## 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| Part I            |                                       | Identification Information  |                              |   |                                  |                                |
|-------------------|---------------------------------------|---|------------------------------|---|----------------------------------|--------------------------------|
| For calend        | dar plan year 2015 or fi              | iscal plan year beginning 01/01/2   | <u>2015</u>                  | and ending 12   | 2/31/2015                        |                                |
| A This re         | eturn/report is for:                  | x a single-employer plan  |                              | plan (not multiemployer)<br>mployer information in ac |                                  |                                |
|                   |                                       | a one-participant plan  | a foreign plan               |   |                                  |                                |
| <b>B</b> This ret | turn/report is                        | the first return/report   | the final return/report      |   |                                  |                                |
|                   |                                       | an amended return/report  | a short plan year retu       | ırn/report (less than 12 m                            | onths)                           |                                |
| C Check           | box if filing under:                  | Form 5558   | automatic extension          |   | ☐ DFVC p                         | program                        |
| D 4 II            | Deede Bleecher                        | special extension (enter desc   |                              |   |                                  |                                |
| Part II           |                                       | ormation—enter all requested in   | formation                    |   | T 41                             |                                |
| 1a Name           | •                                     | C 401K PROFIT SHARING PLAN  |                              |   | <b>1b</b> Three-digit plan numbe | r                              |
| LINOLOND          | a beomooned, i ee                     | S 40 IICI ROTTI OTTARINO I EMI  |                              |   | (PN) ▶                           | 001                            |
|                   |                                       |   |                              |   | 1c Effective da                  | te of plan<br>09/01/1985       |
|                   |                                       | oyer, if for a single-employer plan)  |                              |   |                                  | entification Number            |
|                   |                                       | om, apt., suite no. and street, or P.C<br>ce, country, and ZIP or foreign post            |                              | tructions)  | (=::-)                           | 26-1104075                     |
|                   | & DESROCHES, PLLC                     |   |                              | ·   |                                  | elephone number<br>09-326-8170 |
| CO17 NODT         | H CEDAR ROAD, SUI                     | TE 201  |                              |   | 2d Business co                   | de (see instructions)          |
|                   | WA 99208-4277                         | TL 201  |                              |   |                                  | 521210                         |
| 3a Plan a         | administrator's name a                | nd address XSame as Plan Spon   | sor                          |   | <b>3b</b> Administrato           | or's FIN                       |
|                   |                                       |   |                              |   | 7.0                              |                                |
|                   |                                       |   |                              |   | <b>3c</b> Administrate           | or's telephone number          |
|                   |                                       |   |                              |   |                                  |                                |
|                   |                                       |   |                              |   |                                  |                                |
|                   |                                       | e plan sponsor has changed since  | the last return/report filed | for this plan, enter the                              | 4b EIN                           |                                |
|                   | e, EIN, and the plan nu<br>sor's name | imber from the last return/report.  |                              |   | 4c PN                            |                                |
|                   |                                       | s at the beginning of the plan year   |                              |   | 5a                               | 14                             |
| _                 |                                       | s at the end of the plan year   |                              |   | 5b                               | 15                             |
|                   |                                       | account balances as of the end of   |                              |   | 5c                               | 15                             |
