For	m 5500-SF	Short Form Annu	al Return/Repo Benefit Pla	•	OMB Nos. 1210-011 1210-008				
	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 c Inspection		
	nefit Guaranty Corporation	Complete all entries in a	accordance with the i	nstructions to the Form 5	500-SF.				
For calenda	ar plan year 2015 or fisca	Ientification Information al plan year beginning 01/01/2	015	and ending 1	2/31/2015				
	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employ	er plan (not multiemployer) I employer information in ac		-			
B This retu	ırn/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558 special extension (enter descr	automatic extension	on	DI	FVC progr	am		
Part II	Basic Plan Inforr	nation —enter all requested inf							
1a Name					1bThree- plan n (PN)1cEffection	umber ve date of			
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C			2b Emplo (EIN)	yer Identifi	/2011 cation Number 649318		
City or FINN LAW G		country, and ZIP or foreign posta	al code (if foreign, see i	nstructions)	2c Spons		one number 4-0700		
	AVE STE 104				2d Busine	ess code (s	ee instructions)		
LARGO, FL 3	33773-5119					5411	10		
3a Plan ad	dministrator's name and	address XSame as Plan Spons	sor.		3b Admin 3c Admin		IN elephone number		
	EIN, and the plan numb	blan sponsor has changed since ber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN 4c PN				
		the beginning of the plan year					16		
		the end of the plan year			5b		16		
C Numbe	er of participants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c		16		
d(1) Tota	al number of active partic	cipants at the beginning of the pla	an year		5d(1)		13		
		cipants at the end of the plan yea			5d(2)		14		
than '	100% vested	rminated employment during the incomplete filing of this return	•		5e	ichod	0		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, a	ctions, I declare that I h	ave examined this return/re	port, including	g, if applica			
SIGN	Filed with authorized/va	lid electronic signature.	09/14/2016	MICHAEL FINN					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing as	s plan adm	inistrator		
SIGN HERE	Signature of employe	ar/nlan sponsor	Date	Enter name of individ	ual signing as	s employe	or plan sponsor		
Preparer's		ne, if applicable) and address (in			Preparer's t				
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the	e instructions for Form 5	500-SF.			Form 5500-SF (2015)		

	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	an indepei and condit	ndent qualified public a ions.)	ccounta	ant (IQ	PA)		
	If you answered "No" to either line 6a or line 6b, the plan cann						-	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ction 40	021)?		Yes	No Not determined
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	7a		338	426			489714
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c		338	426			489714
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)			454			
	(2) Participants	8a(2)		102	630			
	(3) Others (including rollovers)	8a(3)			0			
b	ner income (loss)				701			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						153383
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1	895			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f			200			
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2095
i	Net income (loss) (subtract line 8h from line 8c)	8i						151288
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics		I					
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Chai	racteris	stic Co	des in	the instructions:
	2A 2E 2F 2J 2K 2R 3D							
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Plar	n Chara	cterist	ic Coc	les in th	ne instructions:
Par	V Compliance Questions					1		1
10	During the plan year:				Yes	No	N/A	Amount
а	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 F	iduciary Correction	10a		x		
b								
	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?	Nas the plan covered by a fidelity bond?			X			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
e	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		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			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			10i				
j	Did the plan trust incur unrelated business taxable income?			10j			х	
Dart	VI Pension Funding Compliance			-,				1

Part	VI Pension Funding Compliance
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)
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 the Code or section 302 of ERISA?

Form 5500-SF 2015

Page **3** - 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?					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 🗙 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							
D		e PBGC?				Yes 🗙	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th 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 Trust's EIN					
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?						ADP/ACP test		
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			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	Ratio percentage test			Average benefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory 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		Υe	S	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Y€	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A		

