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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| P | art I Annual Repor | t Identification Information | | | | | | | | |
|--|---|---|---|--|---|------------------------|--|--|--|--|
| For | calendar plan year 2015 or | fiscal plan year beginning 01/01/2 | 016 and ending 01 | /31/20 | 016 | | | | | |
| Α | A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan | | | | | | | | | |
| В٦ | B This return/report is ☐ 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 | | | | | | | | | | |
| Pa | rt II Basic Plan Inf | ormation—enter all requested inf | formation | | | | | | | |
| 1a | Name of plan ENNY INC 401K PLAN | | | 1b | Three-digit plan number (PN) ▶ | 001 | | | | |
| | | | | 1c | Effective date of 01/0 | plan 1/2007 | | | | |
| 2a | Mailing address (include ro | loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O | | 2b Employer Identification Number (EIN) 91-1956494 | | | | | | |
| IICH | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ICHARD H. DENENNY COMPANY, INC. | | | | | none number 24-9211 | | | | |
| O BOX 141389 POKANE VALLEY, WA 99214-1389 | | | | | 2d Business code (see instructions) 524210 | | | | | |
| 3a | Plan administrator's name a | and address XSame as Plan Spons | sor. | | Administrator's I | EIN elephone number | | | | |
| 4 | | he plan sponsor has changed since umber 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 participant | s at the beginning of the plan year | | 5 | a | 2 | | | | |
| b | Total number of participant | s at the end of the plan year | | 5l | b | 0 | | | | |
| С | Number of participants with complete this item) | n account balances as of the end of | the plan year (defined benefit plans do not | 50 | С | 0 | | | | |
| d(1) Total number of active participants at the beginning of the plan year | | | | | 5d(1) | | | | | |
| d | (2) Total number of active p | articipants at the end of the plan yea | ar | 5d(| (2) | 0 | | | | |
| | than 100% vested | | plan year with accrued benefits that were less | 56 | | 0 | | | | |
| Und SB | ler penalties of perjury and o | other penalties set forth in the instruction and signed by an enrolled actuary, a | n/report will be assessed unless reasonable cau ctions, I declare that I have examined this return/report is well as the electronic version of this return/report | oort, in | cluding, if applic | | | | | |

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/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 | | | | | | |
|--|---------------------------|---------------------------------------|----------|----------|---------|--------------|----------------|---------------|
| Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t | an indepen and conditi | dent qualified public a | ccount | ant (IQ | PA) | | - | X Yes No |
| c If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance pr | ogram (see ERISA se | ection 4 | 021)? . | | Yes | No No | ot determined |
| Part III Financial Information | , , | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | of Ye | ar | | | (b) End of \ | ′ ear |
| a Total plan assets | 7a | | 26 | 376 | | | | 0 |
| b Total plan liabilities | 7b | | | | | | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | | | 376 | | | | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | ınt | | | | (b) Tota | <u> </u> |
| (1) Employers | 8a(1) | | | 0 | | | | |
| (2) Participants | 8a(2) | | | 0 | | | | |
| (3) Others (including rollovers) | 8a(3) | | | 0 | | | | |
| b Other income (loss) | 8b | | -1 | 655 | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | -1655 |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 24 | 721 | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | | |
| g Other expenses | 8g | | | 0 | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 24721 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | -26376 |
| j Transfers to (from) the plan (see instructions) | 8j | | | 0 | | | | |
| Part IV Plan Characteristics | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 3D 2G | feature cod | des from the List of Pla | an Cha | racteris | stic Co | des in th | ne instruction | ns: |
| B If the plan provides welfare benefits, enter the applicable welfare for | eature code | as from the List of Pla | n Char | octorist | ic Coc | les in the | instructions | <u>.</u> |
| If the plant provides welfare benefits, effect the applicable welfare in | cature cout | cs from the List of Flat | ii Onaie | actorist | 10 000 | 103 111 1110 | , mondone |). |
| Part V Compliance Questions | | | | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | Ar | nount |
| Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) | oluntary Fi | duciary Correction | 10a | | X | | | |
| b Were there any nonexempt transactions with any party-in-interest | | | 10h | | X | | | |
