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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

| Pa | rt I Annual Report | Identification Information | 1 | | | | | | |
|---|--|--|--|-------------------------------|---|------------------|--|--|--|
| For | calendar plan year 2015 or f | iscal plan year beginning 01/01/2 | 2015 and ending 12 | 2/31/20 | 15 | | | | |
| A 7 | This return/report is for: | a single-employer plan a one-participant plan | a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan | | _ | | | | |
| B T | his return/report is | the first return/report an amended return/report | the final return/report a short plan year return/report (less than 12 months) | | | | | | |
| C | Check box if filing under: | Form 5558 special extension (enter desc | | | DFVC progr | ram | | | |
| Pa | rt II Basic Plan Info | ormation—enter all requested in | formation | | | | | | |
| | Name of plan CTRIC PEN 401(K) PLAN | | | | Three-digit plan number (PN) | 001 | | | |
| | | | | 1c | Effective date of 01/0 | f plan 1/2014 | | | |
| | Mailing address (include roo | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 | | | Employer Identification Number (EIN) 91-1895720 | | | | |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LECTRIC PEN, INC. | | | | | 2c Sponsor's telephone number 206-528-1207 | | | | |
| 117 STONE WAY N. EATTLE, WA 98103 | | | | | 2d Business code (see instructions) 541400 | | | | |
| 3a Plan administrator's name and address Same as Plan Sponsor. | | | | 3b Administrator's EIN | | | | | |
| | | | | 3c / | Administrator's t | elephone number | | | |
| 4 | | e plan sponsor has changed since imber from the last return/report. | the last return/report filed for this plan, enter the | 4b | EIN | | | | |
| а | Sponsor's name | | | 4c | PN | | | | |
| 5a | Total number of participants | s at the beginning of the plan year. | | 5a | 1 | 6 | | | |
| b | Total number of participants at the end of the plan year | | | | 5b 0 | | | | |
| С | Number of participants with complete this item) | 5c 0 | | | | | | | |
| d(| 1) Total number of active pa | 5d(1) 1 | | | | | | | |
| d(| 2) Total number of active pa | articipants at the end of the plan ye | ear | 5d(| 2) | 0 | | | |
| | than 100% vested | | | 5e | | 0 | | | |
| Und | er penalties of perjury and o | ther penalties set forth in the instru | n/report will be assessed unless reasonable cauctions, I declare that I have examined this return/rej | port, in | cluding, if applic | | | | |
| SR | or Schedule MR completed a | and signed by an enrolled actuary | as well as the electronic version of this return/report | t and t | n the hest of my | knowledge and | | | |

belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 03/10/2016 **FARMER & BETTS SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