|                   |                                       | articipants at the beginning of the pl  |                              |   | 5d(1)                            | 10                             |
| <b>d(2)</b> To    | tal number of active pa               | articipants at the end of the plan ye   | ar                           |   | 5d(2)                            | 11                             |
|                   |                                       | t terminated employment during the  |                              |   | 5e                               | 0                              |
| Caution:          | A penalty for the late                | or incomplete filing of this return   | n/report will be assessed    | d unless reasonable cau                               |                                  |                                |
| SB or Sch         |                                       | ther penalties set forth in the instru<br>and signed by an enrolled actuary, a<br>aplete. |                              |   |                                  |                                |
| SIGN              |                                       | l/valid electronic signature.   | 10/04/2016                   | OLA J. ENGLUND, D.                                    | .D.S.                            |                                |
| HERE              | Signature of plan a                   | administrator   | Date                         | Enter name of individ                                 | ual signing as plan              | administrator                  |
| SIGN              |                                       |   |                              |   |                                  |                                |
| HERE              | Signature of emplo                    |   | Date                         | Enter name of individ                                 | ual signing as emp               | loyer or plan sponsor          |
| Preparer's        | name (including firm r                | name, if applicable) and address (in  | nclude room or suite numb    | per)  | Preparer's teleph                | one number                     |
|                   |                                       |   |                              |   |                                  |                                |

|            | Form 5500-SF 2015  |  | Page <b>2</b>  |          |          |          |           |          |         |          |         |
|------------|--|--|--|----------|----------|----------|-----------|----------|---------|----------|---------|
| <b>b</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  f you answered "No" to either line 6a or line 6b, the plan cann | an indeper<br>and condit<br>not use Fo | ndent qualified public a<br>ions.)rm 5500-SF and mus | ccount   | ant (IQ  | PA) Form | 5500.     |          |         | X Ye     |         |
| C          | f the plan is a defined benefit plan, is it covered under the PBGC ir  | nsurance p                             | rogram (see ERISA se                                 | ection 4 | 021)?    |          | Yes       | No       |         | Not dete | ermined |
| Par        | t III Financial Information  | 1                                      | Г  |          |          |          |           |          |         |          |         |
|            | Plan Assets and Liabilities  |  | (a) Beginning  |          |          |          |           | (b) E    | nd of   | Year     |         |
|            | Fotal plan assets  | 7a                                     |  | 2244     |          | -        |           |          |         | 2230     | 0216    |
|            | Fotal plan liabilities   | 7b                                     |  | 2244     | 0        | -        |           |          |         | 222      | 0       |
|            | Net plan assets (subtract line 7b from line 7a)  | 7c                                     | (-) A  | 2244     | 1000     |          |           |          | \ T -   |          | 0216    |
|            | ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:   |  | (a) Amou   | ınt      |          |          |           | (D       | ) To    | tai      |         |
|            | 1) Employers   | 8a(1)                                  |  | 25       | 5582     |          |           |          |         |          |         |
| (          | 2) Participants  | 8a(2)                                  |  | 48       | 8829     |          |           |          |         |          |         |
|            | 3) Others (including rollovers)  | 8a(3)                                  |  | 22       | 2055     |          |           |          |         |          |         |
|            | Other income (loss)  | . 8b                                   |  | -19      | 9001     |          |           |          |         |          |         |
|            | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c                                     |  |          |          |          |           |          |         | 7        | 7465    |
|            | Benefits paid (including direct rollovers and insurance premiums o provide benefits)   | . 8d                                   |  | 72       | 2145     |          |           |          |         |          |         |
