For	m 5500-SF	Short Form Annua	I Return/Report Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089			
	ment of the Treasury al Revenue Service	This form is required to be filed	4065 of the Employee Re	ee Retirement 2015						
Employee Ber	eartment of Labor nefits Security Administration efit Guaranty Corporation	57(b) and 6058(a) of the I e).	the Internal This Form is Open to Public Inspection							
Part I		Complete all entries in ac dentification Information	cordance with the inst	ructions to the Form 550	00-SF.					
	r plan year 2015 or fisc		15	and ending 12/	/31/2015					
A This retu	rn/report is for:	X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attallist of participating employer information in accordance with the form instruction a one-participant plan a foreign plan								
B This retur	n/report is	the first return/report an amended return/report	the final return/report a short plan year retu	rt turn/report (less than 12 months)						
C Check be	ox if filing under:	Form 5558	automatic extension			DFVC prog	ram			
		special extension (enter descrip								
Part II		mation—enter all requested info	rmation		4					
1a Name o KEN R. BURI	•	(K) PROFIT SHARING PLAN			1b Three plar (PN	number	001			
					1c Effe	ctive date of 01/0	f plan 1/2000			
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O.			2b Emp (EIN		fication Number 957020			
	own, state or province, IETT D.D.S., P.S.	country, and ZIP or foreign postal	code (if foreign, see insi	ructions)	2c Spo		hone number 83-6021			
925 SENECA	ST				2d Bus	ness code (see instructions)			
SEATTLE, WA						6212	210			
3a Plan ad	ministrator's name and	address XSame as Plan Sponso	r.		3b Adm	inistrator's I	EIN			
4 If the na	amo and/ar EIN of the r	plan sponsor has changed since th	a last raturn/rapart filed	for this plan, optor the	3C Adm 4b EIN	inistrator's t	elephone number			
	EIN, and the plan numb	per from the last return/report.	e last return/report med		40 EIN 40 PN					
		t the beginning of the plan year			5a		4			
		t the end of the plan year		F	5b		3			
C Numbe	r of participants with ac	count balances as of the end of th	e plan year (defined ben	efit plans do not	5c		3			
d(1) Total	number of active parti	cipants at the beginning of the plar	n year		5d(1)		2			
d(2) Tota	I number of active parti	cipants at the end of the plan year			5d(2)		3			
		rminated employment during the p	2		5e		0			
Under penal SB or Scheo	ties of perjury and othe	incomplete filing of this return/u er penalties set forth in the instructi signed by an enrolled actuary, as	ons, I declare that I have	e examined this return/rep	ort, includ	ing, if applic				
SIGN		alid electronic signature.	07/07/2016	KEN R. BURNETT						
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan adr	ninistrator			
SIGN HERE										
	Signature of employed ame (including firm nar	er/plan sponsor ne, if applicable) and address (incl	Date lude room or suite numb	Enter name of individu er)		as employe s telephone				
For Paperwor	rk Reduction Act Notice	and OMB Control Numbers, see the i	nstructions for Form 5500	-SF.			Form 5500-SF (2015)			

	Were all of the plan's assets during the plan year invested in eligib		· /					Yes No				
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	t instea	ld use	Form	5500.					
