Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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

| Parti | Annual Report | identification information | | | |
|--------------------|--------------------------------|--|------------------------------|------------------------------|---|
| For calenda | ar plan year 2015 or fi | scal plan year beginning 01/01/2015 | | and ending 12/31/ | 2015 |
| A This ret | urn/report is for: | a single-employer plan | | | ers checking this box must attach a lance with the form instructions) |
| | | a one-participant plan | a foreign plan | | |
| B This retu | ırn/report is | the first return/report | the final return/report | | |
| • | | | | n/report (less than 12 month | |
| Check b | pox if filing under: | X Form 5558 | automatic extension | | DFVC program |
| | _ | special extension (enter description | | | |
| Part II | Basic Plan Info | rmation —enter all requested inform | ation | | |
| 1a Name | • | | | 1k | Three-digit |
| NEWCASTL | LE DENTISTRY 401(K | .) PLAN | | | plan number (PN) ▶ 001 |
| | | | | 10 | Effective date of plan 03/01/1991 |
| 2a Plan sp | oonsor's name (emplo | yer, if for a single-employer plan) | | 21: | Employer Identification Number |
| | | m, apt., suite no. and street, or P.O. Bo | | | (EIN) 91-1148615 |
| | R. STRANGE, D.D.S. | e, country, and ZIP or foreign postal co , P.S. | ode (ir föreign, see instr | 20 | Sponsor's telephone number 425-644-1770 |
| | | | | 20 | Business code (see instructions) |
| | CASTLE WAY #304 E, WA 98056 | | 621210 | | |
| | _, | | | | 021210 |
| 3a Plan ad | dministrator's name ar | nd address Same as Plan Sponsor. | | 3k | Administrator's EIN |
| | | | | 30 | Administrator's telephone number |
| | | | | | |
| | | e plan sponsor has changed since the mber from the last return/report. | last return/report filed for | or this plan, enter the |) EIN |
| a Sponso | or's name | | | 40 | PN |
| 5a Total r | number of participants | at the beginning of the plan year | | | 5a 18 |
| b Total r | number of participants | at the end of the plan year | | | 5b 16 |
| | · · | account balances as of the end of the | | | 5c 16 |
| d(1) Tota | al number of active pa | rticipants at the beginning of the plan y | ear | 50 | d(1) 13 |
| d(2) Tota | al number of active pa | rticipants at the end of the plan year | | 50 | d(2) 7 |
| | | terminated employment during the pla | | | 5e 0 |
| Caution: A | penalty for the late | or incomplete filing of this return/re | port will be assessed | unless reasonable cause i | |
| SB or Sche | | her penalties set forth in the instruction nd signed by an enrolled actuary, as w plete. | | | |
| SIGN | | /valid electronic signature. | 10/13/2016 | GEOFFREY STRANGE | |
| HERE | Signature of plan a | | Date | | igning as plan administrator |
| SIGN | Orginature or plant a | anning ator | Date | Enter name of maintain | igning as plan administrator |

Date

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

Signature of employer/plan sponsor

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 eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can | an indepen | dent qualified public a | ccount | ant (IQ | PA) | | | × | Yes N |
| c If the plan is a defined benefit plan, is it covered under the PBGC i | nsurance pr | ogram (see ERISA se | ection 4 | 021)? . | | Yes | No | Not o | determined |
| Part III Financial Information | , , | | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | | | | | (b) End | | |
| a Total plan assets | 7a | | 2872 | 2854 | | | | 2 | 2674339 |
| b Total plan liabilities | 7b | | 2872 | 954 | | | | 2 | 2674339 |
| Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year | 7c | (a) Amou | | .034 | | | (b) | Total | .074339 |
| a Contributions received or receivable from: | | (a) Alliot | anı | | | | (n) | TOLAI | |
| (1) Employers | 8a(1) | | | | | | | | |
| (2) Participants | 8a(2) | | 70 | 993 | | | | | |
| (3) Others (including rollovers) | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| b Other income (loss) | | | 14 | 676 | | | | | 05000 |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums | 8c | | | | | | | | 85669 |
| to provide benefits) | 8d | | 284 | 184 | | | | | |
| 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 | | | | | | | | 284184 |
| Net income (loss) (subtract line 8h from line 8c) | | | | | | | | | -198515 |
| j Transfers to (from) the plan (see instructions) | ·· 8j | | | | | | | | |
| Part IV Plan Characteristics | | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 2R 2T 3D | n feature cod | des from the List of Pl | an Cha | racteris | stic Co | ides in ti | he instri | uctions: | |
| B If the plan provides welfare benefits, enter the applicable welfare | feature code | es from the List of Pla | n Chara | acterist | ic Coc | les in the | e instru | tions: | |
| | | | | | | | | | |
| Part V Compliance Questions | | | | 1 | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | | Amo | ount |
| Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Program) | Voluntary Fi | duciary Correction | 10a | | X | | | | |
| b Were there any nonexempt transactions with any party-in-interes reported on line 10a.) | | | 10b | | X | | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 15000 |
| 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 ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.) | me or all of t | he benefits under | 10e | | X | | | | |
| | | | | | X | | | | |
| | Has the plan failed to provide any benefit when due under the plan? | | | V | ^ | | | | 4.4.4.5 |
| g Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period? | • | , | 10g | X | | | | | 1445 |
| 2520.101-3.) | • | | 10h | | X | | | | |
| 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 | | | | | | |
| Part VI Pension Funding Compliance | | | | | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) | | | | | | | | <u>.</u>] П | Yes N |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | 11a | | | |
| 12 Is this a defined contribution plan subject to the minimum funding | | | | | | 302 of E | RISA?. | | Yes X N |

