the last return/report.			4b EIN 4c PN 5a	
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan nu or's name number of participants number of participants er of participants with	at the beginning of the plan year	the plan year (defined bene	fit plans do not	4b EIN 4c PN 5a 5b 5c	8
name, a Sponso 5a Total r b Total r c Number complete	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined bene	fit plans do not	4b EIN 4c PN 5a 5b 5c	8 9 9
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name, a Sponsor 5a Total r c Number completed (1) Total e Number than Caution: A Under pena SB or Schebelief, it is in SIGN HERE	EIN, and the plan number's name number of participants are of participants with ete this item)	at the beginning of the plan year	the plan year (defined bene an year	fit plans do not nefits that were less unless reasonable ca examined this return/resion of this return/report DOUGLAS JOYCE	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estable eport, including rt, and to the beautiful and the beautiful	8 9 9 8 9 0 ished. g, if applicable, a Schedule pest of my knowledge and
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name, a Sponsor 5a Total r b Total r c Numbe completed d(1) Total r d(2) Total r e Numbe than r Caution: A Under pena SB or Sche belief, it is standard HERE SIGN HERE Preparer's r JAY WUN JAY WUN	EIN, and the plan number's name number of participants number of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan year terminated employment during the or incomplete filling of this return ther penalties set forth in the instruct and signed by an enrolled actuary, a plete. administrator over/plan sponsor name, if applicable) and address (in	the plan year (defined bene an year	fit plans do not lefits that were less unless reasonable ca examined this return/report bouglas joyce Enter name of individed the pouglas joyce in t	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is estable eport, including rt, and to the beautiful and the beautiful	8 9 9 8 9 0 ished. g, if applicable, a Schedule elect of my knowledge and set of my knowledge and my knowledge and my knowledge and my knowledge and m

For	m 5500-SF 2015		Page 2							
b Are you cl under 29 (If you ans	of the plan's assets during the plan year invested in eliging a waiver of the annual examination and report of CFR 2520.104-46? (See instructions on waiver eligibility wered "No" to either line 6a or line 6b, the plan can	f an indeper and condit not use Fo	ndent qualified public ations.)	account t instea	ant (IQ	PA) Form	5500.		X Yes	No
	is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA se	ection 4	021)?	····· L	Yes	No [Not deterr	mined
	nancial Information as and Liabilities		(a) Baninnina	t V .				(b) Food	-4 V"	
	assets	7a	(a) Beginning	1,02		0		(b) End		84,666
-	liabilities	7b							<u> </u>	
	ssets (subtract line 7b from line 7a)			1,02	4,05	0			1,08	84,666
8 Income, E	xpenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) To		
	ons received or receivable from:		, ,		E E O					
	yers	` '		- /	5,52	ь				
- ` '	pants	8a(2)								
	me (loss)			1	4,91	0				
-	ne (add lines 8a(1), 8a(2), 8a(3), and 8b)				-, J -					60,61
	aid (including direct rollovers and insurance premiums	00								
	benefits)	8d								
	emed and/or corrective distributions (see instructions)									
f Administra	tive service providers (salaries, fees, commissions)									
<u> </u>	enses									
	nses (add lines 8d, 8e, 8f, and 8g)									60,61
	e (loss) (subtract line 8h from line 8c)									30,616
_	Plan Characteristics	·· 8j								
B If the plan	provides pension benefits, enter the applicable pension E 3D provides welfare benefits, enter the applicable welfare mpliance Questions									
	e plan year:				Yes	No	N/A		Amount	
a Was ther describe	e a failure to transmit to the plan any participant contribed in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary F	iduciary Correction	10a		Х				
	re any nonexempt transactions with any party-in-interes			10b		Х				
	on line 10a.)plan covered by a fidelity bond?						Y			00.00
	lan have a loss, whether or not reimbursed by the plan			10c	X					03,00
	or dishonesty?			10d		Χ				
carrier, ir	y fees or commissions paid to any brokers, agents, or o surance service, or other organization that provides so (See instructions.)	me or all of	the benefits under	10e		X				
	plan failed to provide any benefit when due under the pl			10f		Х				
	lan have any participant loans? (If "Yes," enter amount			10g		Х				