	$\left(\begin{array}{c} \\ \end{array} \right)$								
Form 5500-SF	Short Form Annua	l Return/Rep	ort of Small Employ	/ee	OMB Nos, 1210-0110				
Department of the Treasury Internal Revenue Service	This form is required to b	Benefit Pla a filed under section	IN s 104 and 4065 of the Employe		1210-0089 2015				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Relirement Income Security the li	Act of 1974 (ERISA) Internal Revenue Coo	, and section 8057(b) and 6058	B(a) of This	Form is Open to Public Inspection				
Careli Annual Report I or calendar plan year 2015 or fise	dentification Information								
	a single-employer plan a one-participant plan the first return/report an amended return/report	a mullipie-emp a list of particip a foreign plan the final return/	loyer plan (not mulllemployer) (ating employer information in a	iccordance with	this box must attach				
Check box if filing under:	x Form 5558 special extension (enter desc	automatic exter			program				
Ratul Basic Plan Infor	mation enter all requested	<u> </u>	<u> </u>						
a Name of plan Finn Law Group, P.A				1b Three-dig plan num (PN) ► 1c Effective	001				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. Box)					2b Employer Identification Number (EIN) 45-2549318				
Finn Law Group, P.A	e, country, and ZIP or foreign pos	tal code (il toreign, s	ee instructions)	2c Sponsor's telephone number (727) 214-0700					
7431 114th Avenue Suite 104					code (see instructions)				
US Largo FL 33773 a Plan administrator's name an	d address 🗶 Same as Plan Sp	onsor Name		3b Administr	alor's EIN				
				3c Administr	alor's telephone number				
name, EIN, and the plan num	plan sponsor has changed since ber from the last return/report.	the last return/repor	t filed for this plan, enter the	4b EIN					
 a Sponsor's name a Total number of participants a 	at the beginning of the plan year	*****		4C PN 5a	16				
Total number of participants a	at the end of the plan year	194499488488488888888888888888888888888	*****	5b	16				
	ccount balances as of the end of			5C	16				
	clpants at the beginning of the pl			5d(1)	13				
I(2) Total number of active parti	cipants at the end of the plan yea	31	********	5d(2)	14				
	rminated employment during the			5e	0				
Caution: A penalty for the late of Inder penaliles of perjury and oil SB or Schedule MB completed ar	ner penallies set forth in the instru nd signed, by an enrolled actuary,	uctions, I declare that	I have examined this return/re	port, including, i	f applicable, a Schedule				
cellief, it is true correct, and com		· · · ·	Michael	0 0	FLATA)				
Stored Marca V	nistrator	Date	Enter name of Individua						
SIGNA HERE Signature of employer/	plan sponsor	Date	Enter name of Individua	I signing as em	ployer or plan sponsor				
Preparer's name (Including firm n	ame, if applicable) and address;	include room or suile	number	Preparer's tele	ohone number				
For Paperwork Reduction Act N	office and OMB Control Number	rs, see the instruct	ions for Form 5500-95		Form 5500-SF (2015)				
					v.150123				

Form 5500-SF 2016		Page 2		_					
6a Were all of the plan's assets during the plan year invested in eligi	hie assels?	(See instructions)							
b Are you claiming a waiver of the annual examination and report of	i an indepen	dent qualified public acc	ounia	int (IC			********	X Yes	_INo
under 29 CFR 2520.104-46? (See instructions on walver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and condili		*******					X Yes	No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rooram (see ERISA sect	ion 4	u use 02117	rorm	1 8500. . 🗍 Ye	е Пл	lo 🗍 Not deti	bronin o di
Partille Financial Information				<i>52 17:</i>					ermined
7 Plan Assets and Llabilities		(a) Regioning			- <u></u>				
a Total plan assets		(a) Beginning (_			_	(0) En	d of Year	
b Total plan liabilities		3	38,	926 0				489,7	14
C Net plan assets (subtract line 7b from line 7a)			38,						0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	····· ··· ·	920			(h)	489,7: Total	14
a Contributions received or receivable from:							(~)		
(1) Employers			57,4						
(2) Participants		1	02,0	530					
b Other income (loss)	<u>Ba(3)</u> <u>8b</u>	,	c 77	0					C T
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			6,7(ノエ)					
d Benefits pald (including direct rollovers and Insurance premiums			- 1					153,3	93 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100
to provide benefits)			1,8	395	_				
Certain deemed and/or corrective distributions (see instructions) .				0		Av 1 51	(* 17 (k)		
f Administrative service providers (salarles, fees, commissions)	<u></u>		2	200		02.5			
g Other expenses			******	0		16,22	200 (1997) 200 (1997) 200 (1997)		
h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net Income (loss) (subtract line 8h from line 8c)						·····		2,09	
J Transfers to (from) the plan (see instructions)					义		n university	151,28	38 6887-0963
Partive Plan Characteristics	., 8j	<u> </u>		.			- 1 . D		
		- /							
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2X 2R 3D	reature cool	es from the List of Plan (Inara	clerisi	lic Co	des in (he instru	clions:	
b If the plan provides welfare benefits, enter the applicable welfare fe	ature code:	s from the List of Plan Ch	araci	eristic		es in the	a instruct	lione	
					_		5 HIGH 401		
Ran V. Compliance Questions									
0 During the plan year:				Yes	No	NA		Amount	
a Was there a failure to transmit to the plan any participant contribution of the plan any participant contributicant contributicant contribution of the plan	utions within	the time period						_	
described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			40-						
b Were there any nonexempt transactions with any party-in-interes			<u>10a</u>		X				
reported on line 10a.)			10b		x				
C Was the plan covered by a fidelity bond?	*****	***************************************	10c	x				50	,000
d Did the plan have a loss, whether or not reimbursed by the plants by fraud or dishonesty?			10d		x				
e Were any fees or commissions paid to any brokers, agents, or of	her persons	by an insurance							
carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t								
		he benefits under	100		v				
f Has the plan failed to provide any benefit when due under the pla		he benefits under	10e 10f		x x		· · ·		
\mathbf{f} . Has the plan failed to provide any benefit when due under the pla	in?	he benefits under	10f		X				
 f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	in? as of year er (See instruc	he benefits under	10f 10g		x				
 f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a 	in? as of year er (See instruc he required	he benefits under hd.) clions and 29 CFR notice or one of the	10f		X				
 f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the plan and the plan an	as of year er (See Instruct he required 1-3	he benefits under nd.) clions and 29 CFR notice or one of the	10f 10g 10h 10l		x				
 f Has the plan failed to provide any benefit when due under the planet g Did the plan have any participant loans? (If "Yes," enter amount a h tf this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 j Did the plan trust incur unrelated business taxable income? 	as of year er (See Instruct he required 1-3	he benefits under nd.) clions and 29 CFR notice or one of the	10f 10g 10h		x	X			
 f Has the plan failed to provide any benefit when due under the planet of the plan have any participant loans? (If "Yes," enter amount a first this is an individual account plan, was there a blackout period? 2520.101-3.) 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 j Did the plan trust incur unrelated business taxable income? Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	n? as of year er (See Instruct he required 1-3	he benefits under hd.) clions and 29 CFR notice or one of the fes," see instructions and	10f 10g 10h 10]	plete	X X X	iule SB	(Form		
 f Has the plan failed to provide any benefit when due under the planet of the plan have any participant loans? (If "Yes," enter amount a high this is an individual account plan, was there a blackout period? 2520.101-3.) 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 j Did the plan trust incur unrelated business taxable income? attavits Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	n? as of year er (See Instruc he required 1-3 nents? (If "Y	he benefits under ad.) clions and 29 CFR notice or one of the "es," see instructions and	10f 10g 10h 10j 10j	******	x x Sched	fule SB	(Form	. □ Yes 🗵	
 f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 j Did the plan trust incur unrelated business taxable income? Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	n? as of year er (See instruct he required 1-3 nents? (If "Y rom Schedu	he benefits under nd.) clions and 29 CFR notice or one of the fes," see Instructions and le-SB (Form 5500) line 4	10f 10g 10h 10l 10j	******	X X X Sched	lule SB			