| e          | Certain deemed and/or corrective distributions (see instructions)  | 8e                                     |  |          |          |          |           |          |         |          |         |
| f /        | Administrative service providers (salaries, fees, commissions)   | . 8f                                   |  | 19       | 9754     |          |           |          |         |          |         |
| g          | Other expenses   | . 8g                                   |  |          |          |          |           |          |         |          |         |
| <u>h</u>   | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                                     |  |          |          |          |           |          |         | 9′       | 1899    |
|            | Net income (loss) (subtract line 8h from line 8c)  | . 8i                                   |  |          |          |          |           |          |         | -14      | 4434    |
|            | Fransfers to (from) the plan (see instructions)  | 8j                                     |  |          |          |          |           |          |         |          |         |
| Part       |  |  |  |          |          |          |           |          |         |          |         |
| 9a         | If the plan provides pension benefits, enter the applicable pension<br>2A 2E 2J 2K 3B 3D   | feature co                             | des from the List of Pl                              | an Cha   | racteri  | stic Co  | des in t  | the inst | ruction | 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 Coc   | les in th | e instr  | uctio   | ns:      |         |
|            |  |  |  |          |          |          |           |          |         |          |         |
| Part       | V Compliance Questions   |  |  |          |          | Ti-      |           | 1        |         |          |         |
| 10         | During the plan year:  |  |  |          | Yes      | No       | N/A       |          |         | Amoun    | t       |
| a          | 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      |          | X        |           |          |         |          |         |
| b          | Were there any nonexempt transactions with any party-in-interest   | •                                      |  |          |          |          |           |          |         |          |         |
|            | reported on line 10a.)   |  |  | 10b      |          | X        |           |          | —       |          |         |
| <u>c</u>   | Was the plan covered by a fidelity bond?   |  |  | 10c      | X        |          |           |          |         |          | 275000  |
| 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  | ner person<br>ne or all of             | s by an insurance<br>the benefits under              |          |          | X        |           |          |         |          |         |
| f          | the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the pla   |  |  | 10e      |          |          |           |          |         |          |         |
| -          | · · · · · · · · · · · · · · · · · · ·  |  |  | 10f      |          | X        |           |          |         |          |         |
| g          | Did the plan have any participant loans? (If "Yes," enter amount a   |  |  | 10g      | X        |          |           |          |         |          | 4918    |
| 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  | he require                             | d notice or one of the                               | 10i      |          |          |           |          |         |          |         |
| j          | Did the plan trust incur unrelated business taxable income?  |  |  | 10i      |          |          |           |          |         |          |         |
| Part       | VI Pension Funding Compliance  |  |  | ,        |          |          |           | 1        |         |          |         |
| 11         | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)   |  |  |          |          |          |           |          |         | Ye       | es 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   | requireme                              | ents of section 412 of t                             | he Cod   | e or se  | ection ( | 302 of E  | RISA?    | ·       | Ye       | es X No |

|      | F        | orm 5500-SF 2015 Page <b>3</b> - 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<br>ng the waiver   |                  | enter the<br>Day | date of t                             | he letter rul<br>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)           |                                       | <b>13c(3)</b> 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<br>ha         | esign-<br>ased safe<br>arbor<br>ethod | ADF<br>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<br>ercentage<br>st               |                       | rage<br>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).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

|  | ort Identification Information   |   |   |  |   |  |  |  |  |  |
|--|--|---|---|--|---|--|--|--|--|--|
| For calendar plan year 2015 of   |  | 01/01/2015  | and ending  | 12/31/20   |   |  |  |  |  |  |
| A This return/report is for:   | a single-employer plan   |   | an (not multiemployer) ( aployer information in acc   |  |   |  |  |  |  |  |
| ·  | a one-participant plan   | a foreign plan  |   |  |   |  |  |  |  |  |
| B This return/report is  | the first return/report  | the final return/report   |   |  |   |  |  |  |  |  |