| reported on line 10a.) | | | 10b | | | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | X | | | | 100000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | X | | | |
| 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.) | ner persons | by an insurance the benefits under | 10e | | X | | | |
| f Has the plan failed to provide any benefit when due under the pla | | | | | | | | |
| | | | 10f | | X | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | • | , | 10g | | X | | | |
| h If this is an individual account plan, was there a blackout period? 2520.101-3.) | • | | 10h | | Χ | | | |
| i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10j | | | | | |
| Part VI Pension Funding Compliance | | | | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes 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 | nts of section 412 of t | he Cod | e or se | ction 3 | 302 of El | RISA? | 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.) | | | | | | | | |
| a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver | | | | | | | | | | |
| If | | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | Day_ | | Τσαι | | | | |
| b | Enter ti | he 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 | | | | | | |
| | Subtra | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the | left of a | 12d | | | | | | |
| | | ve amount) | | | Yes | No | N/A | | | |
| Part | | e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets | | | 163 | NO | IN/A | | | |
| | | resolution to terminate the plan been adopted in any plan year? | | | X Ye | sПNo | | | | |
| | | s," enter the amount of any plan assets that reverted to the employer this year | | 13a | | <u> </u> | (| | | |
| b | Were | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC? | ght under the co | ontrol | × | Yes | 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) | | 13c(3) F | c(3) PN(s) | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Part | | Trust Information | | | | | | | | |
| 14a | Name o | f trust | | 14b 1 | rust's Ell | N | | | | |
| | | | | | | | | | | |
| 14c | Name | of trustee or custodian | | 14d Trustee's or custodian's | | | | | | |
| | | | | | | telephone number | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | | |
| 15a | Is the | plan a 401(k) plan? | | ☐ Ye | s | No | | | | |
| | 10 110 | | | _ D | esign- | | | | | |
| 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)? | | based safe ADP/ACP harbor test method | | | | | | |
| 15c | | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c | | Yes No | | | | | | |
| | | method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))? | | | | | | | | |
| 16a | | the box to indicate the method used by the plan to satisfy the coverage requirements under section | | Ratio Ave | | | erage 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 | | No | | | | |
| 17a | | 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 | If the p | lan 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 r | | t to a fa | vorable I | RS opinion | or | | | |
| 17d | If the p | lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en | | the plai | n's last fa | vorable | | | | |
| 18 | Is the I | 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 | S | 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).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

| Pension Benefit Guaranty Corporation | ➤ Complete all entries in | accordance with the instru | uctions to the Form 5500 | -SF. | one mopeonen | | | |
|--------------------------------------|---|-------------------------------------|----------------------------|---------------------------------|--------------------|--|--|--|
| | t Identification Information | | | | | | | |
| For calendar plan year 2015 or f | iscal plan year beginning X a single-employer plan | 01/01/2016 | and ending | 01/31/201 | 16 | | | |
| A This return/report is for: | an (not multiemployer) (Fil ployer information in accor | | | | | | | |
| | a one-participant plan | a foreign plan | | | | | | |
| B This return/report is | the first return/report | X the final return/report | Januari (lana than 12 mart | h-a\ | | | | |
| _ | an amended return/report | x a short plan year return | report (less than 12 monti | ns) | | | | |
| C Check box if filing under: | Form 5558 special extension (enter description) | automatic extension | | DFVC prog | gram | | | |
| Part II Basic Plan Info | ormation—enter all requested in | | | | , | | | |
| 1a Name of plan | THE CORE OF THE PRODUCT OF | TOTTICALOT | 1 | b Three-digit | | | | |
| Denenny Inc 401k Pla | an | | | plan number (PN) | 001 | | | |
| | | | 1 | C Effective date of 01/01/200 | | | | |
| 2a Plan sponsor's name (emplo | oyer, if for a single-employer plan) |) D-11 | 2 | b Employer Ident | | | | |