| | 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 |
| | rianio | of tubics of suctorial | | 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)? | | ba ha | esign- ased safe arbor ethod | ADF test | P/ACP |
| 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)- | Ye | S | No | |
| 16a | Check | the box to indicate the method used by the plan to satisfy the coverage requirements under secti | on 410(b): | | atio ercentage st | | rage efit test |
| 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 | | ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes). | Enter the ap | plicable | code | (See ins | tructions |
| 17c | | lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references. | | t to a fa | vorable II | RS opinion | or |
| 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).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

| Employee Benefit | is security Authinistration | | | | | abiio iiiopi | | | | |
|------------------|---|--|--|--------------------------|--|-------------------------|--|--|--|--|
| | t Guaranty Corporation | Complete all entries in | accordance with the instruct | ons to the Form 550 | 0-SF. | - | | | | |
| Part I A | Annual Report | dentification Information | | | 12/31/2 | 015 | | | | |
| or calendar p | olan year 2015 or fis | cal plan year beginning | 11 1 7 11 1 7 2 17 1 3 | and ending | | | | | | |
| | | X a single-employer plan | a multiple-employer plan list of participating emplo | (not multiemployer) (| ordance with the f | orm instructions) | | | | |
| A This return | /report is for: | | | yer information in acc | ordance with the . | , | | | | |
| | | a one-participant plan | a foreign plan | | | | | | | |
| | | | The final return/report | | | | | | | |
| B This return. | /report is | the first return/report | the final return/report | and /loop than 12 mo | nthe) | | | | | |
| | | an amended return/report | a short plan year return/re | eport (less than 12 mo | 11013) | | | | | |
| C Charlebay | x if filing under: | X Form 5558 | automatic extension | | DFVC p | rogram | | | | |
| C Check no | X II Hing under. | special extension (enter desc | | | | | | | | |
| , <u></u> | | | | | | | | | | |
| | | rmation—enter all requested in | ntormation | | 1b Three-digit | | | | | |
| 1a Name of | plan | AOT /W DIAN | | | plan numbe | r 001 | | | | |
| NEWCASTL | E DENTISTRY | 401(K) FIAN | | | (PN) | | | | | |
| | | | | | 1c Effective da | | | | | |
| | | _ | | | 03/01/1 | | | | | |
| 2a Plan spo | nsor's name (emplo | yer, if for a single-employer plan) | | | 2b Employer Id (EIN) 91- | lentification Number | | | | |
| | | | | tions) | | | | | | |
| City or to | own, state or province | m, apt., suite no. and siteet, or rece, country, and ZIP or foreign po | Stal code (il forcigii, oco mos es | | 2c Sponsor's telephone number 425-644-1770 | | | | | |
| GEOFFRE | GEOFFREY R. STRANGE, D.D.S., P.S. | | | | | ode (see instructions) | | | | |
| 4000E N | 12835 NEWCASTLE WAY #304 | | | | 621210 | , | | | | |
| 12835 1 | IEMCASITE MA | T #204 | | | ** | | | | | |
| NEWCASI | PT C | WA 98056 | 5 | | | | | | | |
| NEWCASI | LLE | and address XSame as Plan Spo | | | 3b Administrator's EIN | | | | | |
| 3a Plan au | ministrator s name a | and address [1]ourne of the | | | | 1. t-l-uk number | | | | |
| | | | | | 3C Administrat | tor's telephone number | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | <u> </u> | | | | | | |
| A Males no | ame and/or FIN of th | ne plan sponsor has changed sind | ce the last return/report filed for | this plan, enter the | 4b EIN | | | | | |
| 4 If the na | EIN, and the plan n | umber from the last return/report. | | | Ac DN | | | | | |
| a Sponso | r's name | | | | 4c PN | 18 | | | | |
| 5a Total n | umber of participant | ts at the beginning of the plan yea | 37 | | 5a | 16 | | | | |
| L Table | umbor of narticinan | rs at the end of the plan year | | | 5b | <u> </u> | | | | |
| | | Library as as of the ond | of the high veat intellied belief | IL DIAMS GO HOL | 5c | 16 | | | | |
| comple | ete this item) | | | | 5d(1) | 13 | | | | |
| d(1) Tota | al number of active p | participants at the beginning of the | e plan year | | | 7 | | | | |
| 4(0) = (| I | participants at the end of the plan | vear | | 5d(2) | | | | | |
| a Niconals | or of participants the | at terminated employment during | the plan year with accrued ben | BIIIZ filat Mete less | 5e | 0 | | | | |
| than 1 | 100% vested | | | mleas reasonable sa | use is establish | ed | | | | |
| Caution: A | penalty for the lat | e or incomplete filing of this re- other penalties set forth in the ins | structions. I declare that I have o | examined this return/r | eport, including, if | applicable, a Schedule | | | | |
| Under pena | alties of perjury and adule MB completed | other penalties set forth in the ins and signed by an enrolled actual | ry, as well as the electronic vers | sion of this return/repo | ort, and to the best | of my knowledge and | | | | |
| belief, it is t | rue, correct, and co | mplete | | GEOFFREY STR | | | | | | |
| SIGN | 1 | <u> </u> | | | | | | | | |
| HERE | Signature of relat | Signature of plan administrator Date 10 13 10 Enter name of indiv | | | | an administrator | | | | |
| | Oignature or plan | | | | | | | | | |
| SIGN | 2000 P | | Date | Enter name of indiv | idual signing as er | nployer or plan sponsor | | | | |
| 1111111 | Signature of em | ployer/plan sponsor n name, if applicable) and addres | | | Preparer's tele | phone number | | | | |
| Preparer's | name (including fire | в паше, в аррводою ана асогое | | | | | | | | |
| | | | | | 1 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 | | | | | I | | | | | |