|  | an amended return/report   | a short plan year return  | a short plan year return/report (less than 12 months)   |  |   |  |  |  |  |  |
| C Check box if filing under:   | ∑ Form 5558  | automatic extension   |   | ☐ DFVC prog  | gram  |  |  |  |  |  |
|  | special extension (enter des   |   |   |  |   |  |  |  |  |  |
| Part II Basic Plan II  | nformation—enter all requested i   |   |   |  |   |  |  |  |  |  |
| 1a Name of plan  | orner air requestes :  |   |   | 1b Three-digit   |   |  |  |  |  |  |
|  | es, PLLC 401K Profit S   | haring  |   | plan number<br>(PN)  | 001   |  |  |  |  |  |
| rian   |  |   |   | 1c Effective date 0 0 9 / 0 1 / 1 9 8  | of plan   |  |  |  |  |  |
| 2a Plan enoneor's name (em   | nployer, if for a single-employer plan)  |   |   | 2b Employer Ident  |   |  |  |  |  |  |
| Mailing address (include   | room, apt., suite no. and street, or P. vince, country, and ZIP or foreign pos   | .O. Box)  | uctions)  | (EIN) 26-11  | .04075  |  |  |  |  |  |
| Englund & DesRoche   |  | otal oodo (ii ioroigii) ooo iiiot   |   | <b>2c</b> Sponsor's tele (509) 326   |   |  |  |  |  |  |
|  |  |   |   | 2d Business code   | (see instructions)                                |  |  |  |  |  |
| 6817 North Cedar R   | Road, Suite 201  |   |   | 621210   |   |  |  |  |  |  |
| Spokane  |  |   | 99208-4277  |  |   |  |  |  |  |  |
| 3a Plan administrator's name   | e and address 🏻 Same as Plan Spor  | nsor.   |   | <b>3b</b> Administrator's  | EIN   |  |  |  |  |  |
|  |  |   |   | Administrators   | telephone number                                  |  |  |  |  |  |
|  | f the plan sponsor has changed since   | e the last return/report filed fo   |   | 4b EIN   | тегернопе питьег                                  |  |  |  |  |  |
|  | f the plan sponsor has changed since number from the last return/report.   | e the last return/report filed fo   | or this plan, enter the   |  | тегернопе питьег                                  |  |  |  |  |  |
| name, EIN, and the plan  a Sponsor's name  | number from the last return/report.  |   | or this plan, enter the   | <b>4b</b> EIN  | 14  |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participa   |  |   | or this plan, enter the   | <b>4b</b> EIN <b>4c</b> PN   |   |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participa b Total number of participa c Number of participants w  | number from the last return/report.  | of the plan year (defined bene  | or this plan, enter the   | 4b EIN<br>4c PN<br>5a  | 14  |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participa b Total number of participa c Number of participants w complete this item)  | ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of   | of the plan year (defined bene  | or this plan, enter the   | 4b EIN<br>4c PN<br>5a<br>5b  | 14<br>15  |  |  |  |  |  |
| name, EIN, and the plan  a Sponsor's name  5a Total number of participa  b Total number of participants we complete this item)   | ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of   | of the plan year (defined bene<br>plan year   | or this plan, enter the   | 4b EIN  4c PN  5a  5b  5c  | 14<br>15<br>15                                    |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participa b Total number of participants w complete this item) d(1) Total number of active d(2) Total number of participants to   | ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year that terminated employment during the  | of the plan year (defined bene<br>plan year<br>ear<br>ne plan year with accrued ber   | or this plan, enter the   | 4b EIN  4c PN  5a  5b  5c  5d(1)   | 14<br>15<br>15<br>10                              |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participa b Total number of participants w complete this item) d(1) Total number of active d(2) Total number of active e Number of participants t than 100% vested  Caution: A penalty for the late | ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the participants at the end of the plan year that terminated employment during the participants at the end of the plan year that terminated employment during the plan year to make or incomplete filing of this returnated employment during the plan year that the end of the plan y | of the plan year (defined bene<br>plan year<br>ear<br>ne plan year with accrued ber<br>urn/report will be assessed  | or this plan, enter the   | 4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e is established.  | 14<br>15<br>15<br>10<br>11                        |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participal b Total number of participal c Number of participants we complete this item)   | ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year articipants at the beginning of the plan year that terminated employment during the plan year to the plan year that terminated employment during the plan year to the p | plan year (defined bene<br>plan year<br>ear<br>ne plan year with accrued ber<br>urn/report will be assessed<br>uctions, I declare that I have   | efit plans do not  nefits that were less  unless reasonable causexamined this return/repo   | 4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e is established. ort, including, if appli   | 14<br>15<br>15<br>10<br>11                        |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participal b Total number of participants we complete this item)  | ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year articipants at the beginning of the plan year that terminated employment during the plan year to the plan year that terminated employment during the plan year to the p | plan year (defined bene<br>plan year<br>ear<br>ne plan year with accrued ber<br>urn/report will be assessed<br>uctions, I declare that I have   | efit plans do not  nefits that were less  unless reasonable causexamined this return/repo   | 4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of means.   | 14<br>15<br>15<br>10<br>11<br>0                   |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participal b Total number of participal c Number of participants we complete this item)   | ants at the beginning of the plan year ants at the end of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year articipants at the end of the plan year that terminated employment during the plan year that terminated employment during the plan year to be a participants at the end of the plan year that terminated employment during the plan year to be a participants at the end of the plan year that terminated employment during the plan year that terminated employment during the plan year that the plan year that the plan year year to be participants at the end of the plan year.  | plan year (defined bene<br>plan yearearee plan year with accrued ber<br>urn/report will be assessed<br>uctions, I declare that I have<br>as well as the electronic ver  | or this plan, enter the  efit plans do not  mefits that were less  unless reasonable caus examined this return/report,  Ola J. Englund  | 4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of media, D.D.S.  | 14 15 10 11 0 icable, a Schedule y knowledge and  |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participal b Total number of participal c Number of participants we complete this item)   | ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the participants at the end of the plan year that terminated employment during the participants at the end of the plan year that terminated employment during the plan year to the plan year that terminated employment during the plan year to the plan year that terminated employment during the plan year to the plan year that terminated employment during the plan year to the plan year that terminated employment during the plan year that the plan year with a second the y | plan year (defined beneather) plan year ear ne plan year with accrued beneather) plan year plan year with accrued beneather) plan year plan yea | efit plans do not  efits that were less  unless reasonable causexamined this return/report,   | 4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of models of the content of t | 14 15 10 11 0 icable, a Schedule y knowledge and  |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participal b Total number of participants we complete this item)  | ants at the beginning of the plan year ants at the end of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the participants at the end of the plan year that terminated employment during the participants at the end of the plan year that terminated employment during the date or incomplete filling of this return dother penalties set forth in the instruction of the plan year and signed by an enrolled actuary, complete.   | plan year (defined benefined benefined plan year  | efit plans do not  efit plans do not  mefits that were less  unless reasonable causexamined this return/report,  Ola J. Englund  Enter name of individual  Ola J. Englund  Enter name of individual | 4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of models, D.D.S. al signing as plan add, D.D.S. al signing as employ   | 14 15 10 11 0 icable, a Schedule by knowledge and |  |  |  |  |  |
| name, EIN, and the plan a Sponsor's name  5a Total number of participal b Total number of participants we complete this item)  | ants at the beginning of the plan year ants at the end of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year that terminated employment during the participants at the end of the plan year that terminated employment during the plan year to the plan year that terminated employment during the plan year to the plan year that terminated employment during the plan year.   | plan year (defined benefined benefined plan year  | efit plans do not  efit plans do not  mefits that were less  unless reasonable causexamined this return/report,  Ola J. Englund  Enter name of individual  Ola J. Englund  Enter name of individual | 4b EIN  4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if appliand to the best of models, D.D.S. al signing as plan add, D.D.S.  | 14 15 10 11 0 icable, a Schedule by knowledge and |  |  |  |  |  |

|            | Form 5500-SF 2015   |                                       | Page 2   |         |           |                |            |                          |
|------------|---|---------------------------------------|--|---------|-----------|----------------|------------|--------------------------|
| b          | Were all of the plan's assets during the plan year invested in eligit 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 canr If the plan is a defined benefit plan, is it covered under the PBGC in   | an indepe<br>and condit<br>not use Fo | ndent qualified public<br>tions.)<br>orm 5500-SF and mus | accour  | ntant (IC | QPA)<br>e Form | n 5500.    | X Yes No                 |
|            | rt III Financial Information  | risurance p                           | orogram (see ERISA's                                     | ection  | 4021)?    |                | ] Yes [    | No Not determined        |
