Form 5500-	SF	Short Form Annu	•	ort of Small Empl	oyee	(OMB Nos. 1210-0110 1210-0089		
Department of the Treas Internal Revenue Servi		This form is required to be file	Benefit Pla		etirement		2015		
Department of Labor Employee Benefits Security Adm	ninistration	Income Security Act of 1974		s 6057(b) and 6058(a) of the		nal This Form is Open to Public Inspection			
Pension Benefit Guaranty Co				instructions to the Form 5	500-SF.				
Part IAnnual FFor calendar plan year 20		entification Information		and ending 1	2/31/2015				
A This return/report is for	or:	a single-employer plan a one-participant plan		yer plan (not multiemployer) Ig employer information in ad		-			
B This return/report is		the first return/report an amended return/report	the final return/re	oort return/report (less than 12 m	ionths)				
C Check box if filing und	der: 🗙	Form 5558 special extension (enter desc	automatic extens	ion	_ D	FVC progra	im		
Part II Basic Pla	an Inforn	nation—enter all requested ir							
1a Name of plan TTB, LLC 401(K) PSP					(PN)	number	001		
						01/01			
Mailing address (incl	lude room,	; if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos		instructions)	(EIN)	45-50	cation Number 35220		
TTB, LLC	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,		509-98			
7200 BURDEN BLVD. PASCO, WA 99301					20 Busin	ess code (s 42310	ee instructions)		
3a Plan administrator's	name and a	address XSame as Plan Spor	sor.		3b Admir	nistrator's E	IN		
					3c Admir	nistrator's te	lephone number		
			the least we have a set f			01.16	12699		
	plan numb	an sponsor has changed since er from the last return/report.	the last return/report is	led for this plan, enter the	4b EIN 4c PN	00			
· .		the beginning of the plan year.			40 PN	00	29		
	•	the end of the plan year					9		
C Number of participa	nts with acc	count balances as of the end of	the plan year (defined	benefit plans do not	5c		9		
d(1) Total number of a	ctive partic	ipants at the beginning of the p	lan year		5d(1)		29		
		ipants at the end of the plan ye			5d(2)		9		
		minated employment during th			5e		0		
Under penalties of perjur	y and other pleted and	incomplete filing of this return penalties set forth in the instru- signed by an enrolled actuary, te.	ctions, I declare that I	nave examined this return/re	port, includin	g, if applica			
SIGN Filed with aut	thorized/val	id electronic signature.	10/14/2016	TIMOTHY BUSH, JR					
HERE Signature of	of plan adm	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	nistrator		
SIGN HERE Signature of	of emplove	r/plan sponsor	Date	Enter name of individ	lual signing a	s emplover	or plan sponsor		
Preparer's name (includi	ng firm nam	ne, if applicable) and address (i	nclude room or suite n	umber)	Preparer's	telephone r	number		
For Paperwork Reduction	Act Notice a	nd OMB Control Numbers, see th	e instructions for Form	5500-SE		F	orm 5500-SF (2015)		

F	orm 5500-SF 2015		Page 2							
 b Are you ounder 29 lf you ar 	of the plan's assets during the plan year invested in elig laiming a waiver of the annual examination and report o CFR 2520.104-46? (See instructions on waiver eligibility swered "No" to either line 6a or line 6b, the plan can i is a defined benefit plan, is it covered under the PBGC	f an indeper y and conditi inot use Fo l	ndent qualified public a ions.) rm 5500-SF and must	ccounta t instea	ant (IQ d use	PA) Form	5500.		X Yes	No No ed
	inancial Information									
_	ets and Liabilities		(a) Beginning	of Yea	ar			(b) End o	f Year	
	assets	7a	(375				(203685	
· · ·	n liabilities									
	assets (subtract line 7b from line 7a)			375401					203685	
_	Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) To	tal	
a Contribut	ons received or receivable from: oyers	8a(1)	(782			(,		
(2) Parti	cipants	8a(2)		16	999					
(3) Othe	s (including rollovers)	8a(3)		22	545					
b Other inc	ome (loss)	8b		-7	639					
C Total inco	me (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							43687	
	paid (including direct rollovers and insurance premiums benefits)	8d								
e Certain d	eemed and/or corrective distributions (see instructions).	8e		215	383					
f Administ	ative service providers (salaries, fees, commissions)	8f		20						
g Other ex	penses	8g								
h Total exp	enses (add lines 8d, 8e, 8f, and 8g)	8h						215403		
