Form 5500-SF	Short Form Annu	•		oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla		etirement	2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation Part I Annual Report	Complete all entries in     Identification Information		nstructions to the Form 55	500-SF.	·
For calendar plan year 2015 or f			and ending 12	2/31/2015	
A This return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers checking	0
<b>B</b> This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)	
<b>C</b> Check box if filing under:	Form 5558	automatic extension	on		'C program
Part II Basic Plan Info	ormation—enter all requested in	1 ,			
<b>1a</b> Name of plan DAMAN'S BAR & GRILL 401(K)				1b Three-di plan nun (PN) ▶	nber 001
				1c Effective	e date of plan 01/01/2013
Mailing address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.			2b Employe (EIN)	r Identification Number 27-1194010
City of town, state of proving SIETECON LLC DAMAN'S BAR & GRILL	ce, country, and ZIP or foreign pos	tal code (if foreign, see i	nstructions)	2c Sponsor	's telephone number 206-972-8883
4810 NE 24TH ST.				2d Business	s code (see instructions)
REDMOND, WA 98052					722511
3a Plan administrator's name a	nd address XSame as Plan Spor	sor.		3b Administ	rator's EIN
				JC Auminist	rator's telephone number
	e plan sponsor has changed since imber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN	
a Sponsor's name				<b>4c</b> PN	
5a Total number of participants	s at the beginning of the plan year.			5a	24
	s at the end of the plan year account balances as of the end of			5b	24
			•	5c	8
d(1) Total number of active pa	articipants at the beginning of the p	lan year		5d(1)	24
	articipants at the end of the plan ye			5d(2)	23
than 100% vested	t terminated employment during th or incomplete filing of this retur			5e	0
Under penalties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I have a second s	ave examined this return/rep	port, including,	if applicable, a Schedule
	l/valid electronic signature.	07/28/2016	ERIC CONTRERAS		
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator
SIGN HERE Simulations of annual		Dete		val alama's s -	
	oyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite nu			employer or plan sponsor ephone number
For Paperwork Reduction Act Noti	ce and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF.		Form 5500-SF (2015)

Form 5500-SF 2015		Page <b>2</b>						
<ul> <li>6a Were all of the plan's assets during the plan year invested in elig</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilit</li> <li>If you answered "No" to either line 6a or line 6b, the plan car</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC</li> </ul>	of an indeper by and conditi <b>nnot use Fo</b> r	ident qualified public a ons.) rm 5500-SF and mus	t instea	ant (IQ I <b>d use</b>	PA)	5500. <u> </u>	······	Yes No
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	a of Vo	<b>.</b>			(b) End of Y	(02r
a Total plan assets	7a	(a) beginning		704				217069
b Total plan liabilities			100	0				0
C Net plan assets (subtract line 7b from line 7a)			168	704				217069
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total	
a Contributions received or receivable from:							(6) 1014	
(1) Employers	8a(1)		9	797				
(2) Participants	8a(2)		52	014				
(3) Others (including rollovers)	8a(3)			0	_			
<b>b</b> Other income (loss)	8b		-1	100	_			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							60711
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7	800				
<ul> <li>Certain deemed and/or corrective distributions (see instructions).</li> </ul>				0				
f Administrative service providers (salaries, fees, commissions)			4	546				
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)								12346
i Net income (loss) (subtract line 8h from line 8c)								48365
j Transfers to (from) the plan (see instructions)				0				
Part IV Plan Characteristics	9							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension	on feature co	des from the List of Pla	an Cha	racteri	stic Co	des in t	he instruction	S:
2E 2F 2G 2J 2K 2T 3B 3D								
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare	e feature cod	es from the List of Pla	n Chara	acterist	tic Coc	les in th	e instructions	:
Dant M. Commission of Oscarting								
Part V Compliance Questions				Vee	Na	NI/A		
10 During the plan year:	hutiona withir	the time period		Yes	No	N/A	An	nount
a Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's								
Program)			10a		Х			
<b>b</b> Were there any nonexempt transactions with any party-in-interer reported on line 10a.)	•		10b		х			
C Was the plan covered by a fidelity bond?			10D	х				1000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan			100					1000
by fraud or dishonesty?			10d		Х			
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of	the benefits under	10e		x			
f Has the plan failed to provide any benefit when due under the p	olan?		10f		Х			
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount	t as of year e	nd.)	10g		Х			
h If this is an individual account plan, was there a blackout period	? (See instru	ctions and 29 CFR			X			

	exce	eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
j	Did	the plan trust incur unrelated business taxable income?	10j						
Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a )) and line 11a below)					(Form	Yes	X No
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a			
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Cod	e or se	ection 3	302 of F	RISA?	Yes	X No

10h

2520.101-3.).....

