For	m 5500-SF	Short Form Annu	•	•	oyee	C	OMB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	This form is required to be fil	Benefit Plar ed under sections 104 ar		etirement		2015
Employee Ber	partment of Labor nefits Security Administration nefit Guaranty Corporation	Income Security Act of 197	4 (ERISA), and sections (Revenue Code (the Co	6057(b) and 6058(a) of the ode).	Internal		orm is Open to c Inspection
Part I		 Complete all entries in lentification Information 		structions to the Form 5	500-SF.		
	r plan year 2015 or fisca			and ending 1	2/31/2015		
A This retu	irn/report is for:	a single-employer plan a one-participant plan		r plan (not multiemployer) employer information in ac	•	0	
B This retur	rn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	ionths)		
C Check be	ox if filing under:	Form 5558	automatic extensio		· _	FVC progra	ım
Part II	Pagio Plan Inform	special extension (enter desonation—enter all requested in					
1a Name o	of plan	401(K) PROFIT SHARING PL/			1b Three plan r (PN) 1c Effect	umber ▶	001 plan
2a Plan sp	onsor's name (employe	r, if for a single-employer plan)			2b Emplo	01/01 oyer Identifi	/2006 cation Number
City or t		apt., suite no. and street, or P. country, and ZIP or foreign pos INC.		nstructions)	(EIN)	65-08 sor's teleph	88161 one number
					2d Busine	954-42 ess code (s	6-5754 ee instructions)
3606 QUANTI 30YNTON BE	UM BLVD. EACH, FL 33426					32310	00
3a Plan ad	ministrator's name and	address XSame as Plan Spor	isor.		3b Admin	istrator's E	IN
					3c Admir	istrator's te	lephone number
		lan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN		
a Sponso					4c PN		
5a Total n	umber of participants at	the beginning of the plan year			5a		91
		the end of the plan year			5b		83
		count balances as of the end o			5c		64
d(1) Tota	I number of active partic	cipants at the beginning of the p	olan year		5d(1)		66
		cipants at the end of the plan ye rminated employment during th			5d(2) 5e		72 0
than 1	00% vested	incomplete filing of this retu				ished	0
Under penal SB or Scheo	Ities of perjury and othe	r penalties set forth in the instru signed by an enrolled actuary,	ctions, I declare that I ha	ve examined this return/re	port, includin	g, if applica	
SIGN	Filed with authorized/va		06/20/2016	ERIK COVITZ			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing a	s plan adm	nistrator
SIGN HERE	Signature of employe	ar/nlan snonsor	Date	Enter name of individ	lual signing o	semployer	or plan sponsor
Preparer's n		ne, if applicable) and address (Preparer's		
For Paperwo	rk Reduction Act Notice a	and OMB Control Numbers, see t	ne instructions for Form 55	00-SF.		F	orm 5500-SF (2015)

b Ar ur	/ere all of the plan's assets during the plan year invested in eligib re you claiming a waiver of the annual examination and report of nder 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen and conditio	dent qualified public a	iccounta	ant (IQ	PA)		
	you answered "No" to either line 6a or line 6b, the plan cann he plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined
Part		isulance pi	ogram (see LINGA se	CIION 4	021):		163	
_	an Assets and Liabilities		(a) Paginping					(b) End of Yoor
	otal plan assets	7a	(a) Beginning	<u>1971</u>				(b) End of Year 2024362
	otal plan liabilities	7a 7b		1071	210			2024002
	et plan assets (subtract line 7b from line 7a)	75 7c		1971	215			2024362
	come, Expenses, and Transfers for this Plan Year	10	(a) Amou					(b) Total
	pontributions received or receivable from:		(a) Amot	1111				(b) 10(a)
) Employers	8a(1)		108	382			
(2)	Participants	8a(2)		205	040			
(3)) Others (including rollovers)	8a(3)			0			
b Ot	ther income (loss)	8b		7	175			
C To	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						320597
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d		265	729			
e Ce	ertain deemed and/or corrective distributions (see instructions)	8e			0			
f Ac	ministrative service providers (salaries, fees, commissions)	8f		1	721			
g Ot	her expenses	8g						
h Τα	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						267450
i Ne	et income (loss) (subtract line 8h from line 8c)	8i						53147
j Tr	ansfers to (from) the plan (see instructions)	8j						
Part	V Plan Characteristics							
9a If	the plan provides pension benefits, enter the applicable pension 2E $2F$ 2G 2J 2K 2T 3D	feature coo	des from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:
B If	the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	tic Coo	les in th	ne instructions:
Part V	Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
	Nas 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		
	Nere there any nonexempt transactions with any party-in-interest eported on line 10a.)			10b		Х		
C	Was the plan covered by a fidelity bond?			10c	x			200000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
C	Nere any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som he plan? (See instructions.)	ne or all of t	he benefits under	10e	х			11168
f⊦	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g [Did the plan have any participant loans? (If "Yes," enter amount a	is of year er	nd.)	10g		Х		
	f this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х		
	f 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 V	I Pension Funding Compliance				-	-	-	•

