Form 5500-SF	t of Small Emplo	yee	OMB Nos. 1210-01 1210-00					
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and	4065 of the Employee Re	tirement		2015		
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the I de).	This Form is Open to Public Inspection				
	Complete all entries in a dentification Information	accordance with the ins	tructions to the Form 550	00-SF.		-		
For calendar plan year 2015 or fisca		015	and ending 12/	/31/2015				
A This return/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) (employer information in acc		-			
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return \times	t urn/report (less than 12 mo	nths)				
C Check box if filing under:	Form 5558	automatic extension			DFVC prog	ram		
	special extension (enter descri							
Part II Basic Plan Inform 1a Name of plan ANGELES COMPOSITE TECHNOL	mation—enter all requested info	ormation		(PN	number	001		
2					02/1	1/2015		
City or town, state or province,	apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN) 91-1	fication Number 953841 hone number		
ANGELES COMPOSITE TECHNOLO	DGIES, INC.		_		360-4	52-6776		
2138 WEST 18TH STREET PORT ANGELES, WA 98362				2d Busi	ness code (3364	see instructions)		
3a Plan administrator's name and	address Same as Plan Spons	or.		3b Adm	inistrator's I	EIN		
				3c Adm	iinistrator's t	elephone number		
 If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name 	blan sponsor has changed since t ber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN 4c PN				
5a Total number of participants at	the beginning of the plan year			<u></u>		98		
b Total number of participants at			F	5b		102		
C Number of participants with ac	count balances as of the end of t	he plan year (defined be	nefit plans do not	5c		96		
d(1) Total number of active partic	cipants at the beginning of the pla	an year		5d(1)		98		
d(2) Total number of active partie		-	F	5d(2)		87		
e Number of participants that te	rminated employment during the	plan year with accrued b	enefits that were less	5e		0		
Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and	r penalties set forth in the instruc signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/rep	ort, includ	ing, if applic			
SIGN Filed with authorized/value		09/23/2016	MIKE RAUCH					
HERE Signature of plan adr		Date	Enter name of individu	al signing	as plan adr	ninistrator		
SIGN HERE		Dette		-1 -1 - 1				
Preparer's name (including firm nar		Date clude room or suite num	Enter name of individu		as employe s telephone			
For Paperwork Peduction Act Nation	and OMB Control Numbers, see the	instructions for Form 550	0-SF			Form 5500-SF (2015)		

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-	Were all of the plan's assets during the plan year invested in eligib								X Yes 🗌 No
D	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	ions.)		·····	·····			X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann						-		
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No No	ot determined
Pa	rt III Financial Information					- r			
7	Plan Assets and Liabilities		(a) Beginning	g of Yea		_		(b) End of \	
	Total plan assets	7a			0	_			1196377
	Total plan liabilities	7b			0	_			0
	Net plan assets (subtract line 7b from line 7a)	7c			0	_			1196377
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt		_		(b) Tota	1
a	Contributions received or receivable from: (1) Employers	8a(1)			392				
	(2) Participants	8a(2)		148	142				
	(3) Others (including rollovers)	8a(3)		1062	540				
b	Other income (loss)	8b		-36	268		12		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			1271806
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		74	133				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		1	296				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							75429
i	Net income (loss) (subtract line 8h from line 8c)	8i							1196377
j	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instructior	IS:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Plar	n Chara	acterist	ic Coc	les in th	e instructions	:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Δr	nount
<u> </u>		tions withi	n the time period						liount
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x			
b	······································					X			
	reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
е	· · · · · · · · · · · · · · · · · · ·								
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e	Х				4483
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	s of year e	end.)	10g	Х				12713
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		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	ne require	d notice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Part	VI Pension Funding Compliance				-	•		-	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,		and cor	nplete	Scheo	ule SB	(Form	Yes No

5500) and line 11a bel	ow)							••••••
11a Enter the unpaid minir	num	required contribut	ion for all yea	rs from	Schedule SB	(Form 5500)	line 40	11a