| Form 5500-SF 2015 | | Page 2 | | | | | | | | | |
|---|---|---|----------|----------|-------------|-----------|--|---------|------------|------------|--|
| 6a Were all of the plan's assets during the plan year invested in eligib b 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 lf you answered "No" to either line 6a or line 6b, the plan cann | an indepen and condition ot use For | dent qualified public a ons.) m 5500-SF and mus | ccount | ant (IQ | PA) Form | 5500. | | X | Yes Yes | No No | |
| C If the plan is a defined benefit plan, is it covered under the PBGC in | surance pr | ogram (see ERISA se | ection 4 | 021)? . | | Yes | No | Not | determ | nined | |
| Part III Financial Information | 1 | | | | - | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | | | | | (b) End | d of Ye | ear | | |
| a Total plan assets | 7a | | 11 | 305 | - | | | | | 0 | |
| b Total plan liabilities | 7b | | 11 | 205 | | | | | | 0 | |
| | an assets (subtract line 7b from line 7a) | | | 11305 | | | | | | | |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | ınt | | | | (a) | Total | | | |
| (1) Employers | 8a(1) | | | 0 | | | | | | | |
| (2) Participants | 8a(2) | | | 0 | | | | | | | |
| (3) Others (including rollovers) | 8a(3) | | | 0 | | | | | | | |
| b Other income (loss) | 8b | | | 65 | | | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | | 6 | 55 | |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 11 | 245 | | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | | 125 | | | | | | | |
| g Other expenses | 8g | | | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | 1137 | 7 0 | |
| i Net income (loss) (subtract line 8h from line 8c) | | | | | | | | -1130 |)5 | | |
| j Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | | |
| Part IV Plan Characteristics | | | | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2F 2J 3D | feature cod | des from the List of Plant | an Cha | racteris | stic Co | des in t | the instru | uctions | : | | |
| B If the plan provides welfare benefits, enter the applicable welfare fe | eature code | es from the List of Pla | n Chara | acterist | ic Coc | les in th | ne instru | ctions: | | | |
| | | | | | | | | | | | |
| Part V Compliance Questions | | | | | | | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | <u> </u> | Ame | ount | | |
| Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary Fi | duciary Correction | 10a | | X | | | | | | |
| b Were there any nonexempt transactions with any party-in-interest | | | | | · · | | | | | | |
| reported on line 10a.) | | | 10b | | X | | | | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | | X | | | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | Χ | | | | | | |
| 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 | | X | | | | | | |
| f Has the plan failed to provide any benefit when due under the plan | | | | | Χ | | | | | | |
| | | | | | X | | | | | | |
| h If this is an individual account plan, was there a blackout period? | • | , | 10g | | ^ | | | | | | |
| 2520.101-3.) | • | | 10h | | X | | | | | | |
| · · · · · · · · · · · · · · · · · · · | Yes," check the box if you either provided the required notice or one of the g the notice applied under 29 CFR 2520.101-3 | | | | | | | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10j | | | | | | | | |
| Part VI Pension Funding Compliance | | | , | | <u> </u> | ı | 1 | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | | Yes | 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 | | | | | | 302 of E | ERISA?. | П | Yes | X No | |

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | | | | |
|--|---|---|------------------|-------------------------------------|-----------------------|----------------------------|------|--|--|--|
| | (If "Ye | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| а | | iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins | | _ | | | ing | | | |
| If | | ng the waiver | | Day _ | | Year | | | | |
| | | ne minimum required contribution for this plan year | | 12b | | | | | | |
| | | e amount contributed by the employer to the plan for this plan year | | 12c | | | | | | |
| | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the | 12d | | | | | | | |
| | negativ | /e amount) | 120 | _ | | | | | | |
| | | e minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes No N/A | | | | | |
| Part | | Plan Terminations and Transfers of Assets | | I | | П | | | | |
| 13a | | resolution to terminate the plan been adopted in any plan year? | | | X Yes | No | | | | |
| | | ," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | C | | | |
| b | of the | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough PBGC? | ····· | | X | Yes | No | | | |
| С | | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.) | , | | | | | | | |
| 1 | 13c(1) N | ame of plan(s): | 13c(2) | EIN(s) | | 13c(3) F | N(s) | | | |
| | | | | | | | | | | |
| Dout | ///// | Trust Information | | | | | | | | |
| Part | | | | 14h ⊤ | 4b Trust's EIN | | | | | |
| 14a Name of trust ELECTRIC PEN 401(K) PLAN | | | | | | 464271376 | | | | |
| 14c | Name | of trustee or custodian | | 14d Trustee's or custodian's | | | | | | |
| JOHN PLETSCH | | | | | | telephone number | | | | |
| _ | | | 206-528-1207 | | | | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | | |
| 15a | l Is the p | olan a 401(k) plan? | | ∐ Yes | | No | | | | |
| 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | | | | | Design- based safe | | | | |
| 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? | | | | | | es No | | | | |
| 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | | | | | | Ratio Average benefit test | | | | |
| 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? | | | | | | s No | | | | |
| 17a Has the plan been timely amended for all required tax law changes? | | | | | | No | N/A | | | |
| 17b | | e last plan amendment/restatement for the required tax law changes was adopted//law changes and codes). | plicable | code | _ (See ins | tructions | | | | |
| 17c | | an sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial n | | t to a fa | vorable IR | S opinion | or | | | |
| 17d | | lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/ | nter the date of | the plar | i's last fav | orable | | | | |
| 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 | Yes No | | | | | |
| 19 | Were in | n-service distributions made during the plan year? | | Yes | 3 | No | | | | |
| | If "Yes, | " enter amount | | 19 | | | | | | |
| 20 | Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? | | | | | No | N/A | | | |

