| Forr | n 5500-SF | Short Form Annu | al Return/Repo Benefit Pla | | oyee | | OMB Nos. 1210-0110 1210-0089 |
|----------------------------|---|---|---|---|--|---------------|---------------------------------|
| | nent of the Treasury Il Revenue Service | This form is required to be file | | - | etirement | | 2015 |
| Employee Ben | artment of Labor efits Security Administration | Income Security Act of 1974 | | 6057(b) and 6058(a) of the | | | orm is Open to ic Inspection |
| | efit Guaranty Corporation | Complete all entries in | | nstructions to the Form 5 | 500-SF. | | |
| For calendar | plan year 2015 or fisca | lentification Information al plan year beginning 01/01/2 | | and ending | 5/09/2016 | | |
| _ | rn/report is for: | a single-employer plan a one-participant plan | a multiple-employe | er plan (not multiemployer) employer information in ac | (Filers check | - | |
| B This retur | n/report is | the first return/report an amended return/report | \times the final return/repo \times a short plan year re | ort eturn/report (less than 12 m | onths) | | |
| C Check bo | ox if filing under: | Form 5558 special extension (enter desc | automatic extensio | n | | FVC progr | am |
| Part II | Basic Plan Inforr | nation—enter all requested in | | | | | |
| 1a Name o | | | | | 1b Three plan n (PN) 1c Effection | umber ▶ | 001 plan |
| | | r, if for a single-employer plan) apt., suite no. and street, or P.C | D. Box) | | 2b Emplo (EIN) | yer Identif | cation Number |
| | own, state or province, DFFICE, PLLC | country, and ZIP or foreign post | al code (if foreign, see i | nstructions) | | | none number 22-3900 |
| 469 EAST BR | OADWAY | | | | 2d Busine | ess code (s | see instructions) |
| | RG, KY 40108 | | | | | 5411 | 10 |
| 3a Plan adı | ministrator's name and | address XSame as Plan Spon | sor. | | 3b Admin 3c Admin | | IN elephone number |
| 4 If the na | ma and/or FINI of the r | lan sponsor has changed since | the last return/report fil | d for this plan, ontor the | 4b EIN | | |
| | EIN, and the plan numb | per from the last return/report. | | | 40 EIN 4c PN | | |
| | | the beginning of the plan year | | | 5a | | 4 |
| b Total nu | umber of participants at | the end of the plan year | | | 5b | | 0 |
| | | count balances as of the end of | | • | 5c | | 0 |
| d(1) Total | number of active partic | cipants at the beginning of the p | an year | | 5d(1) | | 0 |
| | | cipants at the end of the plan ye rminated employment during the | | | 5d(2) | | 0 |
| than 10 | 00% vested | incomplete filing of this return | | | 5e | ichod | 0 |
| Under penal SB or Sched | ties of perjury and othe | r penalties set forth in the instru signed by an enrolled actuary, a | ctions, I declare that I ha | ave examined this return/re | port, including | g, if applica | |
| SIGN | | lid electronic signature. | 09/23/2016 | ALEC G. STONE | | | |
| | Signature of plan adr | ninistrator | Date | Enter name of individ | ual signing a | s plan adm | inistrator |
| SIGN HERE | Signature of employe | er/nlan sponsor | Date | Enter name of individ | ual signing a | s emplove | r or plan sponsor |
| | | ne, if applicable) and address (in | | | Preparer's t | | |
| For Paperwor | k Reduction Act Notice | and OMB Control Numbers, see th | 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 | | · · · · · · | | | | | Yes No |
|------|--|--------------|---------------------------|---------|----------|---------|-----------|-------------------|
| | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann | and condit | ions.) | | | | | Yes 🗌 No |
| | If the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | | No Not determined |
| Par | | · | 5 (| | , | | 1 | |
| | Plan Assets and Liabilities | | (a) Beginning | of Yea | ar | | | (b) End of Year |
| | Total plan assets | 7a | | | 625 | | | 0 |
| | Total plan liabilities | 7b | | | 0 | | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 37 | 625 | | | 0 |
| _ | Income, Expenses, and Transfers for this Plan Year | | (a) Amou | Int | | | | (b) Total |
| | Contributions received or receivable from: (1) Employers | 8a(1) | | | 410 | | | |
| | (2) Participants | 8a(2) | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | |
| b | Other income (loss) | 8b | | | 254 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 2664 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 39 | 719 | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | 570 | | | |
| g | Other expenses | 8g | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 40289 |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | _ | | -37625 |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| Par | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$ | feature co | odes from the List of Pla | an Cha | racteris | stic Co | odes in | the instructions: |
| В | If the plan provides welfare benefits, enter the applicable welfare for | eature coo | les from the List of Pla | n Chara | acterist | ic Coo | des in th | ne instructions: |
| Part | V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | Amount |