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ction 4	021)?		Yes	No Not determined				
Par	t III Financial Information					-						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year				
а	Total plan assets	7a		524	501			517320				
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	plan assets (subtract line 7b from line 7a) 7c						517320				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	Int			(b) Total					
	Contributions received or receivable from:	0-(4)		1	608							
	(1) Employers	8a(1)			400							
	(2) Participants	8a(2)		20	400							
	(3) Others (including rollovers)	8a(3)		6	719	_						
	Other income (loss)	8b		-0	719	-		18289				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				-		10209				
	to provide benefits)	8d		25	337							
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f			133							
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						25470				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-7181				
j	j Transfers to (from) the plan (see instructions)											
Par	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension $2A$ 2E 2F 2J 2K 2R 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:				
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:				
Part	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction			x						
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		^						
<u> </u>	reported on line 10a.)	•		10b		Х						
С	Was the plan covered by a fidelity bond?			10c	Х			25000				
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		X						
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	end.)	10g		Х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		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	d notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?			10i								
Part	VI Pension Funding Compliance				1	1	1	1				

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	0
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 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?	0

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Page **3 -** 1

-										
	(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 instructions, and enter the date of the letter ruling granting the waiver										
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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)										
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 Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No	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 ADP harbor test method				
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 Snort Form Annual Return/Report of Sintar Entropy (Internal Revenue Service) Dopartment of the Treasury Internal Revenue Service) Benefit Plan Dopartment of Lator Entropy (Internal Revenue Service) Pendery et Banefits Security Administration This form is required to be filed under sections 104 and 4065 of the E Retirement income Security Act of 1974 (ERISA), and section 6057(b) and the Internal Revenue Code (the Code). Pendery et Banefit Guaranty Corporation Complete all entries in accordance with the instructions to the Formation Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 A This return/report is for: a single-employer plan a the final return/report B This return/report is: a one-participant plan a foreign plan B This return/report is: Form 5558 automatic extension C Check box if filing under: Form 5558 automatic extension Special extension (enter description) Part 11 Basic Plan Information enter all requested information	g 12 ployer) (Filers c	This Form I In 2/31/2015 thecking this bo nce with the for	m instructions)			
Doperment of Lakor Refirement income Security Act of 1974 (ERISA), and section 6057(b) are the Internal Revenue Code (the Code). Fendiore Banefits Security Administration Employee Banefits Security Administration Fendiore Banefit Guaraxy Corporation Complete all entries in accordance with the instructions to the Fo Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 * Complete all entries in accordance with the instructions to the Fo * Complete all entries in accordance with the instructions to the Fo * Camplete all entries in accordance with the instructions to the Fo * Camplete all entries in accordance with the instructions to the Fo * Camplete all entries in accordance with the instructions to the Fo * Camplete all entries in accordance with the instructions to the Fo * Camplete all entries in accordance with the instructions to the Fo * Camplete all entries in accordance with the instructions to the Fo * Camplete all entries in accordance with the instructions to the Fo * Camplete all entries in accordance with the instructions to the Fo * Camplete all entries in accordance with the instructions information * a single-employer plan a multiple-employer plan (not multilem) * a one-participant plan a foreign plan <t< td=""><td>g 12 ployer) (Filers c</td><td>This Form I In 2/31/2015 thecking this bo nce with the for</td><td>s Open to Public spection x must attach m instructions)</td></t<>	g 12 ployer) (Filers c	This Form I In 2/31/2015 thecking this bo nce with the for	s Open to Public spection x must attach m instructions)			
Employee Banefits Sourty Administration Internal Revenue Code (the Code). Fendoryee Banefits Sourty Administration Complete all entries in accordance with the instructions to the Fo Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending A This return/report is for: a one-participant plan a the first return/report is: a one-participant plan a foreign plan the first return/report a short plan year return/report (less the form 5558 automatic extension special extension (enfor description) A the first return (continue) a special extension (enfor description) A the first return (continue) A short plan year return/report A short plan year return/report (less the form 5558 Automatic extension Automatic extension<td>rm 5500-SF. g 12 ployer) (Filers c ition in accordan</td><td>in 2/31/2015 checking this bo nce with the for</td><td>spection x must attach m instructions)</td>	rm 5500-SF. g 12 ployer) (Filers c ition in accordan	in 2/31/2015 checking this bo nce with the for	spection x must attach m instructions)			
