Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Informatior	1				
For calend		iscal plan year beginning 01/01/		and ending	10/06/2	016	
Λ Th:		x a single-employer plan		er plan (not multiemploye gemployer information in			
A This ret	turn/report is for:	a one-participant plan	a foreign plan	g employer information in	accorda	nce with the form	i instructions)
B This retu	urn/report is	the first return/report	the final return/repo	ort			
		an amended return/report	X a short plan year re	eturn/report (less than 12	months))	
C Check	box if filing under:	Form 5558	automatic extension	on		DFVC prog	ram
		special extension (enter desc	cription)				
Part II	Basic Plan Inf	ormation—enter all requested ir	nformation				
1a Name ALLAN ELE	•	ED BENEFIT PENSION PLAN			1b	Three-digit plan number (PN)	002
					1c	Effective date o	f plan 1/2003
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			2b	Employer Identi (EIN) 91-1	fication Number 527405
•	ctown, state or provin CTRIC, INC.	ce, country, and ZIP or foreign pos	tal code (if foreign, see i	nstructions)	2c	Sponsor's telep	hone number 82-6770
40 A M/ECT	CANAL DD				2d	Business code (see instructions)
ENNEWICH	CANAL DR. K, WA 99336					2382	210
3a Plan a	dministrator's name a	and address XSame as Plan Spon	sor.		3b	Administrator's	EIN
					3c	Administrator's t	elephone number
		ne plan sponsor has changed since umber from the last return/report.	the last return/report file	ed for this plan, enter the	4b	EIN	
	or's name				4c	PN	
5a Total	number of participant	s at the beginning of the plan year.			5	а	2
b Total	number of participant	s at the end of the plan year			5	b	0
		account balances as of the end of		•	5	С	
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d	(1)	2
d(2) Tot	al number of active p	articipants at the end of the plan ye	ear		5d	(2)	0
than	100% vested	t terminated employment during the			5		0
		or incomplete filing of this retur	•				alda a Oalaadad
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.					
SIGN		d/valid electronic signature.	12/05/2016	ANTHONY EDWAR	RDS		

Date

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)				Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .	X	Yes	No	Not d	etermin	ned
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	r	
a Total plan assets	7a		875	057					0	
b Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c			057					0	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
a Contributions received or receivable from: (1) Employers	8a(1)									
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		54	700						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								54700	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		920	711						
Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f		g	046						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9	29757	
i Net income (loss) (subtract line 8h from line 8c)	8i							-8	375057	
j Transfers to (from) the plan (see instructions)	8i									
Part IV Plan Characteristics	<u>, , , , , , , , , , , , , , , , , , , </u>									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instruc	tions:		
10 During the plan year:				Yes	No	N/A		Amo	unt	
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest										
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Χ					
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g 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 required	notice or one of the	10ii							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			10)		<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ιп	Yes X	No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>, 1—1</u>	<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	. П	Yes X	No

	F	orm 5500-SF 2015 Page 3 - 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 brought under the of the PBGC?						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		14d Trustee's or custodian'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		Ye		No		
		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 play letter, enter the date of that favorable letter/ and the letter's serial r		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 letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		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

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 Repor	t Identification Informatior				
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2016	and ending	10/06/	2016
A This return/report is for:	X a single-employer plan		lan (not multiemployer) nployer information in a		
The folding open to fold	a one-participant plan	a foreign plan			,
B This return/report is	the first return/report	X the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558				
o one box is mining andor.	special extension (enter desc	automatic extension		☐ peac	program
Part II Basic Plan Inf	ormation—enter all requested in				
1a Name of plan	ormation—enter all requested in	normation		1b Three-digit	
	. Defined Benefit Per	nsion Plan		plan numb	
				1c Effective do 01/01/2	
Mailing address (include ro-	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O. Box)			dentification Number
Allan Electric, In	ice, country, and ZIP or foreign pos ac .	tal code (if foreign, see insti	ructions)	2c Sponsor's 509-582	telephone number
918 A West Canal D	ir.			2d Business c	ode (see instructions)
Jio A West Canal D	1.			238210	
Kennewick	WA 99336				
3a Plan administrator's name a	and address XSame as Plan Spon	sor.		3b Administrat	tor's EIN
				3c Administrat	tor's telephone number
				Administrati	or a telephone number
	ne plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
a Sponsor's name	umber from the last return/report.			4c PN	
	s at the beginning of the plan year.				2
	s at the end of the plan year				0
	account balances as of the end of				
complete this item)				5c	
	articipants at the beginning of the p			5d(1)	2
	articipants at the end of the plan ye			5d(2)	0
Number of participants that than 100% vested	t terminated employment during the	e plan year with accrued be	nefits that were less	5e	0
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable car	use is establishe	d.
Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, in plete.	ctions, I declare that I have as well as the electronic ver	examined this return/re rsion of this return/repor	eport, including, if a rt, and to the best o	ipplicable, a Schedule of my knowledge and
SIGN Intern	Felward-	12/5/16	Anthony Edwar	ds	
HERE Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	n administrator
SIGN					
	oyer/plan sponsor	Date			ployer or plan sponsor
Preparer's name (including firm	name, if applicable) and address (i	nclude room or suite numbe	er)	Preparer's teleph	none number