| а | Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | /oluntary F | iduciary Correction | 10a | | х | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | • | | 10b | | Х | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | х | | | 75000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | х | | |
| 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 | | |
| 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.) | (See instru | uctions and 29 CFR | 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 | he require | d notice or one of the | 10i | | | | |
| j | Did the plan trust incur unrelated business taxable income? | | | 10j | | | | |
| Part | VI Pension Funding Compliance | | | J | 1 | | 1 | I |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | onts? (If " | Vas " see instructions : | and cor | nnlete | Scher | lulo SB | (Form |

| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schero 5500) and line 11a below) | lule SB | (Form | Yes | X No |
|-----|---|----------|-------|-----|------|
| 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 E | RISA? | Yes | X No |

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| - | | | | | Т | | |
|------|--------|--|--------------------|-----------------|---|---------------------------|-----------------------|
| | | Yes," 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 r Year | uling |
| lf | you c | 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 | | | |
| С | Enter | the amount contributed by the employer to the plan for this plan year | | 12c | | | |
| d | | tract 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? | | | X Y | es No | |
| | | es," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | 0 |
| h | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou | | | | | 0 |
| D | | e PBGC? | | | | X 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.) | ify the plan(s) to | I | | | |
| 1 | 13c(1) | Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) | PN(s) |
| | | | | | | | |
| Dert | 1/111 | Truck Information | | | | | |
| Part | | Trust Information | | 116 | T | 15.1 | |
| 14a | Name | e of trust | | 140 | Trust's E | IN | |
| 14c | Nam | ne of trustee or custodian | | 14d | | 's or custoo ne number | lian's |
| Par | t IX | IRS Compliance Questions | | 1 | | | |
| 15a | Is th | e plan a 401(k) plan? | | Y | es | No | |
| 15b | | es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | | Design- ased safe arbor nethod | e AD | PP/ACP st |
| 15c | testir | ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))? | | Υ | es | No | |
| 16a | Chec | sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect | ion 410(b): | Цp | Ratio ercentag est | | verage enefit test |
| 16b | | s 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 | ΓY | es | No | |
| 17a | Hast | 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//// | • | | | | structions |
| 17c | | plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r | | t to a f | avorable | IRS opinio | n or |
| 17d | | plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/ | nter the date of | the pla | an's last f | 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 | | ∏ Y€ | es | No | |
| 19 | Were | in-service distributions made during the plan year? | | Y | es | No | |
| | lf "Ye | 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 |

| Form 5500-SF Sh | ort Form Annual Re | turn/Report enefit Plan | of Small Employ | /ee | | OMB Nos. 1210-0110 1210-0089 |
|---|--|--|------------------------------|-----------|----------------------------------|---------------------------------|
| Internal Revenue Service | This form is required to be filed | | | | | 2015 |
| Employee Benefits Security Administration | tirement Income Security Act of the Internal | 1974 (ERISA), and Revenue Code (the | | (a) of | | is Open to Public |
| | Complete all entries in accord | ance with the instr | uctions to the Form 550 | 0-SF. | ••• | |
| Part I Annual Report Identil For calendar plan year 2015 or fiscal plan | | 01/01/2016 | and ending | 05 | /09/2016 | |
| | | | plan (not multiemployer) (| | | x must attach |
| A This return/report is for: | ne-participant plan | | employer information in a | | | |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | • | urn/report (less than 12 m | onths) | | |
| | m 5558 🗌 a | utomotio outonoion | | | 0000 | |
| | cial extension (enter description) | automatic extension | | L | DFVC progra | m |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| 1a Name of plan | on enter all requested inform | hation | · · · · · · · · · · · · | 1h 1 | hree-digit | |
| Stone Law Office 401(k) | Plan | | | 4 F | ian number | |
| •••• | | | | | PN) Effective date of | 001 [nlan |
| • • • • • • • • • • • • • • • • • • • | | | | | 5/01/2013 | - pan |
| 2a Plan sponsor's name (employer, if for Mailing Address (include room, apt., s City or town, state or province, countr | suite no. and street or P.O. Box) | e (if foreign, see ins | tructione) | | Employer Identi EIN) 26–371 | fication Number 72252 |