11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched) and line 11a below)		(Form	Yes	X No
11a	Ente	r the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No

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					1		
	(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?			Ye	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					
	of th	e PBGC?	-			Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h 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	Nam	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?		Ye	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	e ADF test	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	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No	
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer 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		Ye	S	No	
19	Were	in-service distributions made during the plan year?		Ye	es	No	
	lf "Y€	es," enter amount		19			
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A

		<u>[</u>			OMAR Nos 1210-0110
Form 5500-SF		Snort Form Annual Return/Report of Small Employee Велей: Plan	т әтан Етрюу	Aee	1210-0089
Department of the Treasury Internal Revonue Service	This form is required to be file	ed under sections 104 and 406	5 of the Employee Reti	rement	2015
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).	o) and 6058(a) of the In	ternal	This Form is Open to Public Inspection
Part Annual Report	 Complete all entries in Identification Information 	complete all entries in accordance with the instructions to the Form sour-SF fication Information	tions to the Form source	ч-ъг.	
For calendar plan year 2015 or fiscal plan year beginning 01/01/201	cal plan year beginning 01/01/2015	2	and ending 12/31/2015	2015	
A This return/report is for:	X a single-employer plan	 a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions) a foreign plan 	(not multiemployer) (F oyer information in acco	ilers checkin ordance with	ig this box must attach a the form instructions)
B This return/report is	the first return/report an amended return/report	the final return/report teturn/report (less than 12 months)	sport (less than 12 mon	ths)	
C Check box if filing under:	Form 5558 a subscient extension (enter description)	automatic extension		DF	DFVC program
Part II Basic Plan Infor	nformation—enter all requested information	iformation			
1a Name of plan Worldwide Tickets & Labels 401(k) Profit Sharing Plan	Profit Sharing Plan			1b Three-digit plan number (PN) ▶	ligit mber 001
			<u>.</u>	1c Effective da 01/01/2006	Effective date of plan 01/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)	rer, if for a single employer plan)	O. Box)		2b Employe (EIN) 65	Employer Identification Number (EIN) 65-0888161
Urty or town, state or province Worldwide Tickets & Labels, Inc.	s, country, and ∠i≓ or toreign post	ital code (if foreign, see instruc			Sponsor's telephone number (954) 426-5754
3606 Quantum Blvd.			<u> </u>	2d Busines 323100	Business code (see instructions) 323100
Boynton Beach, FL 33426	-				
f 3a Plan administrator's name and address $KSame$ as	d address XSame as Plan Sponsor.	lsor.		3b Adminis	Administrator's EIN
				3c Adminis	Administrator's telephone number
4 If the name and/or EIN of the	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	e the last return/report filed for t		4b EIN	
name, EIN, and the plan nun a Sponsor's name	nber from the last return/report,			4c PN	
5a Total number of participants	Total number of participants at the beginning of the plan year			5a	91
	Total number of participants at the end of the plan year			5b	83
c Number of participants with a complete this item)	Number of participants with account batances as of the end of the plan year (defined benefit plans do not complete this item)	t the plan year (defined benefit	plans do not	5c	64
d(1) Total number of active par	${f d}(1)$ Total number of active participants at the beginning of the plan year	olan year		5d(1)	66
d(2) Total number of active par	${f d}({f 2})$ Total number of active participants at the end of the plan year	aar		5d(2)	72
e Number of participants that that that the that the that the that the the the the the the the the the th	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	e plan year with accrued bene	fits that were less	5e	0
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of penjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and helief it is the correct and comments.	or incomplete filing of this retur ther penalties set forth in the instru- od signed by an enrolled actuary, in these	rn/report will be assessed ur uctions, I declare that I have ex as well as the electronic versio	less reasonable caus camined this return/repo on of this return/report, a	e is establis irt, including, and to the be	s hed. , if applicable, a Schedule est of my knowledge and
2310	C +	6/2/2016	Erik Covitz		
Signature of pl	an administrator	Date	Enter name of individual signing as plan administrator	al signing as	płan administrator
HERE Signature of emplo	HERE Signature of employer/plan sponsor Date	Date	Enter name of individua	al signing as	Enter name of individual signing as employer or plan sponsor
Preparers name (including firm n	ame, if applicable) and address (i	include room of suite number)	L	Preparer's te	s telephone number
For Paperwork Reduction Act Notic 2016-06-15716.59 19.73-05.00	Notice and OMB Control Numbers, see the instructions for Form 5500-SF	he instructions for Form 5500-Sf			Form 5500-SF (2015) v 150123