Form 5500-SF

Department of the Treesury Internal Rovanue Service

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

2015

OMB Nos. 1210-0110 1210-0089

| Department of Labor Employee Benefit Security Administration Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Complete all entries in accordance with the Instructions to the Form 5560-SF. | | | | | | | | | |
|--|--|--|---|------------------------|------------------------------------|--|--|--|--|
| Part Annual Report Identification Information | | | | | | | | | |
| For calendar plan year 2015 or fisca | | 01/01/2015 | and ending | 12/31/20 | 15 | | | | |
| A This return/report is for: B This return/report is: | a single-employer plan a multiple-employer plan (not multiemployer) (Fiters checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan the first return/report an amended return/report a short plan year return/report (less than 12 months) | | | | | | | | |
| C Check box if filing under: | Form 5558 special extension (enter descrip | automatic extension | | ☐ DFVC | program | | | | |
| Part II Basic Plan Information — enter all requested information | | | | | | | | | |
| 1a Name of pian Electric Pen 401(k) | 1b Three-dig plan num (PN) ➤ | | | | | | | | |
| | | | | 1c Effective 01/01/ | | | | | |
| Mailing Address (include room | er, if for a single-employer plan) I, apt., suite no. and street or P.O. I I, country, and ZIP or foreign postal | Box) code (if foreion, see instr | uctions) | | Identification Number 1-1895720 | | | | |
| Electric Pen. Inc. | | | , | | s telephone number 528-1207 | | | | |
| 4117 Stone Way N. | | | | 2d Business 541400 | code (see instructions) | | | | |
| US Scattle WA 98103 | | | | | | | | | |
| 3a Plan administrator's name and | l address 🗶 Same as Pian Spon | sor Name | | 3b Administr | 3b Administrator's EIN | | | | |
| 4 If the name and/or EIN of the | plan sponsor has changed since th | e last retum/report filed fo | r this plan, enter the | 3c Administr | ator's telephone number | | | | |
| name, EIN, and the plan numb | | | | | | | | | |
| a Spensor's name | | | | 4c PN | | | | | |
| 5a Total number of participants a | | | *************************************** | 5a | 6 | | | | |
| b Total number of participants a | · · | | | 5b | 0 | | | | |
| C Number of participants with accomplete this item) | count balances as of the end of the | e plan year (defined bene | at plans do not | 5c | O | | | | |
| , , | ipants at the beginning of the plan | year | *************************************** | 5d(1) | 1 | | | | |
| d(2) Total number of active partic | ipants at the end of the plan year | >+44+4++++++++++++++++++++++++++++++++ | *************************************** | 5d(2) | ū | | | | |
| e Number of participants that ter less than 100% vested | minated employment during the pl | an year with accrued ben | ofits that were | 5e | 0 . | | | | |
| Caution: A penalty for the late of | r incomplete filing of this return | report will be assessed | unless reasonable ca | use is establish | ed. | | | | |
| | er penalties set forth in the instruct d signed by an enrolled actuary, as lete. | | | | | | | | |
| SIGN (JULY) | UT- | 03/03/201 | , John Plet | 13Ch | | | | | |
| HERE Signature of plan admir | ristrator | Date | Enter name of Individu | a) signing as plar | administrator | | | | |
| SIGN Y | Vel | 03/03 (2016 | John Plet | sch | | | | | |
| HERE Signature of employer | | Date | Enter name of individu | al signing as emp | ployer or plan sponsor | | | | |
| Preparer's heme (including firm na | Preparer's telephone number | | | | | | | | |
| | | | | | | | | | |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2015) | | | | | | | | | |