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit o <mark>t use Fo</mark>	ndent qualified public a tions.) rm 5500-SF and must	ccounta instea	ant (IQI	PA) Form	5500.		_	Yes Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ction 4	021)? .	X	Yes [No [] No	t detern	nined
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	l of Y	ear	
а	Total plan assets	7a		87	5,05	7					0
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		87	5,05	7					0
8	Income, Expenses, and Transfers for this Plan Year	l hāai	(a) Amou	ınt				(b)	Total		
а	Contributions received or receivable from:					1	N -				Total F
,	(1) Employers	8a(1)				+					
-	(2) Participants	8a(2)				-			-	100	
-	(3) Others (including rollovers)	8a(3)					-		111		
C.	Other income (loss)	8b		5	4,70	0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								5	4,700
,	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		92	0,71	1				4	
***	Certain deemed and/or corrective distributions (see instructions)	8e					-		-		
	Administrative service providers (salaries, fees, commissions)	8f	9,046			6		-	-		
	Other expenses	8g		_			4.7			D. III	
n_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				+			_		9,757
	Net income (loss) (subtract line 8h from line 8c)	8i				-			_	-87	5,057
	Transfers to (from) the plan (see instructions)	8j								200	. 0.
-	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in	the instru	ıction	s:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Plar	n Chara	acterist	ic Cod	les in th	e instruc	tions		-
Par	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		An	nount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	iduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest					Х					
_	reported on line 10a.)			10b							
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		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)			Х					
- h	If this is an individual account plan, was there a blackout period?			10g							nes de
	2520.101-3.)	•		10h		Х		100	16		10-5
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10ì			JA.		TA:		1/4
j	Did the plan trust incur unrelated business taxable income?			10j							
Part									_		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).									Yes	X No
_11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			1	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the	ne Cod	e or se	ction	302 of E	RISA?		Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, 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 granting the waiver	enter the Day_		e letter rul 'ear	ng	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
	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?	$\Box\Box$	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?		X Yes	No		
	If "Yes," 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 brought under the coff the PBGC?	ontrol	X Yes No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	•				
1	3c(1) Name of plan(s): 13c(2)	EIN(s)	13c(3) PN(s)			
Part	VIII Trust Information					
14a N	Name of trust	14b 1	Trust's EIN			
14c	Name of trustee or custodian		Trustee's o telephone r		n's	
Part	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?	Ye	s			
15b				☐ No		
	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)?	ba ha	esign- ased safe arbor ethod	∐ No ☐ ADF test	/ACP	
15c		ba ha	ased safe arbor ethod	ADF	/ACP	
15c	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 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))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	ba ha m Ye	ased safe arbor ethod es atio ercentage	ADF test	/ACP	
15c	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 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))?	Dear harm Market Properties of the harm Market Properties of the harmonic of t	ased safe arbor ethod ess atio ercentage st	ADF test	rage	
16a (16b)	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 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)(iii))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 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? Has the plan been timely amended for all required tax law changes?	bahamm Yee	ased safe arbor ethod ss atio ercentage st	ADF test No Ave ben No	rage efit test	
15c 16a 16b 17a 17b	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 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))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 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? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).	Harmonia Properties American Properties Americ	ased safe arbor ethod ss atio ercentage st ss ss ss se	ADF test No Ave ben No No (See in	rage efit test N/A estructions	
16a (16b) 17a (17b) 17c (17c)	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)(iii)? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 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? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number	Baham M Yee Peter	ased safe arbor ethod ss atio ercentage st ss sole code	ADF test No Ave ben No No Sopinion	rage efit test N/A estructions	
15c 16a 16b 17a 17b 17c 17d	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)(iii)? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 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? Has the plan been timely amended for all required tax law changes was adopted for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number. If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter.	Baham M Yee Peter	ased safe arbor ethod ss atio ercentage st ss sole code	ADF test No Ave ben No No Sopinion	rage efit test N/A estructions	
16a (16b) 17a (17b) 17c (17d) 18	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)(iii))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 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? Has the plan been timely amended for all required tax law changes was adopted for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of	Baham M Yee Peter	ased safe arbor ethod ss atio ercentage st ss ss ss sole code	ADF test No Ave ben No No Sopinion	rage efit test N/A estructions	
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