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	an indepen and conditi	ident qualified public a ons.)	iccounta	ant (IQ	PA)		
	If the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	7a		197121				2024362
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		197121	5			2024362
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) Total
а	Contributions received or receivable from:				_			
	(1) Employers	8a(1)		10838		_		
	(2) Participants	8a(2)		20504		_		
<u> </u>	(3) Others (including rollovers)	8a(3)			0			
	Other income (loss)	8b		717	5	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		320597
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		26572	-			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		172	1			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						267450
i	Net income (loss) (subtract line 8h from line 8c)	8i						53147
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Chai	racteris	stic Co	des in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instructions:
Par	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			200000
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	the benefits under	10e	х			11168
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	nd.)	10g		Х		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance			,			1	ı

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see ins 5500) and line 11a below)		Form
11a	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 55	500) line 40 11a	
12	2 Is this a defined contribution plan subject to the minimum funding requirements of sectio	n 412 of the Code or section 302 of EF	RISA? Yes X No

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	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver		enter Da				
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter	the minimum required contribution for this plan year		12	D			
С	Enter	the amount contributed by the employer to the plan for this plan year		120	;			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)		120	k			
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?			П [,]	Yes X I	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a	1			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes		١o
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identii th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to		-			
1	3c(1)	Name of plan(s):	13c(2)	EIN(s	3)	13	8 c(3) P	N(s)
Part	VIII	Trust Information						
14a	Name	e of trust		14k	Trust's	EIN		
14c	Nam	e of trustee or custodian		14	d Truste	e's or cu		n's
					teleph			
Par	t IX	IRS Compliance Questions			telepii			
		IRS Compliance Questions e plan a 401(k) plan?			Yes		No	
15a	Is the	-	d employer					/ACP
15a 15b	Is the If "Ye matc	e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and	d employer		Yes Design- based sa harbor	afe]No] ADP/	/ACP
15a 15b 15c	Is the matc If the testir 2(a)(e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and thing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "co ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	d employer urrent year i01(m)-		Yes Design- based sa harbor method	afe	No ADP/ test No Aver	
15a 15b 15c 16a	Is the matc If "Ye matc If the testir 2(a)(Chec	e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cr ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?	d employer urrent year 01(m)- on 410(b):		Yes Design- based sa harbor method Yes Ratio percenta	afe	No ADP/ test No Aver	rage
15a 15b 15c 16a 16b	Is the matc If "Ye matc If the testir 2(a)(Chec Does this p	e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cr ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))? ek the box to indicate the method used by the plan to satisfy the coverage requirements under sections the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com	d employer urrent year 01(m)- on 410(b):		Yes Design- based sa harbor method Yes Ratio percenta test	afe] No] ADP/ test] No] Aver bene	rage
15a 15b 15c 16a 16b 17a	Is the matc If "Ye testir 2(a)(Chec Does this p Has t	e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cr ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))? ek the box to indicate the method used by the plan to satisfy the coverage requirements under sections the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com- plan with any other plans under the permissive aggregation rules?	d employer urrent year 01(m)- on 410(b):		Yes Design- based sa harbor method Yes Ratio percenta test Yes Yes	afe [No ADP/ test No Aver bene No No	age efit test
15a 15b 15c 16a 16b 17a 17b	Is the If "Ye matc If the testir 2(a)(Chec Does this p Has t Date for ta If the	e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cr ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))? ek the box to indicate the method used by the plan to satisfy the coverage requirements under sections the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com- plan with any other plans under the permissive aggregation rules?	d employer urrent year 001(m)- on 410(b): bining Enter the a		Yes Design- based sz harbor method Yes Ratio percenta test Yes Yes able code	afe [No ADP/ test No No No See ins	rage effit test
15a 15b 15c 16a 16b 17a 17b 17c	Is the If "Ye matc If the testir 2(a)(Chec Does this p Has t Date for ta advis If the advis	e plan a 401(k) plan? es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and thing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "ci- ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))? ex the box to indicate the method used by the plan to satisfy the coverage requirements under sections the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com- plan with any other plans under the permissive aggregation rules?	d employer urrent year 001(m)- on 410(b): bining Enter the a an that is subjec number		Yes Design- based sz harbor method Yes Ratio percenta test Yes Yes able code favorabl	afe [ge []]]]]]]]]]]]]]]]]]]	No ADP/ test No No No See ins Dinion c	rage effit test
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