| Stone Law Office, PLLC | y, and zir or loreign postar cou | e (in foreigh), see ma | | | Sponsor's telept | |
| | | | | | 270) 422-3 | |
| 469 East Broadway | | | | | usiness code (41110 | see instructions) |
| US Brandenburg KY 40108 | | | | | | |
| 3a Plan administrator's name and addres | ss 🗶 Same as Plan Sponsor I | Name | | 3b A | dministrator's I | EIN |
| | | | | 3c A | dministrator's t | elephone number |
| 4 If the name and/or EIN of the plan spo | onsor has changed since the las | l return/report filed f | or this plan, enter the | 4b E | IN | ····· |
| name, EIN, and the plan number from | | | | | | |
| a Sponsor's name | · · · · · · · · · · · · · · · · · · · | | | 4c P | <u>'N</u> | |
| 5a Total number of participants at the be- | | | | <u>5a</u> | | 4 |
| b Total number of participants at the en c Number of participants with account b | | | | 5b | | 0 |
| complete this item) | | ************************ | | 5c | | 0 |
| d(1) Total number of active participants a | at the beginning of the plan year | ********************** | ***** | 5d(1 |) | 0 |
| d(2) Total number of active participants a | | | | 5d(2 |) | 0 |
| e Number of participants that terminated less than 100% vested | d employment during the plan ye | | | 5e | | 0 |
| Caution: A penalty for the late or incom | | · · · · · | | eo ie os | tablished | _ |
| Under penalties of perjury and other penal | • | | | | | ible, a Schedule |
| SB or Schedule MB completed and signed belief, it is true, compet, and complete. | by an enrolled actuary, as well | as the electronic ve | rsion of this return/report, | and to | the best of my | knowledge and |
| SIGN ULL D. O | tone | 9-23-16 | Alec G. ST | me | | |
| HERE Signature of plan administrato | r | Date | Enter name of individua | | | istrator |
| SIGN | | · · · · · · · · · · · · · · · · · · · | | | • | |
| HERE Signature of employer/plan spo | onsor | Date | Enter name of individua | Isigning | as employer o | r plan sponsor |
| Preparer's name (including firm name, if a | pplicable) and address; include | room or suite numb | | | er's telephone r | |
| | | | | | | |
| | | | | | | |
| | | | | | New York and Arrists and Arrists | |
| | | | | | | |
| For Paperwork Reduction Act Notice an | d OMB Control Numbers, see | the instructions for | pr Form 5500-SF. | er et el | Fo | orm 5500-SF (2015) |

| | Form 5500-SF 2015 | | Page 2 | | | - | | | |
|----------------|--|------------|---------------------------------------|--------|-----------|--|--|----------------|---------------------------------------|
| | Were all of the plan's assets during the plan year invested in eligible | assets? (| See instructions) | | | | | | XYes No |
| | Are you claiming a waiver of the annual examination and report of a | | | | | | | | |
| | | | | | | | | | XYes No |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either line 6a or line 6b, the plan canno | | | | | | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC ins | surance pr | ogram (see ERISA sectio | on 40 | 21)? | ••••• | 🗌 Ye | s 🗌 No | Not determined |
| P | rt III Financial Information | | WARMAN AL | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning c | of Yea | ar | | MPL 11 - U | (b) End | of Year |
| a | Total plan assets | 7a | · · · · · · · · · · · · · · · · · · · | 37,0 | 525 | | | | 0 |
| b | Total plan liabilities | 7b | | | 0 | | | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 37, | 525 | | | | 0 |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | | (b) T | otal |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 2,4 | 110 | | | | |
| | (2) Participants | 8a(2) | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | ··· | 2 | 254 | -939-524 -939-524 -939-524 -939-524 | 5. (C.) | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 2,664 |
| | Benefits paid (including direct rollovers and insurance premiums | 0.1 | | 20 7 | | 1 | | | |
| | to provide benefits) | 8d | | 39,7 | 19 | | | | |
| - | Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) | 80 8f | | | 570 | | | | |
| | Other expenses | | | | | | | e agazati sere | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8g 8h | | | | | | - | 40,289 |
| | Net income (loss) (subtract line 8h from line 8c) | 81 | | | | | | | (37,625) |
| - | Transfers to (from) the plan (see instructions) | 81 | | | | | | | (|
| Contraction of | rt IV Plan Characteristics | | L | | | inclusion. | din porei aco | | |
| | If the plan provides pension benefits, enter the applicable pension features of the second se | ature code | es from the List of Plan Cł | narac | teristic | : Code | es in th | e instructio | ons: |
| | 2E 2F 2G 2J 2T 3D | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare feat | lure codes | from the List of Plan Cha | aracte | eristic (| Codes | s in the | instruction | 15' |
| | | | | | | | | | |
| Pa | rt V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | Amount |
| a | Was there a failure to transmit to the plan any participant contributi | | • | | | | | | |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's Vol | • | • | | | | THE REAL | | |