| 7          | Plan Assets and Liabilities   |                                       |  |         |           | $\overline{}$  |            |                          |
| a          | Total plan assets   | 70                                    | (a) Beginnin   | 2,24    | 4,65      | 0              |            | (b) End of Year 2,230,21 |
|            | Total plan liabilities  | . 7a<br>. 7b                          |  |         | ,         | 0              |            |                          |
|            | Net plan assets (subtract line 7b from line 7a)   | 76<br>7c                              |  | 2.24    | 4,65      | 0              |            | 2,230,21                 |
| 8          | Income, Expenses, and Transfers for this Plan Year  | . 70                                  | (a) A  |         | 4,00      |                |            |                          |
|            | Contributions received or receivable from:  |                                       | (a) Amo  | unt     |           |                |            | (b) Total                |
|            | (1) Employers   | . 8a(1)                               |  | 2       | 5,58      | 2              |            |                          |
|            | (2) Participants  | 8a(2)                                 |  | 4       | 8,82      | 9              |            |                          |
|            | (3) Others (including rollovers)  | 8a(3)                                 |  | 2       | 2,05      | 5              |            |                          |
| b          | Other income (loss)   | . 8b                                  |  | -1      | 9,00      | 1              |            |                          |
| c          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | . 8c                                  |  |         |           |                |            | 77,465                   |
| d          | Benefits paid (including direct rollovers and insurance premiums  |                                       |  | 7       | 2 14      | _              |            |                          |
|            | to provide benefits)  | . 8d                                  |  | /       | 2,14      | 5              | 100 A      |                          |
|            | Certain deemed and/or corrective distributions (see instructions)   | 8e                                    |  | 1       | 0.75      | 4              |            |                          |
|            | Administrative service providers (salaries, fees, commissions)  | 8f                                    |  | 1       | 9,75      | 4              |            |                          |
|            | Other expenses  | 8g                                    |  |         |           | 200            | 186        |                          |
|            | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h                                    |  |         |           |                |            | 91,899                   |
|            | Net income (loss) (subtract line 8h from line 8c)   | 8i                                    | 1970 AND   |         |           |                |            | -14,434                  |
| Par        | Transfers to (from) the plan (see instructions)  t IV Plan Characteristics  | 8j                                    |  |         |           | \$ 1           |            |                          |
| B          | 2A 2E 2J 2K 3B 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits. | eature cod                            | es from the List of Pla                                  | n Char  | acteris   | tic Cod        | des in the | e instructions:          |
| 10         | During the plan year:   |                                       |  |         | Yes       | No             | N/A        | Amount                   |
| _          | Was there a failure to transmit to the plan any participant contribu  | tions withir                          | the time period  |         | 100       |                |            | Amount                   |
|            | described in 29 CFR 2510.3-102? (See instructions and DOL's V   | oluntary Fi                           | iduciary Correction                                      |         |           |                |            |                          |
| h          | Program)  |                                       |  | 10a     | _         | Х              |            |                          |
|            | 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         |                |            | 275,000                  |
| 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.)  | e or all of t                         | he benefits under  | 10e     |           | Х              |            |                          |
| f          | Has the plan failed to provide any benefit when due under the plan  | n?                                    |  | 10f     |           | Х              |            |                          |
| q          | Did the plan have any participant loans? (If "Yes," enter amount as   | s of year e                           | nd.)   | 10g     | Х         |                |            | 4,918                    |
|            | If this is an individual account plan, was there a blackout period? (   | (See instru                           | ctions and 29 CFR  |         | Λ         | Х              |            | 4,510                    |