| | m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post | | uctions) | (EIN) 91-19 | | | | |
| Richard H. Denenny | | (·· · · · · · · · · · · · · · · · · | 2 | C Sponsor's teleption 509-924-9 | | | | |
| DO D 141200 | | | 2 | d Business code | | | | |
| PO Box 141389 | | | | 524210 | | | | |
| Spokane Valley | WA 99214-13 | 89 | | | | | | |
| 3a Plan administrator's name ar | nd address XSame as Plan Spons | sor. | 3 | 3b Administrator's EIN | | | | |
| | | | | C Administrator's | telephone number | | | |
| name, EIN, and the plan nur | e plan sponsor has changed since mber from the last return/report. | the last return/report filed for | | b EIN | | | | |
| a Sponsor's name | | A | | c PN 5a | | | | |
| | at the beginning of the plan year | | | 5b | 2 | | | |
| • • | at the end of the plan yearat the end of the end of the | | | | 0 | | | |
| | | | | 5c | 0 | | | |
| d(1) Total number of active par | rticipants at the beginning of the pla | an year | | 5d(1) | 0 | | | |
| | rticipants at the end of the plan yea | | | 5d(2) | 0 | | | |
| than 100% vested | terminated employment during the | | | 5e | 0 | | | |
| | or incomplete filing of this return her penalties set forth in the instruc | | | | achia a Sahadula | | | |
| | nd signed by an enrolled actuary, a | | | | | | | |
| SIGN (STALL) | Jack | 5-25-10 | Richard Denenny | | | | | |
| HERE Signature of plan a | dministrator | Date | Enter name of individual | signing as plan adı | ministrator | | | |
| sign / | 42 | 5-25-11 | Richard Denenny | | | | | |
| HERE Signature of emplo | yer/plan sponsor | Date | Enter name of individual : | signing as employe | er or plan sponsor | | | |
| Preparer's name (including firm n | name, if applicable) and address (in | clude room or suite number |) Pri | eparer's telephone | number | | | |
| | | | | | | | | |

| | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) | | | | | | | | | X Ye | s [|] No |
|------------|--|---|---|---|----------|---|-----------|---|-----------------|-------------------------|---|-------------|
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | No | | | | | |
| | If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | | | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC ir | nsurance p | orogram (see ERISA s | ection 4 | 1021)? | <u> </u> | Yes | ∐No | ∐ N | ot dete | rmin | ed |
| Pa | rt III Financial Information | | <u></u> | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginnin | g of Ye | ar | | | (b) En | d of | Year | | |
| a | Total plan assets | 7a | | | 2637 | 6 | | | | | | 0 |
| b | Total plan liabilities | 7b | | | | \perp | | | | | | |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | 7c | | | 2637 | 6 | | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | | (b) | Tota | al | | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | | | | 0 | | | | | | |
| | (2) Participants | 8a(2) | | | | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | 0 | | | | | | |
| b | Other income (loss) | 8b | | | -165 | 5 | | | | | O.A. | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | | | -1 | 655 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | 2472 | 1 | | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | 0 | | | | | | |
| g | Other expenses | 8g | | | | 0 | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 247 | | | | | 721 |
| i_ | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -2637 | | | | 376 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | 0 | | | | | | |
| Par | t IV Plan Characteristics | | | | | *************************************** | | *************************************** | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 3D 2G | | | | | | | | | | | |
| В | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Pla | n Char | acterist | ic Co | des in th | ne instruc | ction | 5: | | |
| Pari | V Compliance Questions | | | | | | | | | | | |
| 10 | During the plan year: | | | *************************************** | Yes | No | N/A | | Α | mount | | |
| а | Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary F | iduciary Correction | 10a | | х | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | ? (Do not i | nclude transactions | 10b | | х | | | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | х | | | | | | 10 | 0000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bor | nd, that was caused | 10d | | х | | | | | | |
| е | | er persons e or all of | s by an insurance the benefits under | 10e | | х | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | | | 10f | | Х | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | of year e | nd \ | 10g | | X | | | | | | |
| <u>h</u> | | See instru | ctions and 29 CFR | 10g | | x | | | | | | MA PA |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 | ne box if you either provided the required notice or one of the | | | | | | | | | | |