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

No

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-								
	(lf "`	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver	Month	enter Da		of the lett _ Year	er ruli	ng
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	the minimum required contribution for this plan year		12	2			
С	Enter	the amount contributed by the employer to the plan for this plan year		12	•			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		120	t l			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part		Plan Terminations and Transfers of Assets						
		a resolution to terminate the plan been adopted in any plan year?			Π,	res 🗙 N	0	
104		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h								
	of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou e PBGC?	-			X Yes	1	No
С		rring 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(6)	130	: (3) P	N(s)
Part	VIII	Trust Information						
14a	Name	e of trust		14k) Trusťs	EIN		
14c	Nam	ne of trustee or custodian		14	d Truste teleph	e's or cus one numb		in's
Par	t IX	IRS Compliance Questions						
15a	ls th	e plan a 401(k) plan?			Yes		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)?			Design- based sa harbor method	ife	ADP. test	/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))?	401(m)-		Yes		No	
16a		sk the box to indicate the method used by the plan to satisfy the coverage requirements under section			Ratio percenta test	ge	Ave bene	rage efit test
16b		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?			Yes		No	
17a	Has	the plan been timely amended for all required tax law changes?			Yes		No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///						ructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plasory letter, enter the date of that favorable letter/ and the letter's serial r		t to a	i favorabl	e IRS opi	nion d	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the p	olan's last	favorable	9	
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		י []	/es		No	
19	Were	in-service distributions made during the plan year?			Yes		0	
	lf "Ye	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)?			Yes	<u> </u>	0	N/A