i Net incor	ne (loss) (subtract line 8h from line 8c)	8i							-171716	
j Transfers	to (from) the plan (see instructions)	··· 8j								
Part IV	Plan Characteristics									
2E 2	n provides pension benefits, enter the applicable pensio F 2G 2J 2K 2T 3D n provides welfare benefits, enter the applicable welfare									
	ompliance Questions									
10 During	he plan year:				Yes	No	N/A		Amount	
describ	ere a failure to transmit to the plan any participant contrib ed in 29 CFR 2510.3-102? (See instructions and DOL's m)	Voluntary F	iduciary Correction	10a		Х				
b Were th	ere any nonexempt transactions with any party-in-intere	st? (Do not i	include transactions	10b		x				
C Was th	e plan covered by a fidelity bond?			10c		Х				
	plan have a loss, whether or not reimbursed by the plan			10d		x				
e Were a carrier,	ny fees or commissions paid to any brokers, agents, or c insurance service, or other organization that provides so ? (See instructions.)	other persons ome or all of	s by an insurance the benefits under	10e		x				
f Has the	plan failed to provide any benefit when due under the plan	lan?		10f		Х				
a Did the	plan have any participant loans? (If "Yes." enter amount	as of year e	end.)	10a	Х					0

g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X			(0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
j	Did the plan trust incur unrelated business taxable income?	10i					
		.•,					
Part	VI Pension Funding Compliance	,	1				
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below).	and con			(Form	Yes X N	lo
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a	and con			 (Form	Yes X N	lo

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-							
	(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?			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?			Υe	es X 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	Trusťs E	IN	
14c	Narr	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
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)?		b h	esign- ased safe arbor nethod	P/ACP	
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	. ,	Цр	atio ercentage est		erage nefit 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

Form 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Re	tirement		2015
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974 (ERISA), and sections 60 Revenue Code (the Cod		nternal		orm is Open to lic Inspection
	▶ Complete all entries in a Identification Information	ccordance with the ins	tructions to the Form 55	00-SF.	543 MAR	
	scal plan year beginning 01/01/2018	5	and ending 12/31	1/2015		
A This return/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer)(mployer information in acc			
B This return/report is	the first return/report	the final return/report	rn/report (less than 12 mo	onths)		
C Check box if filing under:	Form 5558	automatic extension		[] [OFVC prog	ram
Part II Basic Plan Info	rmation—enter all requested info					
1a Name of plan TTB, LLC 401(k) PSP		nnauon		(PN) 1c Effect	number tive date o	001 f plan
	m, apt., suite no. and street, or P.O.		tructione)	2b Empl	1/2014 oyer Identii 45-503522	fication Number 20
TTB, LLC	e, country, and ZIP or foreign posta	i code (ir foreign, see ins		2c Spor		hone number 987-1880
7200 Burden Blvd.			-	2d Busir 4231		see instructions)
Pasco, WA 99301						
				3c Admi	nistrator's t	elephone number
	e plan sponsor has changed since the mber from the last return/report. -Cities 401(k) PSP	ne last return/report filed		4b EIN 4c PN	91-16126 001	99
	at the beginning of the plan year			5a		29
Card C. All Marketing Company and an	at the end of the plan year			5b		9
c Number of participants with	account balances as of the end of th	ne plan year (defined ber	nefit plans do not	5c		9
d(1) Total number of active pa	rticipants at the beginning of the pla	n year		5d(1)		29
	rticipants at the end of the plan year			5d(2)		9
	terminated employment during the			5e		0
Caution: A penalty for the late Under penalties of perjury and ot	or incomplete filing of this return her penalties set forth in the instruct nd signed by an enrolled actuary, as	report will be assessed ions, I declare that I have	d unless reasonable cause e examined this return/repersion of this return/report,	ort, includi	ng, if applic	
SIGN	1-1-	10/14/11	Timothy Bush, Jr.			