Fension Benefit Guaranty Corporation Example termine Complete all entries in accordance with the instructions to the Formation Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending A This return/report is for: Image: Complete all entries in accordance with the instructions to the Formation B This return/report is: Image: Complete all entries in accordance with the instructions of the final return/report B This return/report is: Image: Complete all entries in accordance with the instructions of the final return/report C Check box if filing under: Form 5558 Image: Automatic extension Image: Special extension (enter description) Image: Complete all entersion (enter description)	g 12 ployer) (Filers c tion in accordan	checking this bo nce with the for	m instructions)			
Part I Annual Report Identification Information For calender plan year 2015 or fiscal plan year beginning 01/01/2015 and ending For calender plan year 2015 or fiscal plan year beginning 01/01/2015 and ending A This return/report is for: a single-employer plan a multiple-employer plan (not multilem) a list of participating cmployer informa B This return/report is: a one-participant plan inte first return/report a foreign plan inte first return/report a short plan year return/report C Check box if filing under: Form 5558 automatic extension special extension (enter description) automatic extension	g 12 ployer) (Filers c tion in accordan	checking this bo nce with the for	m instructions)			
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending A This return/report is for: a single-employer plan a multiple-employer plan (not multiem) a list of participating employer informa B This return/report is: a one-participant plan the first return/report a short plan year return/report (less the first return/report) C Check box if filing under: Form 5558 automatic extension (enfor description)	ployer) (Filers c ition in accorda	checking this bo nce with the for	m instructions)			
A This return/report is for: a one-participant plan a list of participating employer informa B This return/report is: a one-participant plan a foreign plan B This return/report is: ine first return/report the final return/report C Check box if filing under: Form 5558 automatic extension Special extension (enfor description) a special extension (enfor description)	tion in accorda	nce with the for	m instructions)			
Check box if light under:						
special extension (enlor description)			81T1			
Part II Basic Plan Information enter all requested information						
1a Name of plan	15	Three-digit plan number				
KEN R. BURNETT D.D.S., P.S. 401 (K) PROFIT SHARING PLAN		(PN) ►	001			
	10	Effective date				
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)	2b		tification Number			
Mailing Address (include room, apt., suite no. and street of P.O., Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KEN R. BORNETT D.D.S., P.S.	20	2C Sponsor's telephone number (206) 583-6021				
925 Seneca St	2d	2d Business code (see instructions) 621210				
US Seattle WA 98101		A day la balanda d	- EIN			
3a Plan administrator's name and address X Same as Plan Sponsor Name	30	Administrator	5 610			
	30	Administrator	s telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, en	ter the 4b	EIN				
name, EIN, and the plan number from the last return/report.		PN				
a Sponsor's name		ia l	4			
5a Total number of participants at the beginning of the plan year		5b	3			
b Total number of participants at the end of the plan year	x 5	5c	Э			
complete this item)		d(1)	2			
d(1) Total number of active participants at the organism of the plan year d(2) Total number of active participants at the end of the plan year		d(2)	3			
Number of participants that terminated employment during the plan year with accrued benefits that were		5e	0			
e less than 100% vested	neeple envire !	e ostabilebar				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this SB or Schedule Micromosted and signed by an enrolled actuary, as well as the electronic version of this re belief, it is true, complete, and complete.	s return/report, and	EFECTIVELY INC. IF RELAT	blicable, a Schedule my knowledge and			
Ken R. B						
HERE Signature of plan administrator Date 1/7/16 Enter name	of individual sig	gning as plan ac	Iministrator			
- Elana						
SIGN Date 7/7//() Enter name	of individual sig	gning as employ	ver or plan sponsor			
HERE Signature of employer/plan sponsor Date 4 1710 Ener name Preparer's name (including firm name, if applicable) and address; include room or suite number	Pr	eparer's telepho	ne number			

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3a Were all of the plan's assets during the plan year invested in eligible a	assets? (S	ec Instructions.)					[X Yes 🗖	No
must determine a waiter of the annual examination and report of an independent gualified public accountant (IQPA)									
under 29 CFR 2520.104-46? (See instructions on waiver enginitive an If you answered "No" to either line 6a or line 6b, the plan cannot c If the plan is a defined benefit plan, is it covered under the PBGC insu			0 USI 12112	2 FON ?		v. Yes	[⊐ No [Not deter	mined
c If the plan is a defined benefit plan, is it covered under the PBGC insi	urance pro		921):						
Part III Financial Information		(-) Destanting of W) End of	Year	
7 Plan Assets and Liabilities		(a) Beginning of Yo 524	_	-+			I LINE OF	517,32	0
a Tolal plan assets	7a 7b	244.	, 901	-+					
b Total plan Babäities	plan llabilities							517,32	20
C Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tot	al	