Form 5500-SF	Short Form Ani	nual Return/Repor	t of Small Emplo	yee	:	OMB Nos. 1210-0110 1210-0089
		Benefit Plan		-		2015
Internal Revenue Service Department of Labor Employee Benefits Security Administration	Income Security Act of 1	filed under sections 104 and 974 (ERISA), and sections 60 Revenue Code (the Co		nternal		orm is Open to ic Inspection
Pension Benefit Guaranty Corporation	Complete all entries	in accordance with the ins	structions to the Form 55	00-SF.		
Part I Annual Report	t Identification Informati	on	and ending		31/201	5
or calendar plan year 2015 or 1		02/11/2015	otan (not multiemployer)	(Filers check	king this b	ox must attach a
A This return/report is for:	X a single-employer plan	list of participating of a foreign plan	employer information in acc	, cordance wi	th the form	instructions)
Mar	X the first return/report	the final return/repo	rt			
B This return/report is	an amended return/report	a short plan year ref	turn/report (less than 12 m	onths)		
C Check box if filing under:	X Form 5558	automatic extension	n)FVC prog	ram
	special extension (enter d			<u></u>		
An Nome of nian	formation—enter all requester			(PN)	number	001 of plan
				02/	11/201	5
	bloyer, if for a single-employer ploom, apt., suite no. and street, o		nstructions)	(EIN) 91-19	ification Number 53841 phone number
City or town, state or provi ANGELES COMPOSITE	nce, country, and ZIP or foreign TECHNOLOGIES, INC.	postal code (il tologn, coo il		360	-452-6	
2138 WEST 18TH ST	REET				5410	
PORT ANGELES	WA 983	362			inistrator's	. :
4 If the name and/or EIN of name. EIN, and the plan	f the plan sponsor has changed number from the last return/rep	since the last return/report fil ort.	ed for this plan, enter the	4b EIN		
name, EIN, and the plan Sponsor's name	number from the last returninep	on.		4c PN		9
name, EIN, and the plan a Sponsor's name 5a Total number of participa	number from the last returning	year		4c PN		······
a Sponsor's name 5a Total number of participa b Total number of participa	ants at the beginning of the plan	year	benefit plans do not	4c PN 5a 5b		10
name, EIN, and the plan a Sponsor's name 5a Total number of participa b Total number of participants w complete this item)	number from the last return repr ants at the beginning of the plan ants at the end of the plan year . vith account balances as of the e	year end of the plan year (defined	benefit plans do not	4c PN 5a 5b 5c		10 9
 name, EIN, and the plan Sponsor's name Total number of participa Total number of participants w complete this item) d(1) Total number of active 	number from the last return repr ants at the beginning of the plan ants at the end of the plan year . with account balances as of the e	year end of the plan year (defined f the plan year	benefit plans do not	4c PN 5a 5b 5c 5d(1)		9 10 9 5 8
name, EIN, and the plan a Sponsor's name 5a Total number of participa b Total number of participants w complete this item) d(1) Total number of active d(2) Total number of active e Number of participants to	number from the last return repr ants at the beginning of the plan ants at the end of the plan year . with account balances as of the e participants at the beginning of e participants at the end of the p that terminated employment dur	year end of the plan year (defined f the plan year lan year ing the plan year with accrue	benefit plans do not. In benefits that were less	4c PN 5a 5b 5c 5d(1) 5d(2) 5e		10 9 5
name, EIN, and the plan a Sponsor's name 5a Total number of participa b Total number of participants w complete this item) d(1) Total number of active d(2) Total number of active e Number of participants to than 100% vested	number from the last return repr ants at the beginning of the plan ants at the end of the plan year . vith account balances as of the e e participants at the beginning of e participants at the end of the p that terminated employment dur ate or incomplete filing of this	year end of the plan year (defined f the plan year lan year ing the plan year with accrue return/report will be asses	benefit plans do not ed benefits that were less ased unless reasonable c	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is est	ablished.	10 9 9 8 9
name, EIN, and the plan a Sponsor's name 5a Total number of participa b Total number of participats w complete this item) d(1) Total number of active d(2) Total number of active e Number of participants to than 100% vested Caution: A penalty for the I Under penalties of perjugy an SB or Schedule MB complete belief, it is true, correct, large con-	number from the last return repr ants at the beginning of the plan ants at the end of the plan year . with account balances as of the e participants at the beginning of participants at the end of the p that terminated employment dur	year end of the plan year (defined f the plan year lan year ing the plan year with accrue return/report will be asses instructions, I declare that I tuary, as well as the electron	benefit plans do not d benefits that were less sed unless reasonable c have examined this return/ ic version of this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is est	ablished.	10 9 9 8 9
name, EIN, and the plan a Sponsor's name 5a Total number of participa b Total number of participats w complete this item) d(1) Total number of active d(2) Total number of active e Number of participants to than 100% vested Caution: A penalty for the II Under penalties of perjugy an SB or Schedule MB complete belief, it is true, correct, and to SIGN	number from the last return repr ants at the beginning of the plan ants at the end of the plan year . with account balances as of the e participants at the beginning of e participants at the end of the p that terminated employment dur ate or incomplete filing of this id other penalties set forth in the end and signed by an enrolled act	year end of the plan year (defined f the plan year lan year ing the plan year with accrue return/report will be asses	benefit plans do not d benefits that were less sed unless reasonable c have examined this return/ ic version of this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is est report, inclu ort, and to th	ablished. ding, if apphe best of	10 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
name, EIN, and the plan a Sponsor's name 5a Total number of participa b Total number of participants w complete this item) d(1) Total number of active d(2) Total number of active e Number of participants to than 100% vested Caution: A penalty for the II Under penalties of perjugy an SB or Schedule MB complete belief. It is true, correct, Jance SIGN HERE Signature of plants	number from the last return repr ants at the beginning of the plan ants at the end of the plan year . with account balances as of the e e participants at the beginning of e participants at the end of the p that terminated employment dur ate or incomplete filing of this d other penalties set forth in the end and signed by an enrolled acc complete an administrator	year end of the plan year (defined f the plan year lan year ing the plan year with accrue return/report will be asses instructions, I declare that I tuary, as well as the electron 97334	benefit plans do not ed benefits that were less ased unless reasonable c have examined this return/rep 6 MIKE RAUCH Enter name of indiv	4c PN 5a 5b 5c 5c 5d(1) 5d(2) 5e ause is est report, inclu ort, and to th <i>i</i> dual signin	ablished. ding, if app he best of g as plan	1 C S S Dicable, a Schedule my knowledge and administrator
name, EIN, and the plan a Sponsor's name 5a Total number of participa b Total number of participants w complete this item) d(1) Total number of active d(2) Total number of active e Number of participants to than 100% vested Caution: A penalty for the I Under penalties of perjugy an SB or Schedule MB complete belief, it is true, correct, and complete sign the correct is the correct of planeter is the correc	number from the last return repr ants at the beginning of the plan ants at the end of the plan year . with account balances as of the e participants at the beginning of e participants at the end of the p that terminated employment dur ate or incomplete filing of this id other penalties set forth in the end and signed by an enrolled act	year end of the plan year (defined f the plan year ing the plan year with accrue return/report will be asses instructions, I declare that I tuary, as well as the electron 9/2,3/1 Date Date	benefit plans do not benefits that were less ased unless reasonable c have examined this return/ ic version of this return/rep <u>MIKE RAUCH</u> Enter name of indix Enter name of indix	4c PN 5a 5b 5c 5c 5d(1) 5d(2) 5e ause is est report, inclu ort, and to th vidual signin	ablished. ding, if app he best of ng as plan i ng as empl	10 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
name, EIN, and the plan a Sponsor's name 5a Total number of participa b Total number of participants w complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the than 100% vested Caution: A penalty for the I Under penalties of perjugy an SB or Schedule MB complete belief, it is true, correct, and complete belief, it is true, correct, and complete sign HERE Signature of plants	number from the last return incep ants at the beginning of the plan ants at the end of the plan year . with account balances as of the e e participants at the beginning of e participants at the end of the p that terminated employment dur ate or incomplete filing of this d other penalties set forth in the end and signed by an enrolled acc complete an administrator	year end of the plan year (defined f the plan year ing the plan year with accrue return/report will be asses instructions, I declare that I tuary, as well as the electron 9/2,3/1 Date Date	benefit plans do not benefits that were less ased unless reasonable c have examined this return/ ic version of this return/rep <u>MIKE RAUCH</u> Enter name of indix Enter name of indix	4c PN 5a 5b 5c 5c 5d(1) 5d(2) 5e ause is est report, inclu ort, and to th vidual signin	ablished. ding, if app he best of ng as plan i ng as empl	1 0 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