HERE Signature of plan a	dministrator	Date	Enter name of individu	al signing a	as plan adr	ninistrator
SIGN HERE Signature of emplo	wor/nlan energer	Date	Enter name of individu	al eigning :	ac omploue	r or plan choncor
Preparer's name (including firm r	ame, if applicable) and address (inc		Enter name of individu		telephone	
For Paperwork Reduction Act Notic	e and OMB Control Numbers, see the	instructions for Form 550	0-SF.			Form 5500-SF (2015)

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b.	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC ir	an indepen and conditi Iot use For	dent qualified public a ons.) m 5500-SF and mus	iccount t instea	ant (IQ ad use	PA) Form	5500.	🕅 Yes 🗌 M			
Par		isurance pr	ogram (see ERISA se	CLION 4	021)?						
	1997 - Anno 1997		(a) Paginning	a of Vo		Т	4) End of Voor			
-	Plan Assets and Liabilities	7a	(a) Beginning	37540	1	+-	(1	203685			
	Fotal plan assets	7a 7b		01010		+		200000			
-	Net plan assets (subtract line 7b from line 7a)	70 7c		37540)1	+		203685			
12	ncome, Expenses, and Transfers for this Plan Year	10	(a) Amou			+		(b) Total			
	Contributions received or receivable from:										
	1) Employers	8a(1)		1178	32	1.83					
	2) Participants	8a(2)		1699	99						
	3) Others (including rollovers)	8a(3)	8a(3) 2254								
b	Other income (loss)	8b		-763	39						
C T	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						43687			
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d									
e (Certain deemed and/or corrective distributions (see instructions)	8e		21538			Sec. 1				
_f /	Administrative service providers (salaries, fees, commissions)	8f		2	20		1935				
g (Other expenses	8g					No. Contraction				
<u>h</u>	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h	the state of the second					215403			
i I	Net income (loss) (subtract line 8h from line 8c)	8i						-171716			
្រា	Fransfers to (from) the plan (see instructions)	8j									
B Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the i	nstructions:			
10	During the plan year:				Yes	No	N/A	Amount			
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 Fi	duciary Correction	10a		x		Anount			
b	Were there any nonexempt transactions with any party-in-interest	1.2		4.01		х					
	reported on line 10a.)			10b							
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
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 t	he benefits under	10e		х					
f	Has the plan failed to provide any benefit when due under the pla			10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	70		10h		х					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)										
11a	Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			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?..

Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(lf "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver	Constraint and state and state of	enter the Day		ne letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				Tour	
b	Enter t	he minimum required contribution for this plan year		12b			
с	Enter t	he amount contributed by the employer to the plan for this plan year		12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l ve amount)		12d			
е	Will th	e 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?			Yes	X No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug PBGC?		ontrol		Yes X	No
c		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif assets or liabilities were transferred. (See instructions.)	y the plan(s) to				
	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
							N
CANCELOCK-Self.	t VIII	Trust Information					
14a	Name o	f trust		14b ⊤	rust's EIN		
14c	Name	of trustee or custodian			Trustee's telephone	or custodia number	n's
Par	t IX	IRS Compliance Questions					
15a	Is the	olan a 401(k) plan?		Yes	S	No	
15b		" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and	t employer		esign-		
15c		ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	sed safe rbor ethod	ADP test	/ACP
	testing		urrent year 01(m)-	ha me	rbor ethod s		/ACP
16a	testing 2(a)(2) I Check	ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))?	urrent year 01(m)- on 410(b):	ha me Yes	rbor ethod s tio rcentage	test	
16a	testing 2(a)(2) Check	ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))?	urrent year 01(m)- on 410(b):	ha me Yes	rbor ethod s tio rcentage st	test	rage