| j | Did the plan trust incur unrelated business taxable income? | *************************************** | | 10j | | | | | 150, SLAS KIDSE | Marie Laure Edulari Com | 100000000000000000000000000000000000000 | 1846.296583 |
| Part | VI Pension Funding Compliance | | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) | ents? (If "\ | es," see instructions | and cor | nplete | Sched | iule SB | (Form | | Yes | | No |
| <u>11a</u> | Enter the unpaid minimum required contribution for all years from | Schedule | SB (Form 5500) line 4 | 0 | | | 11a | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | nts of section 412 of t | he Cod | e or se | ction | 302 of E | RISA? | | Yes | Х | No |
| | | | | | | | | | | | | |

| | l | Form 5500-SF 2015 Page 3 ~ | | | | | | | | |
|---------------------------|--|--|----------------------------------|---|--|---|---|--|--|--|
| | (If "Y | es," 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 instructions, and enter the date of the letter ruling | | | | | | | | | |
| | | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to | | Day_ | ************************************** | Year | ************************************** | | | |
| | | the minimum required contribution for this plan year | | 12b | | | | | | |
| | | he amount contributed by the employer to the plan for this plan year | | 12c | | | | | | |
| | S ubtr | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to | the left of a | 424 | | | | | | |
| | negat | ive amount) | ************* | 12d | | | | | | |
| Par | | ne minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N/A | | | |
| Proposition of the Parket | 450040705-044 | Plan Terminations and Transfers of Assets | | Т | П | | | | | |
| 136 | | resolution to terminate the plan been adopted in any plan year? | | | X Ye | s No | | | | |
| b | | s," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | 0 | | | |
| | of the | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or PBGC? | brought under the c | ontrol | X | Yes [| No | | | |
| С | lf duri | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), is assets or liabilities were transferred. (See instructions.) | dentify the plan(s) to | > | | | | | | |
| | 13c(1) l | Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) | PN(s) | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Par | t VIII | Trust Information | | ····· | | | | | | |
| 14a | Name o | | | 14b Trust's EIN | | | | | | |
| | | | | | | | | | | |
| 110 | Nome | of trustee or custodian | | | | | | | | |
| 140 | . Name | of trustee or custodian | | 14d Trustee's or custodian's telephone number | | | | | | |
| FIRST CONTRACTOR | | | | | | | | | | |
| Par | t IX | IRS Compliance Questions | | | | | **** | | | |
| 15a | Is the | olan a 401(k) plan? | | Yes | ······ | No | | | | |
| | | | | | sign- | | | | | |
| 15b | lf "Yes, matchi | 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)? | | | based safe | | P/ACP | | | |
| 45- | | | | | thod | tes | [| | | |
| 150 | If the A testing | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using th method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and | e "current year f 1 401(m)- | Yes | i | No | | | | |
| | 2(a)(2) | (ii))? | | | | | | | | |
| 16a | Check | the box to indicate the method used by the plan to satisfy the coverage requirements under s | ection 410(b); | Ra per | tio centage | | erage | | | |
| | | ne plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by | | tes | <u>t </u> | ber | nefit test | | | |
| | this pla | n with any other plans under the permissive aggregation rules? | combining | ∐ Yes | | ∐ No | | | | |
| 17a | Has the | plan been timely amended for all required tax law changes? | | Yes | | No | N/A | | | |
| | for tax I | e last plan amendment/restatement for the required tax law changes was adopted aw changes and codes). | Enter the a | | | *************************************** | nstructions | | | |
| 17c | If the pl advisor | an sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitte y letter, enter the date of that favorable letter | r plan that is subject | t to a fav | orable IR | S opinion | ог | | | |
| 17d | If the pl | and the letter's ser an is an individually-designed plan and received a favorable determination letter from the IRS nation letter | | the plan | s last fav | orable | | | | |
| 18 | Is the F made), | lan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Vi | i)(2) has been rgin Islands)? | Yes | | No | | | | |
| 19 | Were in | -service distributions made during the plan year? | | Yes | | No | *************************************** | | | |
| | If "Yes," | enter amount | | 19 | | | | | | |
| 20 | Were re | quired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of as required under section 401(a)(9)? | of whether or not | Yes | | ∏No | □ N/A | | | |
| | | | ····· | | | | | | | |