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

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Form 5500-SF 2015

Page **3** - 1

					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>.</b>		
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

Form	5500-SF	Short Form Annu	al Return/Report	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
	t of the Treasury evenue Service	This form is required to be file	Benefit Plan	165 of the Employee Re	etirement		2015
	ment of Labor s Security Administration	Income Security Act of 1974	(ERISA), and sections 6057 Revenue Code (the Code)	(b) and 6058(a) of the	Internal		orm is Open to ic Inspection
	Guaranty Corporation		accordance with the instru	ctions to the Form 55	00-SF.		
		dentification Information cal plan year beginning	01/01/2015	and ending	12/	31/201	5
For calendar pr		a single-employer plan	a multiple-employer pla				
A This return/		a one-participant plan	list of participating emp a foreign plan				
D		the first return/report	the final return/report				
<b>B</b> This return/r	report is	an amended return/report	a short plan year return	/report (less than 12 m	onths)		
C Check box	if filing under:	Form 5558	automatic extension		_	)FVC progr	am
Check box	in ming under.	special extension (enter desc				or vo prog.	
Part II B	Pasic Plan Info	mation—enter all requested in					
1a Name of p		mation—enter an requested in	lionnation		1b Three	e-digit	
a an a construction of the	ar & Grill 4	401(k) Plan				number	001
						tive date of	
						01/2013	
Mailing ad	dress (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.	O. Box)			oyer Identif	fication Number 94010
City or tow Sietecon		e, country, and ZIP or foreign pos	stal code (if foreign, see instru	ictions)			hone number
	AR & GRILL					6) 972-8 ness code (	see instructions)
14810 NE					722	511	
	zyth bt.		Te7 7).	98052			
Redmond 3a Plan admi	nistrator's name an	d address 🛛 Same as Plan Spor		50002	3b Admi	nistrator's l	EIN
			a the last return/report filed fo	r this plan onter the	4b EIN		elephone number
<ul> <li>4 If the name name, Ell</li> <li>a Sponsor's</li> </ul>	N, and the plan nun	plan sponsor has changed since nber from the last return/report.	e the last returnineport med to	r this plan, enter the	40 EIN		
		at the beginning of the plan year			5a		24
		at the end of the plan year			5b		24
c Number o	of participants with a	account balances as of the end o	f the plan year (defined bene	fit plans do not	5c		6
		ticipants at the beginning of the p			5d(1)		24
		ticipants at the end of the plan ye			5d(2)		23
e Number	of participants that	terminated employment during th	ne plan year with accrued ben	efits that were less	5e		C
Caution: A pe	enalty for the late of	or incomplete filing of this retu	rn/report will be assessed u	unless reasonable car	use is estal	blished.	
Under penaltie SB or Schedul	es of periury and oth	ner penalties set forth in the instru nd signed by an enrolled actuary,	uctions. I declare that I have e	examined this return/re	port, includi	ng, if applic	able, a Schedule knowledge and
SIGN	29	>	7/27/16	ERIC CONTR	ERAS		
HERE	ignature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan adr	ninistrator
SIGN	EQ.	3	7/27/16	Erichan	herce		
	ignature of emplo		Date	Enter name of individ			
Da	Man's Be XIO NE-	ame, if applicable) and address ( TACAL SULASL WA98057	include room or suite numbe	r )		s telephone	number 888\$
		e and OMB Control Numbers, see t	he instructions for Form 5500-	SF.			Form 5500-SF (2015) v. 150123

Form	5500-SF	2015
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	а	ч	e	~

6a b	Were all of the plan's assets during the plan year invested in eligible. 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	and condit	tions.)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and must instead use Fo	orm 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	168,704	217,069
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	168,704	217,069
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	9,797	
	(2) Participants	8a(2)	52,014	

	(2) Participants	8a(2)	52,014	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-1,100	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		60,711
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7,800	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	4,546	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		12,346
i	Net income (loss) (subtract line 8h from line 8c)	8i		48,365
j	Transfers to (from) the plan (see instructions)	8i	0	

## **Plan Characteristics** Part IV

 9a
 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3B 3D

 B
 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

8j

## Part V Compliance Questions

i uit					
10	During the plan year:	Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	a	X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	Х		
С	Was the plan covered by a fidelity bond? 10	c X			1,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	d	X		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10	e	X		
f	Has the plan failed to provide any benefit when due under the plan? 10	f	X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10	g	X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10	h	X		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	i			
j	Did the plan trust incur unrelated business taxable income? 10	j			
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)				(Form
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 C	ode or s	ection	302 of E	RISA? Yes X No

