Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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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

| Part I | Annual Report | Identification Information | l | | | | | | | | | |
|---|--------------------------------|--|--------------------------------|-------------------------|---|---------------------------------------|--|--|--|--|--|--|
| For calenda | ar plan year 2015 or fi | scal plan year beginning 01/01/2 | 2015 | and ending 12 | /31/2015 | | | | | | | |
| A This return/report is for: a single-employer plan | | | | | | | | | | | | |
| B This return/report is ☐ the first return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 return/report ☐ a short plan year return/report Cless than 12 return/report ☐ a short plan year return/report Cless than 12 return/report ☐ a short plan year return/report Cless than 12 return/report ☐ a short plan year return/report Cless than 12 return/report ☐ a short plan year return/report Cless than 12 return/report C | | | | | | months) | | | | | | |
| C Check b | oox if filing under: | | DFVC program | | | | | | | | | |
| Part II | Basic Plan Info | prmation—enter all requested in | formation | | | | | | | | | |
| 1a Name | | | | | 1b Three-diplan num (PN) ▶ | • | | | | | | |
| | | | | | 1c Effective date of plan 07/01/2007 | | | | | | | |
| Mailing | address (include roo | yer, if for a single-employer plan) m, apt., suite no. and street, or P.C | | | 2b Employe (EIN) | r Identification Number 71-0975197 | | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IAMOND TECHNOLOGY INNOVATIONS, INC. | | | | ructions) | 2c Sponsor's telephone number 360-866-1337 | | | | | | | |
| 043 KAISER DLYMPIA, W | R RD. S.W., BLDG. A A 98512 | | | | 2d Business | s code (see instructions) 339900 | | | | | | |
| 3a Plan ad | dministrator's name a | nd address Same as Plan Spon | sor. | | 3b Administ | rator's EIN | | | | | | |
| | | | | | 3c Administr | rator's telephone number | | | | | | |
| | | e plan sponsor has changed since mber from the last return/report. | the last return/report filed f | or this plan, enter the | 4b EIN | 71-0975197 | | | | | | |
| a Sponso | or's name DIAMOND | TECHNOLOGIES, INC. | | | 4c PN | 001 | | | | | | |
| 5a Total r | number of participants | at the beginning of the plan year | | | 5a | 39 | | | | | | |
| b Total r | number of participants | at the end of the plan year | | | 5b | 47 | | | | | | |
| Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | | | | efit plans do not | 5c | 45 | | | | | | |
| d(1) Total number of active participants at the beginning of the plan year | | | | | 5d(1) | 41 | | | | | | |
| d(2) Total number of active participants at the end of the plan year | | | | | 5d(2) | 42 | | | | | | |
| Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | 5e 1 | | | | | | | |
| Caution: A | penalty for the late | or incomplete filing of this retur | n/report will be assessed | unless reasonable cau | | | | | | | | |
| SB or Sche | | her penalties set forth in the instru nd signed by an enrolled actuary, a plete. | · · | | | • • | | | | | | |
| SIGN | Filed with authorized | /valid electronic signature. | 07/20/2016 | TANYA JERNIGAN | | | | | | | | |

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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 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 independand condition | dent qualified public a | account | ant (IQ | PA) | | | es 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 det | ermined |
| Part III Financial Information | | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | g of Ye | ar | | | (b) End of Year | |
| a Total plan assets | 7a | | 1753 | 826 | | | 197 | 0509 |
| b Total plan liabilities | 7b | | 4750 | | | | 407 | 0500 |
| C Net plan assets (subtract line 7b from line 7a) | 7c | | 1753 | 826 | | | | 0509 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | unt | | | | (b) Total | |
| (1) Employers | 8a(1) | | 148 | 751 | | | | |
| (2) Participants | 8a(2) | | 127 | 014 | | | | |
| (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b Other income (loss) | 8b | | -36 | 368 | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 23 | 9397 |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 22 | 714 | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g Other expenses | 8g | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 2 | 2714 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 21 | 6683 |
| j Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Part IV Plan Characteristics | | | | | | | | |
| B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions | eature code | es from the List of Pla | n Chara | acterist | ic Cod | les in the | e instructions: | |
| 10 During the plan year: | | | | Yes | No | N/A | Amoun | t |