| | Form 5500-SF 2015 | | Page 2 | <u> </u> | 12 | | | |
|--------------|---|---------------------------|---------------------------|----------|---------|----------|------------------|------------------|
| b Are | e all of the plan's assets during the plan year invested in eligible you claiming a waiver of the annual examination and report of arer 29 CFR 2520.104-46? (See instructions on waiver eligibility are answered "No" to either line 6a or line 6b, the plan canno | n inaepena nd conditio | ns.) | | | | | ⊠ Yes ∐ No |
| If yo | plan is a defined benefit plan, is it covered under the PBGC ins | urance pro | ogram (see ERISA secti | ion 402 | 1)? | ۱ 📗 ۲ | es N | o Not determined |
| | | | | | | | | |
| Part III | Assets and Liabilities | | (a) Beginning o | of Year | | | (b) | End of Year |
| | Assets and Claumines | 7a | 2 | ,872, | 854 | | | 2,674,339 |
| | I plan assets | 7b | | | | | | 2 674 330 |
| | plan assets (subtract line 7b from line 7a) | 7c | 2 | ,872 | , 854 | | | 2,674,339 |
| | me, Expenses, and Transfers for this Plan Year | | (a) Amoun | <u>t</u> | | - | | (b) Total |
| a Con | tributions received or receivable from: | 8a(1) | | | | | | |
| | Employers | 8a(2) | 3073 | 70 | , 993 | | | |
| | Participants | 8a(3) | | | | | | |
| | Others (including rollovers)er income (loss) | 8b | | 14 | ,676 | | | |
| | al income (loss)al income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 85,669 |
| d Ber | nefits paid (including direct rollovers and insurance premiums | | | 284 | ,184 | | | |
| to p | rovide benefits) | 8d | | | | 1 | | |
| | tain deemed and/or corrective distributions (see instructions) | 8e 8f | | | 1000 | 1 | , | |
| | ministrative service providers (salaries, fees, commissions) | | | | - | | | |
| | ner expenses | 8g 8h | | | | | | 284,184 |
| | al expenses (add lines 8d, 8e, 8f, and 8g)t income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -198,515 |
| | ansfers to (from) the plan (see instructions) | - 8i | | | | | - 028 | |
| | . Di Ol-mantariotico | | 100 | | | | - 202 - 202 - 20 | |
| Part I | the plan provides pension benefits, enter the applicable pension | feature co | odes from the List of Pla | ın Char | acteris | tic Co | des in the | e instructions: |
| 200 200 | c+ cx cn cm cn | | | | | | | |
| B If | 2E 2F 2H 2U 2K 2R 2T 3D the plan provides welfare benefits, enter the applicable welfare t | teature cod | ses from the List of Flat | Cliaia | CLCTIOL | 0 000 | | 7. |
| | O | | | | | | 77.7 | |
| Part V | | | | | Yes | No | N/A | Amount |
| a v | During the plan year: Was there a failure to transmit to the plan any participant contributes the plan any participant contributes the plan and participant contributes the plan and participant contributes the plan and participant contributes the plan year. Program) | | iduoidi y oon oon o | 10a | | Х | | |
| | Alexa there any paneyempt transactions with any party-in-interes | st? (Do not | include transactions | 10b | | X | | |
| r | eported on line 10a.) | | | | х | | | 150,000 |
| C | Was the plan covered by a fidelity bond? | | L (L. t | 10c | | | | |
| 1 | Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? | | | 10d | | Х | | |
| | Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.) | ILIC OF OR O | I file Bougast and | 10e | | Х | | |
| f | Has the plan failed to provide any benefit when due under the pl | lan? | | 10f | | Х | | |
| | Did the plan have any participant loans? (If "Yes," enter amount | as of year | end.) | 10g | Х | ļ | | 14,45 |
| h | If this is an individual account plan, was there a blackout period | ? (See inst | ructions and 29 CFR | 10h | | Х | | |
| | If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 | the requir | ed notice or one of the | . 10i | _ | | | |
| j | Did the plan trust incur unrelated business taxable income? | | | 10j | 1 | <u>l</u> | | |
| Part \ | VI Pension Funding Compliance | | | | 1=4 | . C-L- | dula CD | (Form |
| 11 | Is this a defined benefit plan subject to minimum funding require | | | | | | | Yes No |
| 11a | Established minimum required contribution for all years fro | m Schedu | le SB (Form 5500) line | 40 | | | 11a | |
| 12 | Is this a defined contribution plan subject to the minimum fundi | ng requirer | ments of section 412 of | the Co | de or s | ection | JUZ OF E | NIGA! |