	Form 5500-SF 2015 Page <b>3 -</b>			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio granting the waiver		ter the date Day	of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	T		
b	Enter the minimum required contribution for this plan year		12b	
С	Enter the amount contributed by the employer to the plan for this plan year		12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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?			Yes 🛛 No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	13a	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	der the cont	trol	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	plan(s) to		
	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3) PN(s)
Part	t VIII Trust Information			
14a	Name of trust	1	<b>4b</b> Trust's	EIN
14c	Name of trustee or custodian		14d Truste	ee's or custodian's
			teleph	none number
Par	t IX IRS Compliance Questions		teleph	none number
	t IX     IRS Compliance Questions       I Is the plan a 401(k) plan?		Yes	No
15a	-			No
15a 15b	<ul> <li>I is the plan a 401(k) plan?</li> <li>I if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employee</li> </ul>	year [	Yes Design- based s harbor method Yes	No
15a 15b 15c 16a	<ul> <li>Is the plan a 401(k) plan?</li> <li>If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emplorement in the applicable of the appli</li></ul>	year [ ])(b):	Yes Design- based s harbor method	No afe ADP/ACP test No Average
15a 15b 15c 16a	<ul> <li>Is the plan a 401(k) plan?</li> <li>If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emplorement in the applicable of the applicable of the applicable of the sections 401(k)(3) and 401(m)(2)?</li> <li>If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current y testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?</li> </ul>	year [ 	<ul> <li>Yes</li> <li>Design- based s harbor method</li> <li>Yes</li> <li>Ratio percenta test</li> <li>Yes</li> </ul>	I No afe ADP/ACP test No age Average benefit test No
15a 15b 15c 16a 16b	<ul> <li>Is the plan a 401(k) plan?</li> <li>If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emplorement in the applicable of the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current y testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?</li> <li>Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410</li> <li>Deoes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining</li> </ul>	year [ ] )(b): [	Yes Design- based s harbor method Yes Ratio percenta test	No     ADP/ACP     test     No     Average     benefit test
15a 15b 15c 16a 16b 17a	<ul> <li>Is the plan a 401(k) plan?</li> <li>If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emplormatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current y testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?</li> <li>Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410</li> <li>Dess the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?</li> </ul>	year [ 	<ul> <li>Yes</li> <li>Design- based s harbor method</li> <li>Yes</li> <li>Ratio percenta test</li> <li>Yes</li> <li>Yes</li> </ul>	I No afe ADP/ACP test No age Average benefit test No No No No
15a 15b 15c 16a 16b 17a 17	<ul> <li>Is the plan a 401(k) plan?</li></ul>	year [ ] )(b): [ [ er the appli	<ul> <li>Yes</li> <li>Design- based s harbor method</li> <li>Yes</li> <li>Ratio percenta test</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>icable code</li> </ul>	No         afe       ADP/ACP test         No         age       Average benefit test         No         No         No         No         No         No         See instructions
15a 15b 15c 16a 16b 17a 17 77	<ul> <li>Is the plan a 401(k) plan?</li></ul>	year [ )(b): [ [ er the appli is subject t	<ul> <li>Yes</li> <li>Design- based s harbor method</li> <li>Yes</li> <li>Ratio percenta test</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>icable code</li> <li>to a favorab</li> </ul>	Image       No         afe       ADP/ACP test         Image       No         age       Average benefit test         Image       No         Image       Image No         Image       No         Image       No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image No       Image No         Image No
15a 15b 15c 16a 16b 17a 17 77	<ul> <li>Is the plan a 401(k) plan?</li> <li>Is the plan a 401(k) plan?</li> <li>If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emploration and the plan general sections 401(k)(3) and 401(m)(2)?</li> <li>If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current y testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?</li> <li>I Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410</li> <li>D Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?</li> <li>A Has the plan been timely amended for all required tax law changes?</li> <li>D Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes).</li> <li>If the plan sponsor is an adopter of a pre-approved master and prototype (M&amp;P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial number</li> </ul>	year [ )(b): [ er the appli is subject t e date of th een	<ul> <li>Yes</li> <li>Design- based s harbor method</li> <li>Yes</li> <li>Ratio percenta test</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>icable code</li> <li>to a favorab</li> </ul>	Image       No         afe       ADP/ACP test         Image       No         age       Average benefit test         Image       No         Image       Image No         Image       No         Image       No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image       Image No         Image No       Image No         Image No
15a 15b 15c 16a 16b 17a 17c 17c 17d 18	<ul> <li>Is the plan a 401(k) plan?</li> <li>If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emplormatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li> <li>If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current y testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?</li> <li>I Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410</li> <li>D Coes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?</li> <li>A Has the plan been timely amended for all required tax law changes?</li> <li>b Date the last plan amendment/restatement for the required tax law changes was adopted Entrofor tax law changes and codes).</li> <li>If the plan sponsor is an adopter of a pre-approved master and prototype (M&amp;P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial number</li> <li>If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter</li> <li>Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been to plan tax is a set of the territory is a plan to the is a maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been territory is a plan to the is a maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been territory is a plan to the is a maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been territory is a plan territory is a plan terevised a favorable is a maintained in a U.S.</li></ul>	year [ ] )(b): [ [ er the appli is subject t e date of th leen [ ]s)? [	Yes Design- based s harbor method Yes Ratio percenta test Yes Yes Yes Yes to a favorab	Image       No         afe       ADP/ACP test         Image       No         age       Average benefit test         Image       No         Image       Image         Image
15a 15b 15c 16a 16b 17a 17c 17c 17d 18	<ul> <li>Is the plan a 401(k) plan?</li></ul>	year [ ] )(b): [ [ er the appli is subject t e date of th een [ ]s)? [	<ul> <li>Yes</li> <li>Design- based s harbor method</li> <li>Yes</li> <li>Ratio percenta test</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>de plan's las</li> <li>Yes</li> </ul>	Image       No         afe       ADP/ACP test         Image       No         age       Average benefit test         Image       No         Image       No         Image       Image         Image       Average benefit test         Image       No         Image       Image