16a 16b	testing 2(a)(2) Check Does t this pla	ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))? the box to indicate the method used by the plan to satisfy the coverage requirements under section he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com	urrent year 01(m)- on 410(b):	ha me Yes Ra pe tes	rbor ethod s tio rcentage st	l test	rage
16a 16b 17a	testing 2(a)(2) Check Does t this pla Has th Date th	ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))? the box to indicate the method used by the plan to satisfy the coverage requirements under section he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com in with any other plans under the permissive aggregation rules?	urrent year 01(m)- on 410(b):	ha me Yes Ra pe tes Yes	rbor ethod s s tio rcentage st s s	test No Ave ben No No No	rage efit test
16a 16b 17a 17b 17c	testing 2(a)(2) 1 Check 0 Does t this pla 1 Has th 0 Date th for tax : If the p adviso	ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))? the box to indicate the method used by the plan to satisfy the coverage requirements under sections he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com in with any other plans under the permissive aggregation rules? the last plan amendment/restatement for the required tax law changes was adopted law changes and codes). lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan ny letter, enter the date of that favorable letter and the letter's serial	urrent year 01(m)- on 410(b): bining Enter the a Enter the a n that is subjec number	ha me Yes Ra pe tes Yes Pplicable	rbor ethod s ttio rcentage st s s e code vorable IR	test No No No No No No Sopinion	rage efit test
16a 16b 17a 17b 17c	testing 2(a)(2) 1 Check 0 Does t this plat 1 Has th 0 Date th for tax 1 f the p adviso 1 f the p determ	ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	urrent year 01(m)- on 410(b): bining Enter the a Enter the a in that is subjec number	ha me Yes Ra pe tes Yes Pplicable	rbor ethod s ttio rcentage st s s e code vorable IR	test No No No No No No Sopinion	rage efit test
16a 16b 17a 17b 17c	testing 2(a)(2) 1 Check 0 Does t this plat 1 Has th 0 Date th for tax c If the p adviso I If the p determ Is the	ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))? the box to indicate the method used by the plan to satisfy the coverage requirements under sections he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com in with any other plans under the permissive aggregation rules? the last plan amendment/restatement for the required tax law changes was adopted law changes and codes). lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan ry letter, enter the date of that favorable letter and the letter's serial lan is an individually-designed plan and received a favorable determination letter from the IRS, er	urrent year 01(m)- on 410(b): bining Enter the a in that is subjec number nter the date of has been	ha me Yes Ra pe tes Yes Pplicable	rbor ethod s ttio rcentage st s s e code vorable IR s's last favo	test No No No No No No Sopinion	rage efit test
16a 16b 17a 17b 17c 17d 18	testing 2(a)(2) 1 Check 0 Does t this pla 1 Has th 0 Date th for tax 1 Has the 1 date the for tax 2 difference 1 ff the p determ 1 s the made)	ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	urrent year 01(m)- on 410(b): bining Enter the a Enter the a n that is subjec number nter the date of has been Islands)?	ha me Yes Ra pe tes Yes Pplicable t to a fav the plan	rbor ethod s tio rcentage st s e code vorable IR s's last favo	test No No No No (See ins	rage efit test
16a 16b 17a 17b 17c 17d 18	testing 2(a)(2) 1 Check 0 Does t this pla 1 Has th 0 Date th for tax 1 Has th 0 Date th for tax 1 f the p determ Is the made) Were i If "Yes	ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))? the box to indicate the method used by the plan to satisfy the coverage requirements under section he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com in with any other plans under the permissive aggregation rules? the last plan amendment/restatement for the required tax law changes was adopted law changes and codes). lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan ry letter, enter the date of that favorable letter and the letter's serial lan is an individually-designed plan and received a favorable determination letter from the IRS, er ination letter 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	urrent year 01(m)- on 410(b): bining Enter the a Enter the a number nter the date of has been Islands)?	ha me Yes Ra pe tes Yes Pplicable t to a fav the plan	rbor ethod s tio rcentage st s e code vorable IR s's last favo	test No No No No No (See ins S opinion o brable No	rage efit test