| | Program) | | | 10a | | X | | | |
| b | Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) | | | 10b | ļ | x | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | | | Contraction of the second seco | | 75,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fi | | | | | | | | |
| | by fraud or dishonesly? | - | | 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.) | | | 10e | | х | | | |
| f | Has the plan failed to provide any benefit when due under the plan | ? | | 10f | | x | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount as | | | | | | | | |
| <u> </u> | If this is an individual account plan, was there a blackout period? (S | | | 10g | | x | | | |
| 11 | 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 2520.101- | e required | notice or one of the | 10i | | | | | |
| j | Did the plan trust incur unrelated business taxable income? | | | 10j | | | | | · · · · · · · · · · · · · · · · · · · |
| Par | t VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) | | | | | | | | Yes X No |
| A A - | Enter the unpaid minimum required contribution for current year fro. | m Schedu | le SB (Form 5500) line 4(| n | | | 11a | | |
| 311 | Enter the unbaid manificant required contribution for content year no. | in ouledu | | ••• | | | | | |

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| Form | 5500-SF 2015 | Page 3- | | | | | |
|---|--|--|--|------------|--|--|-----------------------|
| a if a waiv | complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) ver of the minimum funding standard for a prior year is being amortized in t | this plan year, se | ee instructions, an | d enter ti | ie date of | the letter i | ruling |
| granting the | e waiver. leted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500 | | Month | Day | | ear | |
| | | | | 4.0% | 1 | | |
| | e minimum required contribution for this plan year | | | | | | |
| | a amount contributed by the employer to the plan for this plan year | | | 12c | | | |
| | the amount in line 12c from the amount in line 12b. Enter the result (enter a mount) | | | 12d | | | |
| e Will the m | ninimum funding amount reported on line 12d be met by the funding deadli | line? | | [|] Yes [| No [| _] и |
| Part VII F | Plan Terminations and Transfers of Assets | | | | | | |
| 13a Hasares | solution to terminate the plan been adopted in any plan year? | | | XY | ′es □ì | ٥V | |
| lf "Yes," e | enter the amount of any plan assets that reverted to the employer this year | ۰ | | 13a | | | |
| of the PB | the plan assets distributed to participants or beneficiaries, transferred to ar IGC? | | - | | | X Yes | |
| | this plan year, any assets or liabilities were transferred from this plan to an sets or liabilities were transferred. (See instructions.) | nother plan(s), id | entify the plan(s) t | 0 | | | |
| 13c(1) Nam | ne of plan(s): | | 1: | Bc(2) EIN | (s) | 13c(3) | PN(s |
| | · · · · | | | | | | |
| Part VIII | Frust Information | | | | | <u> </u> | |
| 4a Name of Iru | | | | 14h T | rust's EIN | 1 | |
| | | | | ואדו | Tuata Cin | • | |
| | | | | | | | |
| 14c Name of Ir | rustee or custodian | | ····· | | | custodian | 's |
| 14C Name of Ir | rustee or custodian | | ······ | | Frustee or | | 's |
| | rustee or custodian RS Compliance Questions | | | | | | 's |
| Part IX IF | | | | | phone nu | | 's |
| Part IX IF 15a is the plan | RS Compliance Questions n a 401(k) plan: | | | tele | phone nu s s | mber | |
| Part IX IF 15a is the plan 15b if "Yes," ho | RS Compliance Questions | nployee deferrals | s and employer | tele | phone nu | mber | |
| Part IX IF 15a Is the plan 15b If "Yes," he matching c 15c If ADP/AC | RS Compliance Questions a 401(k) plan: ow does the 401(k) plan satisfy the nondiscrimination requirements for em- contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? P test, did the 401(k) plan perform ADP/ACP testing for the plan year using | nployee deferrals | and employer | tele | phone nu es esign- sed safe rbor ethod | mber | |
| Part IX IF 15a Is the plan 15b If "Yes," he matching c 15c If ADP/AC testing met | RS Compliance Questions a 401(k) plan: ow does the 401(k) plan satisfy the nondiscrimination requirements for em- contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | nployee deferrals ng the "current ye .)-2(a)(2)(ii) and 1 | and employer ear 1.401(m)- | tele | phone nu es esign- sed safe rbor ethod | Mber | |
| Part IX IF 15a Is the plan 15b If "Yes," he matching c 15c If ADP/ACI testing met 2(a)(2)(ii))? | RS Compliance Questions a 401(k) plan: ow does the 401(k) plan satisfy the nondiscrimination requirements for em- contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? P test, did the 401(k) plan perform ADP/ACP testing for the plan year using thod" for nonhighly compensated employees (Treas. Reg. section 1.401(k) | nployee deferrals ng the "current ye .)-2(a)(2)(ii) and f | and employer ear 1.401(m)- | tele | phone num es esign- sed safe rbor ethod es tito rcentage | Mber | /ACP |
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