| | Form 5500-SF 2015 | | Page 2 | | | | | | | | | |
|-----|---|-----------------|---|----------|----------|----------|--|-----------------------|-----------------|---------|--|--|
| 6a | Were all of the plan's exsets during the plan year invested in eligible | e asseta? (| See Instructions.) | | | | | | X Yes | ∏No. | | |
| | Are you claiming a waiver of the annual examination and report of a | | • | ountant | (ICPA | ۱) | | | | | | |
| | under 29 CFR 2520,104-467 (See Instructions on waiver eligibility a | and coording | ens) | | · | · | | | X Yes | ∏No | | |
| | If you answered "No" to either line 6e or line 6b, the plan cannot | | | steed (| se Fo | ит: 5 | 500. | | | | | |
| C | If the plan is a defined benefit plan, is it covered under the PBGC in | surance pr | ogram (see ERISA secti | on 402 | 1)7 . | [| Yes | ∏ No | Not de | benimet | | |
| P | rt H Financial Information | | | | | | | | | | | |
| 7 | Pten Assets and Liebilities | 24,5053 | (a) Beginning | of Yea | 7 | | | (b) End o | Year | | | |
| a | Total plan assets | . 78 | | 11,3 | 05 | _ | | | | 0 | | |
| b | Total plan liabilities | _ 7b | | | | <u> </u> | | | | 0 | | |
| c | Net plan assets (subtract line 7b from line 7s) | . 7c | | 11,305 | | | | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | 7.85 | (=) Amour | nt | | 725200 | (b) Total | | | | | |
| . ~ | (1) Employers | . Su(1) | | | 0 | | | | 44.1 | | | |
| | (2) Parscipants | . 5a(2) | | | 0 | 122 | | | | | | |
| _ | (3) Others (including rollovers) | . Ba(3) | | | 0 | | | | | | | |
| b | Other Income (loss) | . 8b | | | 65 | 1 | 100 | | | | | |
| C | 1.61 3.61 3.61 3.61 | . 8c | A SECTION | 89/16/Si | alan A | _ | | | | 65 | | |
| ď | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | 11,2 | 45 | | | | | 150 | | |
| 6 | | . 8e | | | | 438 | 0.041676 | Sendod: | arspal (SD) (ST | | | |
| 1 | Administrative service providers (salaries, fees, commissions) | . 81 | | 1 | 25 | | 11.2 | | | | | |
| g | Other expenses | . 8g | | | | 100 | | | | 4.000 | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | | 11,370 | | | | | |
| 1 | Net income (loss) (subtract line 8h from line 8c) | . H | | HBZ\$ | | | | | (11,3 | | | |
| بل | Transfers to (from) the plan (see instructions) | _ 0j | | | | 12 | | | 2012 | 1800 | | |
| P | rt IV Plan Characteristics | | | | | | | | | | | |
| | 2# 2J 3D If the plan provides wettere benefits, enter the applicable welfere fe art V Compliance Questions | eture code | s from the List of Plan Ci | haracta | rtatic (| Codes | in the | instruction | 8: | | | |
| 10 | During the plan year: | | | | Yes | No | NA | | Amount | | | |
| ε | Was there a failure to transmit to the pien any participant contributionaribed in 29 CFR 2510.3-102? (See instructions and DOL's V | | · · | | | | | | | | | |
| | Program) | | | . 10a | | X | 3.00 | | | | | |
| | Were there any nonscience transactions with any party-in-interes reported on line 10s.) | (7 (Do not i | nclude transactions | . 195 | | ¥ | 500-00 300-00 5-4-0 | | | | | |
| _ | Was the plan covered by a fidelity bond? | Scientific from | of that was council | . 100 | _ | X | 582.58 | | | | | |
| | by fraud or dishonesty? | | 11, URI WES CEUSIO | . 18d | | I | | | | | | |
| • | Were any feet or commissions peid to any brokers, agents, or of carrier, insurance service, or other organization that provides son the plan? (See instructions.) | | | . 10e | | r | \$5.00 10.00 | | | | | |
| 1 | Has the plan failed to provide any benefit when due under the pla | sn? | ····· | . 101 | | ¥ | 1.50 | | - | | | |
| _ | Did the plan have any participant loans? (if "Yes," enter amount of | as of year a | nd.) | . 109 | | X | | | | | | |
| 1 | If this is an individual account plan, was there a blackout period? 2520.101-3.) | (See Insiru | ctions and 29 CFR | . 10h | | ı | | केंग्रम () केंग्रम | | | | |
| ٦ | If 10h was answered "Yee," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 | | I notice or one of the | . 10 | | | | | | | | |
| | Did the plan trust incur unrelated business taxable income? | | | 109 | | | | | | | | |
| P | ut VI Pension Funding Compliance | | | | | | | | | | | |
| 11 | is this a defined benefit plan subject to minimum funding require 5500) and line 11s below) | menta? (8 ° | Yes," see Instructions en | nd com | plete E | lcred | ule SB | (Form | Ye | X No | | |
| 11 | 8 Enter the unpaid minimum required contribution for current year t | from Sched | ule SB (Form 5500) line | 40 . | | | 11a | | | | | |
| _12 | ts this a defined contribution plan subject to the minimum funding | g requireme | nts of section 412 of the | Code | or sec | ton 3 | 02 of E | RISA7 | Ye | X No | | |
| | | | | | | | | | | | | |