3 Contributions received or receivable from:			, 60						
(1) Employers	88(1)		, 40				. <u> </u>		
(2) Parlicipants	8a(2) Ba(3)						_		
(3) Others (including rollovers)	8b	(6,	719	,					
Other income (loss) C Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)	BC							18,28	39
 Benefits paid (including direct rollovers and insurance premiums) 		25	,33	7					
to provide benefits)	Bd	23	66.1						
e Centain deemed and/or corrective distributions (see instructions)	80		13	3					
f Administrative service providers (salaries, fees, commissions)	<u> </u>			-					
g Other expenses	. 8h				<u> </u>			25,4	70
I total expenses (add lines add, de, b), and by intervention of the shift	Total expenses (add lines od, oc, of end og)							(7,18	1}
Transfers to (from) the plan (see instructions)						_			
Part IV Plan Characteristics	- · · · · ·								
9a If the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan Cha	irade	ristic	Codes	in the	instructio	RS;	
2A 2E 2F 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare for	ature code	s from the List of Plan Char	acter	istic C	odes	in the i	nstruction	s:	
Part V Compliance Questions			-	Yes	No	N/A		Amount	
10 During the plan year: a Was there a failure to transmit to the plan any participant contribu-	lione with	in the time netion	-+	100					
a Was there a failure to transmit to the plan any participant contract described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction							
Рюлат)			108		X				_
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	il? (Do not	include transactions	10b		x _				
C Was the plan covered by a fidefity bond?			10c	<u>x</u>				2	5,000
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 of carrier, insurance service, or other organization thal provides so the plan? (See instructions.)	me or all o	t the penetits under	10e		x				
the second	an?	• 000 • 0 000 • 0 000 000 • 0 • 0 • 0 •	101		x				
f Has the plan failed to provide any panetit when our under the plan g Did the plan have any participant loans? (II "Yes," enter amount			10g		x				
 g Did the plan have any participant loans r (ii res, enter anounce) h If this is an individual account plan, was there a blackout period. 	as ur your	nuclions and 29 CER				<u> </u>			
2520.101-3.)			10h	<u> </u>	x				
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	01-3		101						
j Did the plan trust incur unrelated business taxable income?			10				<u> </u>		
Part VI Pension Funding Compliance							(P *		
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							(ram	Yes	No
11a Enter the unpaid minimum required contribution for current year	r from Sch	edule SB (Form 5500) line 4	0.	******		118			s 🔀 No
12 Is this a defined contribution plan subject to the minimum fundir	ng require	ments of section 412 of the C	Code	or se	aion 3	UZ of E	RISA?	• [L_] Tes	<u>ه الحاد</u>

-	Page 3-					
	5500-SF 2015 Fage 3- complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable)					
a Ifawai	ver of the minimum funding standard for a prior year is being amonized in this plan year, see Month, Month,	ctions, and o	enter the ay	date of the Year	e letter rulin	g
if you com	leted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				·	
b Enter th	e minimum required contribution for this plan year		126			
- Entor its	e amount contributed by the employer to the plan for this plan year		120	<u> </u>		
	the enter a minus sign to me text in the result (enter a minus sign to me text)	na	12d			
	a mount in any fize non-ine another in the another ine and the met by the funding deadline?			Yes 🗌	No 🗌	N/A
Part VII	Plan Terminations and Transfers of Assets					
Part VII	esolution to terminate the plan been adopted in any plan year?			es X No		
13a Hasar	esolution to terminate the part open adopted in any part year year of any plan assets that reverted to the employer this year	****	13a			
	that the excelle distributed to participants or beneficiaries, transferred to another plan, or brought	under the co	ontrol	C	Yes 🔀	
C If durin	If the plan assets or intolled to participanta or perturbative, or this plan to another plan(s), identify the g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	ne plan(s) to				
	assets or liabilities were transferred. (See instructions.)	130	c(2) EIN	(s)	13c(3) P	N(s)
13c(1) N	ame of plan(s):					
Part Vill	Trust Information	L				
			14b	Trust's EIN		
148 Name o	T TTUST					
		<u> </u>	14d	Trustee or	custodian's	
14c Name	of Iruslee or custodian		tel	ephone nui	nber	
Part IX	IRS Compliance Questions					
15a is the	plan a 401(k) plan:					
	s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer		esign- ased safe arbor nethod	test	ACP
	VACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401	(m)-		(es	No No	
2(a)(2	(ii))?		•	Ratio		
16a Check	the bax to indicate the method used by the plan to satisfy the coverage requirements under section	n 410(b):	- [L] i	Percentage Fest	Avera Bene	ige fit Test
16b Does	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb an with any other plans under the permissive aggregation rules?	ining		Yes	No No	
17a Has t	he Plan been timely amended for all required law changes?	*** *** *****************	<u>. </u>			
17b Date	of the last plan amendment/restalement for the required tax law changes was adopted//	Enter	the app	licable cod		
instru 17c lf the	ctions for lax law changes and codes). plan sconsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan the	at is subject	l to a fav	rorable IRS	opinion or	
advis 17d if the	plan is an individually-designed plan and racieved a favorable determination letter from IRS, please	enter the d	late of pi	an's last fa	vorable	
	mination letter // ///////////////////////////////	nas been slands)?		Yes	No No	
	in-service distributions made during the plan year?			Yes	No No	
lf Vo	s, enter amount		19			
	minimum required under section 401(a)(9)?	elher or		Yes	No No	<u>□</u> №