## 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).

▶ 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 I	Identification Information	1			
For calenda	ar plan year 2015 or fis	cal plan year beginning 01/01/2	2015	and ending 1	2/31/2015	
A This ret	rurn/report is for:	a single-employer plan		plan (not multiemployer) mployer information in a	,	
		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report				
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)	
C Check b	box if filing under:	Form 5558  special extension (enter desc	automatic extension		DFVC	program
Dort II	Pacia Dian Info	<u> </u>	• •			
Part II		rmation—enter all requested in	formation		46	
1a Name		EARCH FEDERATION DC PLAN	1		<b>1b</b> Three-digit plan numb (PN) ▶	
					1c Effective d	ate of plan 01/06/1998
Mailing	address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Employer I	dentification Number 26-1424697
	town, state or province ND ESTUARINE RESE	e, country, and ZIP or foreign pos EARCH FEDERATION	tal code (if foreign, see ins	structions)	<b>2c</b> Sponsor's	telephone number 09-557-3746
0450 N 407T	U OTDEET				2d Business c	ode (see instructions)
2150 N 107T SUITE 205 SEATTLE, W						611000
3a Plan a	dministrator's name and	d address XSame as Plan Spon	sor.		<b>3b</b> Administrati	or's EIN
4 If the r	name and/or EIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	<b>4b</b> EIN	or's telephone number
name, <b>a</b> Sponso	•	nber from the last return/report.			4c PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year.			5a	5
		at the end of the plan year			5b	0
		account balances as of the end of			5c	0
<b>d(1)</b> Tota	al number of active part	ticipants at the beginning of the p	lan year		5d(1)	1
		ticipants at the end of the plan ye			5d(2)	0
than '	100% vested	erminated employment during the			5e	0
		or incomplete filing of this retur				
SB or Sche		er penalties set forth in the instru d signed by an enrolled actuary, lete.				
SIGN	Filed with authorized/v	valid electronic signature.	10/13/2016	MARK WOLF-ARMS	TRONG	
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN HERE						
	Signature of employ	<mark>yer/plan sponsor</mark> ame, if applicable) and address (i	Date		lual signing as em Preparer's telep	ployer or plan sponsor
i Topalei S	mamo (morading inili ne	ano, il applicable) and address (l	notate from or suite fluing	,	Troparer a telep	ione number

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<ul> <li>Were all of the plan's assets during the plan year invested in elig</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan care</li> </ul>	of an independ by and condition on on use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.		X Yes	
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	rmined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End c	of Year	
a Total plan assets			247	494					0
<b>b</b> Total plan liabilities				0	_				0
C Net plan assets (subtract line 7b from line 7a)	7с			'494	-				0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	otal	
(1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		1	695					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	695
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		249	189					
Certain deemed and/or corrective distributions (see instructions).	1 1								
f Administrative service providers (salaries, fees, commissions)									
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)								249	189
i Net income (loss) (subtract line 8h from line 8c)	8i							-247	494
j Transfers to (from) the plan (see instructions)	···· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	on feature cod	des from the List of PI	an Cha	racteris	stic Co	des in th	ne instruct	ions:	
B If the plan provides welfare benefits, enter the applicable welfare	footure code	as from the List of Dis	n Char	- at a ri at	io Coo	laa in tha	inatruatio		
in the plan provides werrare benefits, enter the applicable werrare	e leature coue	es nom the List of Pla	ii Cilaia	acterist	ic Coc	ies iii tiie	HISHUCH	лъ.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
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)	Voluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interereported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?				V					
			10c	X					50000
Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the p					X				
			10f						
g Did the plan have any participant loans? (If "Yes," enter amount		·	10g		X				
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 exceptions to providing the notice applied under 29 CFR 2520.1			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 require 5500) and line 11a below)								Yes	s No
11a Enter the unpaid minimum required contribution for all years fro						11a			
12 Is this a defined contribution plan subject to the minimum funding						302 of EF	RISA?	Yes	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
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)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes I			
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planger is an adopter of a pre-approved master and prototype (M&P) or volume submitter planger is an adopter of that favorable letter/ and the letter's serial representations.		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable	
18	Is the I	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	S	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**