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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	ın indeper	ndent qualified public ac	countai	nt (IQF	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	and condit	ions.) rm 5500-SE and must	 instear		orm !	5500.	K 163 100
	f the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
							ئـــا	
Par			(a) Beginning	of Voa		1		(b) End of Year
	Plan Assets and Liabilities	7	(a) beginning	orrea				1,196,377
	Total plan assets	7a 7b)		0
	Total plan liabilities	7b)		1,196,377
	Net plan assets (subtract line 7b from line 7a)	7c	(-) •			<u> </u>		
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		97	,392	2		
	(2) Participants	8a(2)		148	3,142	2		
	(3) Others (including rollovers)	8a(3)		1,062	2,54	2		
	Other income (loss)	8b			5,26			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1,271,806
	Benefits paid (including direct rollovers and insurance premiums					1		
	to provide benefits)	8d		74	1,13	3		
е	Certain deemed and/or corrective distributions (see instructions)	8e				0		
f	Administrative service providers (salaries, fees, commissions)	8f		1	L,29	6		
g	Other expenses	8g				0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						75,429
i	Net income (loss) (subtract line 8h from line 8c)	8i						1,196,377
j	Transfers to (from) the plan (see instructions)	8i						
Pai	t IV Plan Characteristics	L						
9a B	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f							
Par	t V Compliance Questions						rr	
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	Fiduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х		
c	Was the plan covered by a fidelity bond?			10c		x		
d		fidelity b	ond, that was caused	10d		х		
e		her perso ne or all o	ns by an insurance f the benefits under	10e	х			4,483
f				10f		X		
ç	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	X			12,713
ł	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 exceptions to providing the notice applied under 29 CFR 2520.10			10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)							
11	a Enter the unpaid minimum required contribution for all years from						. 11a	
12	Is this a defined contribution plan subject to the minimum fundin	g requirer	nents of section 412 of	the Coc	le or s	ection	302 of E	ERISA? Yes No

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(If "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a w granti	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructior ng the waiver	ns, and en	ter the Day	date of the Y	letter rulir ear	ıg
lf you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		I			
b Enter	he minimum required contribution for this plan year		12b			
	he amount contributed by the employer to the plan for this plan year		12c			
d Subtr negat	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ive amount)		12d			
e Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
art VII	Plan Terminations and Transfers of Assets					
13a Hasa	resolution to terminate the plan been adopted in any plan year?			Yes	No	
lf "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13a			
b Were of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und PBGC?	er the cor	ntrol		Yes 🗌 N	la
c If dur which	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p n assets or liabilities were transferred. (See instructions.)	olan(s) to		.		
	Name of plan(s):	13c(2) E	IN(s)		13c(3) P	N(s)
Part VIII	Trust Information			rust's EIN		
14a Name	e of trustee or custodian		14d	Trustee's	or custodia	n's
				telephone		
Part IX	IRS Compliance Questions					
15a Is the	e plan a 401(k) plan?		∐ Ye	s	No	
	s." how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	/ACP
testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m) 2)(ii))?	-	[] Y€		No	
	k the box to indicate the method used by the plan to satisfy the coverage requirements under section 41		Цр	atio ercentage est		erage efit test
	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules?		☐ Ye	es	No	
17a Has	the plan been timely amended for all required tax law changes?	·····	Ye	98	No	N/A
for ta	ix law changes and codes).			ble code _		nstruction
	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan tha sory letter, enter the date of that favorable letter and the letter's serial number		t to a f	avorable IF	S opinion	or
dete	plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the rmination letter		the pla	in's last fav	orable	
18 Is th mad	e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islan	been ds)?	Ye	es	No	
	e in-service distributions made during the plan year?		<u> </u>	es	No	
	es," enter amount		19			
	e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whethe ed), as required under section 401(a)(9)?		[] Y	es	No	N/A