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|--|---|------------------------------------|---------------------------|-------------------|--|--|--|
| (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 instrugranting the waiver. Month | uctions, and e | | ate of the letter Year | ruling | | | |
| if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b Enter the minimum required contribution for this plan year | *********** | 12b | | | | | |
| c Enter the amount contributed by the employer to the plan for this plan year | | 12c | | | | | |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) | of a | 12d | | | | | |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline? | *************************************** | 🔲 Ye | s 🗀 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 Yes | Пма | | | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | 0 | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? | | | X Yes | —— - | | | |
| If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | ne plan(s) to | ********* | 103 | | | | |
| 13c(1) Name of plan(s): | 13c | (2) EIN(s) | 13c/3 |) PN(s) | | | |
| | | 1 - 1 - 1 - 1 - 1 | | · · · · | | | |
| Part-VIII Trust Information (optional) | | | | | | | |
| 14a Name of trust | | 14b Trust | 's EIN | | | | |
| Electric Pen 401(k) Plan | | 46-427 | 46-4271376 | | | | |
| 14C Name of trustee or custodian John Pletsch | 14d Trustee or custodian's telephone number | | | | | | |
| Part IX IRS Compliance Questions | L | (206) | 528-1207 | | | | |
| Ch. Brown 1987 | | | | | | | |
| 153 is the plan a 401(k) plan: | | Yes | ☐ No | | | | |
| 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and en matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | mployer | Desigr based harbor metho | safe ADf | | | | |
| 15c if ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))? | n)- | Yes | □ No | | | | |
| 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4 | 410(b): | Ratio Percei | ntage | rage efit Test | | | |
| 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combinities plan with any other plans under the permissive aggregation rules? | ing | Yes | ☐ No | | | | |
| 17a Has the Plan been timely amended for all required law changes? | | Yes | ☐ No | □ N/A | | | |
| 17b Date of the last plan amendment/restatement for the required tax law changes was adopted | | , , | code (S | | | | |
| 17C if the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that advisory letter, enter the date of that favorable letter / , and the letter's serial number | 3 r'. | | | r | | | |
| 17d if the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please edetermination letter / / | nter the date | of plan's la | ist favorable | | | | |
| 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands | been inds)? | Yes | ☐ No | | | | |
| 19 Were in-service distributions made during the plan year? | | Yes | ☐ No | | | | |
| If Yes, enter amount | | 19 | | | | | |
| 20 Were minimum required distributions made to 5% owners who have attained age 70 % (regardless of wheth not retired) as required under section 401(a)(9)? | ner or | Yes | ☐ No | □ N/A | | | |