| i          | 2520.101-3.)  | ne required                           | notice or one of the                                     | 10h     |           | Λ              |            |                          |
|            | exceptions to providing the notice applied under 29 CFR 2520.10.  Did the plan trust incur unrelated business taxable income?   |                                       |  | 10i     |           |                |            |                          |
| J          |   |                                       |  | 10j     |           |                |            |                          |
| Part<br>11 | Is this a defined benefit plan subject to minimum funding requirem  | ents? (If "Y                          | es," see instructions                                    | and cor | mplete    | Sched          | lule SB (  | Form Yes X No            |
|            | 5500) and line 11a below)   |                                       |  |         |           |                |            |                          |
| 11a        | Enter the unpaid minimum required contribution for all years from   | Schedule 3                            | ote of section 442 of                                    | he Cod  | e or se   | ction '        | 302 of FI  | RISA? Yes X No           |
| 12         | Is this a defined contribution plan subject to the minimum funding  | requireme                             | THE OF SECTION 4 12 OF L                                 | 110 000 | 0 01 00   | 30.311         |            |                          |

|  | Form 5500-SF 2015 Page <b>3</b> -  |   |  |  |  |                               |
|--|--|---|--|--|--|-------------------------------|
|  | (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 insgranting the waiver.   | structions, and o   | enter the  | e date of  | he letter r<br>Year  | uling                         |
|  | If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line  | 13.   |  |  |  |                               |
|  | <b>b</b> Enter the minimum required contribution for this plan year  |   | 12b  |  |  |                               |
|  | 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 negative amount)  | left of a   | 12d  |  |  |                               |
|  | Will the minimum funding amount reported on line 12d be met by the funding deadline?   |   |  | Yes  | No   | N/A                           |
| Par  | t VII Plan Terminations and Transfers of Assets  |   |  |  |  |                               |
| 13   | Has a resolution to terminate the plan been adopted in any plan year?  |   |  | Yes  | No No  |                               |
|  | If "Yes," 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 of the PBGC?   | ght under the co  | ontrol   |  | Yes X  | No                            |
|  | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)   | fy the plan(s) to   |  |  |  |                               |
|  | 13c(1) Name of plan(s):  | 13c(2)  | EIN(s)   |  | 13c(3)   | PN(s)                         |
|  |  |   |  |  |  |                               |
| Par  | t VIII Trust Information   |   |  |  |  |                               |
| 14a  | Name of trust  |   | <b>14b</b> T   | rust's EIN   | l  |                               |
|  |  |   |  |  |  |                               |
| 140  | Name of trustee or custodian   |   | 14d  | Trustee's  | or custodi   | ion's                         |
|  |  |   | 1  | elephone   |  | iaiis                         |
| Pai  | rt IX IRS Compliance Questions   |   | 1  |  |  |                               |
|  | rt IX IRS Compliance Questions a Is the plan a 401(k) plan?  |   | Yes  | elephone   |  | idi15                         |
| 15a  | Is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  | d employer  | De bas   | elephone   | number   | P/ACP                         |
| 15a  | Is the plan a 401(k) plan?   | d employer  | De bas   | sign-<br>sed safe<br>bor<br>thod                   | No ADI   | P/ACP                         |
| 15a<br>15b<br>15c  | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cut testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under sections.   | d employer  urrent year 01(m)-  on 410(b):  | De bas hai me  | sign-<br>sed safe<br>bor<br>thod                   | No ADI   | P/ACP                         |
| 15a<br>15b<br>15c<br>16a<br>16b                            | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cut testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(2(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combiting plan with any other plans under the permissive aggregation rules?  | d employer  Jirrent year 01(m)-  on 410(b):   | De bar hai me  | sign-<br>sed safe<br>bor<br>thod                   | No ADI   | P/ACP<br>t                    |
| 15a<br>15b<br>15c<br>16a<br>16b                            | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cut testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine the section of the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by combine the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by combine the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by combine the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(d) by combine the plan test of  | d employer  Jirrent year 01(m)-  on 410(b):   | De bas hal me  | sign-<br>sed safe<br>bor<br>thod<br>tio<br>centage | No April Apr | P/ACP<br>t                    |