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

OMB Nos. 1210-0110 1210-0089

2015

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	Annual Report		•								
For calenda		fiscal plan year beginning	01/01/2015	and ending	12/31/2	015					
A This retu	urn/report is for:	i (not multiemployer) ( oyer information in acc									
	·	a one-participant plan	a foreign plan								
B This retur	rn/report is	the first return/report	X the final return/report								
		an amended return/report	a short plan year return/r	eport (less than 12 mo	months)						
C Check b	ox if filing under:		DFVC program								
		special extension (enter desc		<u> </u>		War and the same of the same o					
Part II	······································	ormation—enter all requested in	nformation								
1a Name o		NE RESEARCH FEDERATION	ON DC PLAN		1b Three-digit plan numbe (PN)	r 001					
					1c Effective da 01/06/1						
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Id (EIN) 26-1	entification Number 1.424697					
		nce, country, and ZIP or foreign pos rine Research Federat		ctions)	2c Sponsor's to 509-557	elephone number -3746					
	107th Stree	et.			2d Business co 611000	ode (see instructions)					
Suite Seattl		WA 98133									
		and address XSame as Plan Spor			3b Administrator's EIN						
W 34   1 141   W 4											
		the plan sponsor has changed sinc	e the last return/report filed fo	r this plan, enter the	4b EIN						
	, EIN, and the plan n or's name	number from the last return/report.			4c PN						
<b>5a</b> Total r	number of participan				170 111						
<b>b</b> Total i		its at the beginning of the plan year	「,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		5					
		its at the end of the plan year	,		. 5a	5 0					
	er of participants wit		of the plan year (defined bene	fit plans do not	5a 5b 5c						
compl	er of participants wit lete this item)	nts at the end of the plan year th account balances as of the end of	of the plan year (defined bene	fit plans do not	5a 5b 5c 5d(1)	0					
compl d(1) Tota d(2) Tot	er of participants wit lete this item) al number of active p lal number of active	nts at the end of the plan year th account balances as of the end of participants at the beginning of the participants at the end of the plan y	of the plan year (defined bene plan year	fit plans do not	5a 5b 5c 5d(1)	0					
compl d(1) Tota d(2) Tot e Numb than	er of participants wit lete this item) al number of active p lal number of active ber of participants th 100% vested	nts at the end of the plan year th account balances as of the end of the plan yearticipants at the beginning of the participants at the end of the plan year terminated employment during the plan year	of the plan year (defined bene plan year /ear he plan year with accrued ben	fit plans do not	5a 5b 5c 5d(1) 5d(2)	0 0 1 0					
compl d(1) Tota d(2) Tot e Numb than Caution: A	er of participants wit lete this item) al number of active p lal number of active ber of participants th 100% vested A penalty for the lat	nts at the end of the plan year th account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this returns.	plan year (defined bene plan year /ear he plan year with accrued ben	fit plans do not lefits that were less unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e	0 0 1 0					
compl d(1) Tota d(2) Tota e Numb than Caution: A Under pen SB or Sche	er of participants wit lete this item)	this at the end of the plan year	plan year (defined bene plan year /ear he plan year with accrued ben urn/report will be assessed u	fit plans do not  efits that were less  unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if a	0 0 1 0 0 0 d. applicable, a Schedule					
compl d(1) Tota d(2) Tota e Numb than Caution: A Under pen- SB or Sche belief, it is	er of participants wit lete this item)	this at the end of the plan year	plan year (defined bene plan year /ear he plan year with accrued ben urn/report will be assessed u	fit plans do not  efits that were less  unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e suse is established aport, including, if art, and to the best	0 0 1 0 0 0 d. applicable, a Schedule					
compl d(1) Tota d(2) Tota e Numb than Caution: A Under pen- SB or Sche	er of participants wit lete this item)	the account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return other penalties set forth in the institute of the plan year that and signed by an enrolled actuary implete.	plan year (defined benefined benefined benefined benefined year	fit plans do not  efits that were less  inless reasonable ca examined this return/repo	5a 5b 5c 5d(1) 5d(2) 5e suse is established export, including, if surt, and to the best	0 0 1 0 0 0 0 d. applicable, a Schedule of my knowledge and					
compl d(1) Tota d(2) Tot e Number than Caution: A Under pen SB or Sche belief, it is SIGN HERE	er of participants wit lete this item)	the account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return other penalties set forth in the institute of the plan year that and signed by an enrolled actuary implete.	plan year (defined benefined benefin	if plans do not  lefits that were less  linless reasonable caexamined this return/resion of this return/repo	5a 5b 5c 5d(1) 5d(2) 5e suse is established export, including, if surt, and to the best	0 0 1 0 0 0 0 d. applicable, a Schedule of my knowledge and					
compl d(1) Tota d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	er of participants wit lete this item)	nts at the end of the plan year th account balances as of the end of the plan year ticipants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the institution and signed by an enrolled actuary emplete.  A administrator	plan year (defined benefined benefined benefined plan year	if plans do not  infits that were less  infess reasonable caexamined this return/repo  Mark Wolf-Arm  Enter name of indivi	5a 5b 5c 5d(1) 5d(2) 5e ause is established aport, including, if art, and to the best and the sest and the se	0 0 1 0 0 0 0 d. applicable, a Schedule of my knowledge and an administrator					
complete d(1) Total d(2) Total et Numbre than Caution: A Under pense of Sign Here	er of participants wit lete this item)	participants at the beginning of the participants at the end of the plan year interest at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return other penalties set forth in the institution and signed by an enrolled actuary emplete.	plan year (defined benefined benefined benefined plan year	if plans do not  infits that were less  infess reasonable caexamined this return/repo  Mark Wolf-Arm  Enter name of indivi	5a 5b 5c 5d(1) 5d(2) 5e ause is established aport, including, if art, and to the best astrong dual signing as place.	0 0 1 0 0 0 0 d. applicable, a Schedule of my knowledge and an administrator					
complete d(1) Total d(2) Total et Numbre than Caution: A Under pense of Sign Here	er of participants wit lete this item)	nts at the end of the plan year th account balances as of the end of the plan year ticipants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the institution and signed by an enrolled actuary emplete.  A administrator	plan year (defined benefined benefined benefined plan year	if plans do not  infits that were less  infess reasonable caexamined this return/repo  Mark Wolf-Arm  Enter name of indivi	5a 5b 5c 5d(1) 5d(2) 5e ause is established aport, including, if art, and to the best and the sest and the se	0 0 1 0 0 0 0 d. applicable, a Schedule of my knowledge and an administrator					