| 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 | Х | | | | 50000 |
| 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 ne or all of t | by an insurance he benefits under | 10e | X | | | | 10096 |
| f Has the plan failed to provide any benefit when due under the plan | | | 10f | | X | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | s of year er | nd.) | 10g | | Χ | | | |
| · · · · · · · · · · · · · · · · · · · | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | | X | | | |
| 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 | notice or one of the | 10i | | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10i | | | | | |
| Part VI Pension Funding Compliance | | | ı vj | <u> </u> | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | es 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 | | | | | | | RISA? Y | es X No |

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | | | |
|-------------------------|---|---|---|--------------------------|--------------|-----------------------|-------|--|--|
| | _ ` | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | | aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver | | enter the Day | date of t | he letter rul Year | ing | | |
| lf | | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | Duy_ | | 1 oui | | | |
| b | Enter t | ne 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 | | | | | |
| d | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the | | 12d | | | | | |
| | | ve amount)e minimum funding amount reported on line 12d be met by the funding deadline? | | П | Yes | No 🗌 | N/A | | |
| Part | | Plan Terminations and Transfers of Assets | | | 100 | 110 | 1471 | | |
| | | resolution to terminate the plan been adopted in any plan year? | | | Yes | s X No | | | |
| | | s," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | | |
| b | Were | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough | ght under the co | ontrol | | Yes X | 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 | PN(s) | | |
| | | | | | | | | | |
| Part | : VIII | Trust Information | | | | | | | |
| 14a | Name o | f trust | | 14b 1 | Γrust's EIN | ١ | | | |
| | | | | | | | | | |
| 14c | Name | of trustee or custodian | | 14d | Trustee's | or custodia | an's | | |
| The Traine of Gastesian | | | | | | telephone number | | | |
| | | | | | | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | | |
| 15a | Is the | plan a 401(k) plan? | | Ye | S | No | | | |
| 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)? | Design- based safe ADP/ACP harbor test method | | | | | | |
| 15c | testing | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))? | 101(m)- | Yes No | | | | | |
| 16a | Check | the box to indicate the method used by the plan to satisfy the coverage requirements under secti | on 410(b): | Ratio Average benefit to | | | 0 | | |
| 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 | s | No | | | |
| 17a | Has the | e plan been timely amended for all required tax law changes? | | Ye | S | No | N/A | | |
| 17b | 17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes). | | | | | | | | |
| 17c | 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / / and the letter's serial number | | | | | | | | |
| 17d | If the p | lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/ | | the plai | n's last fav | vorable | | | |
| 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 | ; | 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)

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| Part I | Annual Report | Identification Information | | | | | | | | |
|--|--|--|---------------------------------------|--|-------------------------------------|-----------------------------|--|--|--|--|
| For caren | idar plan year 2015 or tis | scal plan year beginning 01/01/201 | | and ending 12 | | | | | | |
| A This a | A This return/report is for: A a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruction | | | | | | | | | |
| A Inis i | eturn/report is for: | a one-participant plan | | accordance wi | ith the form instructions) | | | | | |
| | | a sile paraopara piari | a foreign plan | | | | | | | |
| B This re | turn/report is | the first return/report | rst return/report | | | | | | | |
| | , | an amended return/report | a short plan year retu | months) | | | | | | |
| C Chook | box if filing under: | Form 5558 | automatic extension | | | | | | | |
| O Check | c box it filling under: | | ∐ D | FVC program | | | | | | |
| · | Га | special extension (enter descrip | · · | | | | | | | |
| Part II | | rmation—enter all requested info | ormation | | | | | | | |
| 1a Name | | | | | 1b Three-digit | | | | | |
| DIIKEIIK | EMENT PLAN | | | | plan number (PN) | | | | | |
| | | | | | | ive date of plan | | | | |
| | | | | | 07/01 | | | | | |
| 2a Plan s | sponsor's name (employ | ver, if for a single-employer plan) | | - | 2b Emplo | yer Identification Number | | | | |