Form 5500-SF 2015 Page 3-	<u></u>			
(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 instruction granting the waiver.				
Wenin	Day	r ine date d	of the letter 'ear	ruling
If you completed 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			
c Enter the amount contributed by the employer to the plan for this plan year	12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?] Yes	No [] N/
artivilia Plan Terminations and Transfers of Assets	<u></u>			IN/.
3a Has a resolution to terminate the plan been adopted in any plan year?		Yes X		
If "Yes," enter the amount of any plan assets that reverted to the employer this year			<u></u>	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde of the PBGC?	r the control	<u> </u>	Yes	
C if during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See Instructions.)	in(s) lo			<u> </u>
13c(1) Name of plan(s):	13c(2) Ell	V(s)	13c(3)	PN(s)
			1	
art VIII Trust Information (optional)				
4a Name of trust	14h	Trust's EIN	4	
	1.40	110313 CII	v	
4c Name of trustee or custodian	444	Terrelation	custodian'	
		ephone nu		S
IRS Compliance Questions	<u>.</u>			
5a is the plan a 401(k) plan:	🖸 Y	es	No No	
5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	er ba	esign- ased safe arbor elhod	ADP// test	ACP
5c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year				<u> </u>
lesting method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))?	L_] Ye	es	No No	
		ercentage	Average Benefi	
6a Check line box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b)		est		
6b 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?	🗆 Ye			
6b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining	🗆 Ye		No	
 6b 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? 7a Has the Plan been timely amended for all required law changes? 7b Date of the last plan amendment/restatement for the required lax law changes was adoptedEn instructions for tax law changes and codes). 	er the applic	able code	(See	
 6b 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? 7a Has the Plan been timely amended for all required law changes? 7b Date of the last plan amendment/restatement for the required lax law changes was adopted //	In the applic	able code prable IRS	(See	
 6b 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? 7a Has the Plan been timely amended for all required law changes? 7b Date of the last plan amendment/restatement for the required lax law changes was adopted ///	e date of pla	able code prable IRS	(See	
 6b 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? 7a Has the Plan been timely amended for all required law changes? 7b Date of the last plan amendment/restatement for the required lax law changes was adopted En Instructions for tax law changes and codes). 7c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is sub advisory letter. enter the date of that favorable letter	e date of pla	able code orable IRS n's last fav	(See	
 6b 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? 7a Has the Plan been timely amended for all required law changes? 7b Date of the last plan amendment/restatement for the required lax law changes was adopted En instructions for tax law changes and codes). 7c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is sub advisory letter. enter the date of that favorable letter	e date of pla	es able code prable IRS n's last fav	opinion or	
 6b 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? 7a Has the Plan been timely amended for all required law changes? 7b Date of the last plan amendment/restatement for the required lax law changes was adopted En instructions for tax law changes and codes). 7c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is sub advisory letter and the letter's serial number. 7d If the plan is an individually-designed plan and recleved a favorable determination letter from IRS, please enter the determination letter / 8 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 	e date of pla	es able code prable IRS n's last fav	(See opinion or vorable	

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