| 15a<br>15b<br>15c<br>16a<br>16b<br>17a                     | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cut testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combination with any other plans under the permissive aggregation rules?  A Has the plan been timely amended for all required tax law changes?  Doate the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).   | d employer  urrent year 01(m)-  on 410(b):  bining  Enter the app   | De bas hairme Yes Ra per tes Yes Yes   | sign-sed safe bor thod centage t                   | No Ave ber No (See inst  | P/ACP t erage nefit test  N/A |
| 15a 15b 15c 16a 16b 17a 17c                                | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cut testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combination with any other plans under the permissive aggregation rules?  A Has the plan been timely amended for all required tax law changes?  Doate the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).  If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial number of the plan and the letter's the plan and the le | d employer  urrent year 01(m)-  on 410(b):  bining  . Enter the app   | De bas hair me Yes Ra per tes Yes Ves to a fav   | sign-sed safe bor thod centage t                   | No ADI tesi No Ave ber No CSee insi  | P/ACP t erage nefit test  N/A |
| 15a 15b 15c 16a 16b 17a 17c                                | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combination with any other plans under the permissive aggregation rules?  A Has the plan been timely amended for all required tax law changes?  Doate the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).  If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial num determination letter and the letter from the IRS, endetermination letter and the letter from the IRS, endetermination letter  | d employer  urrent year 01(m)-  on 410(b):  Enter the app  n that is subject nber ter the date of the   | De bas hair me Yes Ra per tes Yes Ves to a fav   | sign-sed safe bor thod centage t                   | No ADI tesi No Ave ber No CSee insi  | P/ACP t erage nefit test  N/A |
| 15a 15b 15c 16a 16b 17a 17c                                | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cut testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combinating plan with any other plans under the permissive aggregation rules?  Has the plan been timely amended for all required tax law changes?  Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).  If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter   | d employer  urrent year 01(m)-  on 410(b):  Enter the app  n that is subject nber ter the date of the   | De bas hair me Yes Ra per tes Yes Ves to a fav   | sign-sed safe bor thod centage t                   | No ADI tesi No Ave ber No CSee insi  | P/ACP t erage nefit test  N/A |
| 15a<br>15b<br>15c<br>16a<br>16b<br>17a<br>17c<br>17d<br>18 | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(2(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section this plan with any other plans under the permissive aggregation rules?  A Has the plan been timely amended for all required tax law changes?  Doate the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).  If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial num determination letter.  Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2)).  | d employer  Jirrent year 01(m)-  Jon 410(b):  Dining  That is subject in that is subject in that is subject in that is subject in the date of the date of the date of the slands)?  | Pes  | sign-sed safe bor thod centage t                   | No ADI tes: No Ave ber No (See ins:  | P/ACP t erage nefit test  N/A |
| 15a<br>15b<br>15c<br>16a<br>16b<br>17a<br>17c<br>17d<br>18 | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(2(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining the plan with any other plans under the permissive aggregation rules?  A Has the plan been timely amended for all required tax law changes?  Does the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).  If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial num. If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter.  Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I  | d employer  Jirrent year 01(m)-  Jon 410(b):  Dining  That is subject in that is subject in that is subject in that is subject in the date of the date of the date of the slands)?  | Pes De bashal me Pes De tes Dicable of to a favor he plan.   | sign-sed safe bor thod centage t                   | No ADI tes: No Ave ber No (See ins:  | P/ACP t erage nefit test  N/A |
| 15a<br>15b<br>15a<br>16a<br>16b<br>17a<br>17a<br>17d<br>18 | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining the plan with any other plans under the permissive aggregation rules?  Has the plan been timely amended for all required tax law changes?  Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).  If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial num. If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter.  Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I Were in-service distributions made during the plan year?   | arrent year 01(m)- on 410(b): bining  . Enter the app n that is subject nber ter the date of th | Pes De bas hain me Per tes Pes Dicable of to a favor he plan Pes | sign-sed safe bor thod centage t                   | No ADI tes: No Ave ber No (See ins:  | P/ACP t erage nefit test  N/A |