| City o | ig address (include room ir town, state or province | n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal | Box) code (if foreign see ins: | tructions) | | 71-0975197 | | | | |
| DIAMOND : | TECHNOLOGY INNOV | ATIONS, INC. | Toda (ii foreign, acc ins | i dello i s | 2c Spons | sor's telephone number | | | | |
| | | | | | 0-1 | (360) 866-1337 | | | | |
| 1043 KAISE | ER RD. S.W., BLDG. A | | | | 2 d Busine | ess code (see instructions) | | | | |
| 104010101 | -N ND. 0.W., DEDG. A | | | | 339900 | U | | | | |
| OLYMPIA, V | | | | | | | | | | |
| 3a Plan a | administrator's name and | d address X Same as Plan Sponso | г. | | 3b Admini | istrator's EIN | | | | |
| | | | | | | Service de la Company | | | | |
| | | | | | 3c Administrator's telephone number | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 If the | name and/or EIN of the | or this plan, enter the | 4b EIN | 71-0975197 | | | | | | |
| name | , EIN, and the plan num | ber from the last return/report. | - matrotaninoport mosi | or the plan, order the | | | | | | |
| | or's name DIAMOND TE | | | | 4c PN 001 | | | | | |
| 5a Total | number of participants a | t the beginning of the plan year | | •••••• | 5a | 39 | | | | |
| b Total | number of participants a | t the end of the plan year | | | 5b | 47 | | | | |
| C Numb | er of participants with ac | ccount balances as of the end of the | e plan year (defined ben | efit plans do not | 5c | 45 | | | | |
| | | inimanta at the bening in a fifty of | | | | | | | | |
| | | cipants at the beginning of the plan | | | 5d(1) | 41 | | | | |
| e Numb | al number of active parti | icipants at the end of the plan year. | | | 5d(2) | 42 | | | | |
| than | 100% vested | erminated employment during the pl | | | 5e | 1 | | | | |
| Caution: A | penalty for the late or | ' incomplete filing of this return/re | eport will be assessed | unless reasonable ca | use is establi | shed. | | | | |
| SB or Sche | alties of perjury and othe edule MB completed and | er penalties set forth in the instruction I signed by an enrolled actuary, as v | ons, I declare that I have | examined this return/re | port, including | , if applicable, a Schedule | | | | |
| belief, it is t | true, correct, and comple | ete. | well as the electronic ver | sion of this returninepor | t, and to the be | est of my knowledge and | | | | |
| SIGN | Allong | $a\sim$ | 7/18/16 | Tanya Jemigan | | | | | | |
| HERE | Signature of plan adr | ministrator | Date | Enter name of individ | ual signing as | nlan administrator | | | | |
| SIGN | me me | _ } | 7/18/16 | Enter name of individual signing as plan administrator Tanya Terrigan | | | | | | |
| HERE | Signature of employe | | | | | | | | | |
| Signature of employer/plan sponsor Date Enter name of individ Preparer's name (including firm name, if applicable) and address (include room or suite number) | | | | | | lephone number | | | | |
| | | | | <i>'</i> | | .op.iono ilamboj | | | | |
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|---------------|--|-------------|--------------------------|------------|----------|----------|-----------|-----------|----------------|--|
| b | 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) 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 cannot use Form 5500-SF and must instead use Form 550 lf the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes | | | | | | | | Yes N | |
| | | nsurance | program (see ERISA : | section | 4021)7 | ······ [| Yes | No | Not determined | |
| _ | rt III Financial Information | T | 1 | | | | | | | |
| 7 | Plan Assets and Liabilities | <u> </u> | (a) Beginnir | | | _ | | (b) Eı | nd of Year | |
| <u>a</u> b | Total plan assets Total plan liabilities | 7a | | 17538 | 320 | + | | | 1970509 | |
| | Net plan assets (subtract line 7b from line 7a) | 7b | | 17538 | 226 | + | | | 4070500 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | 7c | (a) A | | 20 | | 1970509 | | | |
| | Contributions received or receivable from: | - | (a) Amo | ount | | + | | (b |) Total | |
| | (1) Employers | 8a(1) | | 1487 | 51 | | | | | |
| | (2) Participants | 8a(2) | | 1270 | 14 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | <u> </u> | | | | | |
| | Other income (loss) | 8b | | -363 | 68 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | \perp | | | 239397 | |
| a | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 227 | 14 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g | Other expenses | 8g | | | | + | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 22714 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | + | | | 216683 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D | | | | | | | | | |
| В | If the plan provides welfare benefits, enter the applicable welfare fe | eature coo | les from the List of Pla | n Char | acteris | tic Cod | des in th | ne instru | ctions: | |