| а | Form 5500-SF 2015 Page 3 - | | | | |
|-------|---|--------------------|--------------------------------|---------------------|-------------------|
| а | 40 at the 42b 42d and 12e below as applicable.) | | | | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and | d enter the Day | e date of the Ye | etter rulinç ear | |
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | 12b | ļ | | |
| b E | Inter the minimum required contribution for this plan year | | | | |
| C E | inter 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 | | , n | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No I | N/A |
| art \ | i — f f A | | | J | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | ζ No | |
| | If "Yes" enter the amount of any plan assets that reverted to the employer this year | 13a | | | |
| | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the | control | ` | res 🛛 N | o |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | | | 42-/2\ DA | |
| 1 | 3c(1) Name of plan(s): 13c(| (2) EIN(s) | | 13c(3) PN | 4(2) |
| Part | VIII Trust Information | 4 41 | T (1) FIN | | |
| | Name of trust | 14b | Trust's EIN | | |
| | | | | | |
| 14c | Name of trustee or custodian | 140 | Trustee's of telephone i | | n's |
| Par | | | /es | ∏No | |
| 15a | is the plan a 401(k) plan? | | Design- | | |
| 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)? | | based safe harbor method | ADP test | /ACP |
| 150 | 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))? | 1 | Yes | ∏No | |
| 16 | Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | 1 1 1 | Ratio percentage test | 27.5 | rage efit test |
| | 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? | | Yes | No | Пъи |
| 17: | Has the plan been timely amended for all required tax law changes? | | Yes | ∐No | □ N/A |
| 17 | Date the last plan amendment/restatement for the required tax law changes was adopted Enter | the appli | cable code _ | | nstruction |
| | If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is standard the letter's serial number | | | | VI |
| 17 | advisory letter, enter the date of that ravorable letter d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter | | | 2 | |
| | Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(I)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? | | Yes | ∏No | |
| 18 | | | Yes | No | |
| | Were in-service distributions made during the plan year? | | | | <u> </u> |
| 18 | Were in-service distributions made during the plan year? If "Yes," enter amount | 1 | | | |