Accords NANocoberrane and Alberta	Form 5500-SF 2015		Page 2									
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 f you answered "No" to either line 6a or line 6b, the plan cannot be considered.	an indeper and condit ot use Fo	ndent qualified public actions.)rm 5500-SF and must	counta instead	nt (IQF d use I	PA)  Form	 550 <b>0.</b>			Yes Yes	_ n	
p	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sec	ction 40	21)?		Yes	No 📗	Not o	leterm	ined	
Par	t III Financial Information		·								···········	
<b>7</b> F	Plan Assets and Liabilities	***************************************	(a) Beginning	of Yea	<u>r</u>			(b) End	of Ye	ar		
<u>a</u>	Fotal plan assets	7a		247	,494	1			····			0
-	Total plan liabilities	7b			(	2		·	··			0
<u>c</u> 1	Net plan assets (subtract line 7b from line 7a)	7c		247	7,494	4						0
***************************************	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	nt	************			(b) T	otal	·····		
	Contributions received or receivable from:  1) Employers	8a(1)				ľ						
	2) Participants	8a(2)				1						
	3) Others (including rollovers)	8a(3)				╁				At a second		
	Other income (loss)	8b		1	1,69	5			-			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				┪		· · · · · · · · · · · · · · · · · · ·		:	1.,6	95
d [	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	and the state of t	249	9,18	9						
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								24	9,1	89
<u>i</u> !	Net income (loss) (subtract line 8h from line 8c)	81					, , ,			-24	7,4	94
j ·	Transfers to (from) the plan (see instructions)	8j										
Par	t IV Plan Characteristics											
Part		eature cod	des from the List of Plai	n Chara		·		e instruct				
10	During the plan year:	itiona isith	in the time period		Yes	No	N/A		Am	ount	-	
a	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary l	Fiduciary Correction	10a		Х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х						
С	Was the plan covered by a fidelity bond?	,		10c	Х						50,	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			***************************************			HARMAN HARMAN
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all o	f the benefits under	10e		х						
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		х						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х						
i	If 10h was answered "Yes," check the box if you either provided texceptions 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				<u></u>			Lucia				
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Т.	Yes	П	No
11a	Enter the unpaid minimum required contribution for all years from											
12	Is this a defined contribution plan subject to the minimum funding				········			ERISA?	[	Yes	Х	No
-												

	Form 5500-SF 2015 Page <b>3</b> -			H. Walder		
THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.		nter the Day_		e letter rulir 'ear	ng
lf you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
<b>b</b> Ent	er the minimum required contribution for this plan year		12b			
C Ente	er the amount contributed by the employer to the plan for this plan year		12c		······································	1
	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le pative amount)	1	12d			
e Wi	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					
<b>13a</b> Ha	s a resolution to terminate the plan been adopted in any plan year?			X Yes	☐ No	
If "	Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough the PBGC?		ntrol	X	Yes 🗌 N	lo
	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	the plan(s) to				
13c(	1) Name of plan(s):	13c(2) l	EIN(s)		13c(3) P	N(s)
Part VII	Trust Information					
<b>14a</b> Nar	ne of trust		14b	Trust's EIN		
<b>14c</b> Na	me of trustee or custodian		14d	Trustee's telephone		n's
Part IX	IRS Compliance Questions			***************************************		
<b>15a</b> Is	ihe plan a 401(k) plan?		[] Y	es	No	
	Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and tching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method		ADP/ACP test	
tes	ne ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cuting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(a)(2)(ii))?	01(m)-	Yes		No	
	eck the box to indicate the method used by the plan to satisfy the coverage requirements under section		ļЦр	Ratio ercentage est		rage efit test
	es the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comi s plan with any other plans under the permissive aggregation rules?		Δ	es	No	
	s the plan been timely amended for all required tax law changes?		1 🗀	es	No	□ N/A
	te the last plan amendment/restatement for the required tax law changes was adopted tax law changes and codes).	Enter the	applica	able code _	(See ir	nstruction
17c If t	he plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla visory letter, enter the date of that favorable letter and the letter's serial n		ct to a	favorable IF	S opinion	or
de	he plan is an individually-designed plan and received a favorable determination letter from the IRS, er termination letter		f the pl	an's last fav	rorable	
	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		_ Y	es	□No	
19 W	ere in-service distributions made during the plan year?		Y 🔲.	'es	☐ No	
If '	Yes," enter amount	•••••	. 19			
<b>20</b> W	ere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wlired), as required under section 401(a)(9)?		Y	'es	No	□ N/A