| Pari | 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 Von Program) | oluntary F | iduciary Correction | 10a | | х | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) | Oo not i | nclude transactions | 10b | | Х | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 50000 | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? | idelity bor | nd, that was caused | 10d | | Х | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) | or all of | the benefits under | 10e | х | | | | 10096 | |
| 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 end.) | | | | | Х | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | 10g 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 2520.101- | e required | notice or one of the | 10i | | | | | ı | |
| j | Did the plan trust incur unrelated business taxable income? | | | 10i | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | - | |
| 11 | Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) | nts? (If "Y | es," see instructions a | ind com | plete S | Sched | ule SB | (Form | Yes X No | |

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes X No

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| _ | Form 5500-SF 2015 | Page 3 - 1 | | | | | | | | | |
|---|---|---|----------------------|-----------|-----------|---|----------------------|--|--|--|--|
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica- | | | | | | | | | | |
| | 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. Month Day Year | | | | | | | | | | |
| _ | 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 | | | | | | | | |
| | f c Enter the amount contributed by the employer to the plan for this plan year | <u>(4)</u> | | 12c | | | | | | | |
| _ | Subtract the amount in line 12c from the amount in line 12b. Enter the result (negative amount) | enter a minus sign to the | left of a | 12d | | | | | | | |
| _ | e Will the minimum funding amount reported on line 12d be met by the funding | deadline? | | | Yes | No | N/A | | | | |
| | t VII Plan Terminations and Transfers of Assets | | | | | | | | | | |
| _13 | Has a resolution to terminate the plan been adopted in any plan year? | | | | Yes | X No | | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer th | | | 13a | | | | | | | |
| | of the PBGC? | | | | | Yes X | No | | | | |
| | which assets or liabilities were transferred. (See instructions.) | to another plan(s), identi | fy the plan(s) to | | | | | | | | |
| | 13c(1) Name of plan(s): | | 13c(2) | EIN(s) | | 13c(3) | PN(s) | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Par | t VIII Trust Information | | | | | | | | | | |
| 14a | Name of trust | | | 14b Tr | ust's EIN | | | | | | |
| | | | | | | | | | | | |
| 14c Name of trustee or custodian | | | | | | 1d Trustee's or custodian's | | | | | |
| | | | | | | | telephone number | | | | |
| Pai | rt IX IRS Compliance Questions | | | | | | | | | | |
| | | | | | | | | | | | |
| 108 | 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 employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | | | | | Design- pased safe ADP/ACP parbor test method | | | | | |
| 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))? | | | | | | No | | | | | |
| 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | | | | | | | Average benefit test | | | | |
| 16b | Does the plan satisfy the coverage and nondiscrimination tests of sections 410 this plan with any other plans under the permissive aggregation rules? | b) and 401(a)(4) by comb | pining | test | | No | | | | | |
| 17a | Has the plan been timely amended for all required tax law changes? | | | Yes | | No | □ N/A | | | | |
| 17b | Date the last plan amendment/restatement for the required tax law changes wa for tax law changes and codes). | s adopted | Enter the ap | plicable | code | (See in: | structions | | | | |
| | If the plan sponsor is an adopter of a pre-approved master and prototype (M&P advisory letter, enter the date of that favorable letter_ | and the letter's serial n | umber | | | | or | | | | |
| | If the plan is an individually-designed plan and received a favorable determinati determination letter | on letter from the IRS, ent | ter the date of th | ne plan's | last favo | rable | | | | | |
| 18 | Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under Imade), American Samoa, Guam, the Commonwealth of the Northern Mariana Is | ERISA section 1022(i)(2) I slands or the U.S. Virgin I | has been slands)? | Yes | | No | | | | | |
| 19 | Were in-service distributions made during the plan year? | | | Yes | | No | | | | | |
| | If "Yes," enter amount | | | 19 | | <u> </u> | | | | | |
| 20 | Were required minimum distributions made to 5% owners who have attained ag retired), as required under section 401(a)(9)? | 2 70 1/2 (regardless of who | ether or not | Yes | | No | N/A | | | | |
| | | | | | | | | | | | |