h If this is a	an individual account plan, was there a blackout period? -3.)	? (See instru	uctions and 29 CFR	10g		Х				
i If 10h wa	s answered "Yes," check the box if you either provided as to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10ii						
	lan trust incur unrelated business taxable income?			10j		Х				
	nsion Funding Compliance			j	<u> </u>	1 **	ı			
11 Is this a c	lefined benefit plan subject to minimum funding requirer								Yes	X No
	unpaid minimum required contribution for all years from						11a			
12 Is this a	defined contribution plan subject to the minimum fundin	g requireme	ents of section 412 of t	he Cod	e or se	ection (302 of E	RISA?	Yes	X No

	F	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 ins ng the waiver		enter th Dav	ne date o	of the letter rul Year	ing
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Бау			
b	Enter t	he minimum required contribution for this plan year		12b			
С	Enter t	he 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			
		ive amount)			l Vaa	ПлоП	N/A
e Part		re minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
		Plan Terminations and Transfers of Assets			П∨	es X No	
130		resolution to terminate the plan been adopted in any plan year?s," enter the amount of any plan assets that reverted to the employer this year		13a	<u></u>	es 🛭 140	
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough					
		PBGC?				Yes X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)	fy the plan(s) to	ı			
	13c(1) l	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)
Part	t VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
140	Name	of trustee or custodian		14d	Trustee	e's or custodia	an's
					telepho	ne number	
		T					
Par	rt IX	IRS Compliance Questions					
15a	a Is the	plan a 401(k) plan?			es	No	
15h	n If "Voc					□.,,	
131		"how does the 401/k) plan eatisfy the pendisorimination requirements for employee deforrals an	d omployer		esign-		/ACP
		," how does the $401(k)$ plan satisfy the nondiscrimination requirements for employee deferrals and ing contributions (as applicable) under sections $401(k)(3)$ and $401(m)(2)$?	' '	b h	ased saf arbor		/ACP
150	match	ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	ased saf arbor nethod	e ADP	//ACP
150	match If the A testing	ADP/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	urrent year 401(m)-	b h	ased saf arbor	e ADP	//ACP
	match If the A testing 2(a)(2	ADP/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 1.40(ii))?	urrent year 401(m)-	☐ b h	ased saf arbor nethod es	ie ADP test	
	match If the A testing 2(a)(2	ADP/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	urrent year 401(m)-	b h n Y	ased saf arbor nethod es	e ADP test	rage efit test
16a	match If the Attesting 2(a)(2) Check Does	ADP/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 1.40(ii))?	urrent year l01(m)- on 410(b):	b h	ased saf arbor nethod es	e ADP test	rage
16a	match If the Atesting 2(a)(2) Check Does this place	ADP/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 1.40(ii))? the box to indicate the method used by the plan to satisfy the coverage requirements under sections at the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by compared to the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by compared to the plan satisfy the coverage and nondiscriminat	urrent year 401(m)- on 410(b):	bh h	ased saf arbor nethod es Ratio ercentagest	e ADP test No Ave ben	rage
16a	match If the A testing 2(a)(2 Check Does this plane Has th	ADP/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 1.40(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 compan with any other plans under the permissive aggregation rules? the last plan amendment/restatement for the required tax law changes was adopted the last plan amendment/restatement for the required tax law changes was adopted	urrent year l01(m)- on 410(b):	hhnn Y	ased safiarbor nethod es Ratio ercentagest es	re ADP test No Ave ben	rage efit test
16a 16b 17a 17	match If the A testing 2(a)(2 Check Does this place A Has the for tax If the p	ADP/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))? the box to indicate the method used by the plan to satisfy the coverage requirements under section 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 law changes and codes). blan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plans.	urrent year 101(m)- on 410(b): abining Enter the ap	bh hn n	ased safiarbor nethod es Ratio ercentagest es es e code _	re ADF test No ge Ave ben No No (See inst	rage efit test N/A ructions
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