## 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part	∶I ∣ Annual Report	: Identification Information								
For ca	lendar plan year 2016 or fi			2/31/2016						
<b>A</b> Thi	s return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  a foreign plan							
<b>B</b> This	s return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)							
C Ch	eck box if filing under:	Form 5558 special extension (enter descr	automatic extension	DFVC program						
Part	II Basic Plan Info	ormation—enter all requested inf	formation							
	ame of plan ENGINEERING RETIREN	MENT PLAN		<b>1b</b> Three-digit plan numbe (PN) ▶	r 001					
				1c Effective da	te of plan 1/01/2015					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DUNINGER CORPORATION ACTIVE ENGINEERING			2b Employer Identification Number (EIN) 91-1405299  2c Sponsor's telephone number 425-776-8119							
6605 - 20	00TH ST. S.W. 00D, WA 98036				de (see instructions) 41330					
<b>3a</b> Plan administrator's name and address ∑ Same as Plan Sponsor.				3b Administrate  3c Administrate	or's EIN					
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
<b>a</b> Sp	oonsor's name			4c PN						
<b>5a</b> ⊤	otal number of participants	s at the beginning of the plan year		5a	20					
<b>b</b> To	otal number of participants	s at the end of the plan year		5b	6					
<b>C</b> N	umber of participants with	account balances as of the end of	the plan year (only defined contribution plans	5c	20					
d(1)	Total number of active pa	articipants at the beginning of the pl	an year	5d(1)	2					
d(2)	Total number of active pa	articipants at the end of the plan year	ar	5d(2)	6					
<b>e</b> N	lumber of participants that	t terminated employment during the	plan year with accrued benefits that were less	5e	:					
		· · · · · · · · · · · · · · · · · · ·	n/report will be assessed unless reasonable ca							
SB or		and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/reas well as the electronic version of this return/report							

05/09/2017 STEVE MACAULEY Filed with authorized/valid electronic signature. **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

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b Any you claiming a watever of the annual examination and report of an independent qualified public accountant (IOPA) under 20 FF 2250.104-46 (See instructions or waver etigibility and conditions). \( \text{\t	<b>6a</b> Were all of the plan's assets during the plan year invested in eligi		,						Yes No
If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-\$F and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								X	Yes No
Part III   Financial Information   (a) Beginning of Year   (b) End of Year   295129   The Assets and Liabilities   (a) Beginning of Year   138607   295129   The Third III   Third III   138607   295129   The Third III   Third III   138607   295129   The Third III   138607   295129   Third III   295129								_	
7 Plan Assets and Liabilities	<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 N	ot determined
a Total plan assets	Part III Financial Information								
B Total plan liabilities	7 Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End of Ye	ar
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a		133607				2	295129
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (8a(2) 113619 (3) Others (including rollovers). (8a(3) Others (including rollovers). (8a(4) 113619 (3) Others (including rollovers). (8a(4) 113619 (3) Others (including rollovers). (8a(5) Others (including rollovers). (8a(6) Other rollowers). (8a(7) Other specific for the specific fo	<b>b</b> Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	C Net plan assets (subtract line 7b from line 7a)	7c		133607	<u> </u>			2	295129
(1) Employers 8a(1) 51707 (2) Participants 8a(2) 113619 (3) Others (including rollovers) 8a(3)  b Other income (loss) 8a(2) 19266  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 19266  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 19266  d Benefits paid (including forter rollovers and insurance premiums to provide benefits) 6 Participant (corrective distributions (see instructions) 8c 19266  e Certain deemed and/or corrective distributions (see instructions) 8c 19267  f Administrative service providers (salaries, fees, commissions) 8f 19267  g Other expenses 8d 19267  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 23070  i Net income (loss) (subtract line 8h from line 8c) 8h 23070  i Net income (loss) (subtract line 8h from line 8c) 8h 161522  j Transfers to (from) the plan (see instructions) 8j  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2c 20 2 2x 2 7 30  D During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 250.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there are no nexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).  c Was there are a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 250.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there are no nexempt transactions with any party-in-interest? (Do not include transactions to the program)  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other perso			(a) Amoun	ıt				(b) Total	
(2) Participants		8a(1)		51707	,				
(3) Other s(including rollovers)				113619					
b Other income (loss)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				19266					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	·							1	84592
e Certain deemed and/or corrective distributions (see instructions).  8				00070					
f Administrative service providers (salaries, fees, commissions)	·			23070					
g Other expenses					-				
h Total expenses (add lines 8d, 8e, 8f, and 8g)									
Net income (loss) (subtract line 8h from line 8c)					-				23070
Transfers to (from) the plan (see instructions)						1			
Part IV   Plan Characteristics									01322
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V		8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions		n faatura aa	doe from the Liet of DI	on Cho	ro oto ri	atia Ca	doo in	the inetwestic	
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	2E 2G 2J 2K 2T 3D	n leature cod	des from the List of Pi	an Cha	racteri	Suc Cc	ides in	the instructio	ns.
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).  10	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acteris	tic Coc	les in t	he instruction	s:
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).  10	Part V Compliance Questions								
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Yes	No	N/A	Am	nount
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		utions within	the time period					7111	.ouiit
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				100		X			
reported on line 10a.)				Tua					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				10b		X			
by fraud or dishonesty?	C Was the plan covered by a fidelity bond?			10c		X			
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)				10d		X			
f Has the plan failed to provide any benefit when due under the plan?	carrier, insurance service, or other organization that provides so	me or all of t	he benefits under	10e		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)						X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	nd.)			X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the				10h		X			
	i If 10h was answered "Yes," check the box if you either provided	the required	notice or one of the						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•		
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No	
	ERIS (If "\	A?				🖰		
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter	the minimum required contribution for this plan year		12b				
С	Enter	the amount contributed by the employer to the plan for this plan year		12c				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					No	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No	
С	C 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.)							
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust		14b	Trust's E	EIN		
14c	Name	of trustee or custodian				s or custodia ne number	an's	
Par	t IX	IRS Compliance Questions		•				
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No		
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP	
				rent year test	,"	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
	the le		<u>'</u>					
	letter		nter the date	e of the n	nost rec	ent determir	ation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No		

## 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

2016

This Form is Open to Public Inspection

Part I		t Identification Information								
For calen	dar plan year 2016 or	fiscal plan year beginning 01/01/20		and ending 12/						
A This s	/ranart is for	X a single-employer plan		an (not multiemployer) oployer information in a						
A Insid	eturn/report is for:	a one-participant plan	a foreign plan	ipioyer miorinacomin a	iocoluanos mas	e lonn manadiono.,				
		_								
<b>B</b> This re	turn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 n	months)					
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC progra	m				
	special extension (enter description)									
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name	e of plan				<b>1b</b> Three-dig	5				
ACTIVE EN	IGINEERING RETIRE	MENT PLAN			plan numb	001				
					1c Effective of	iate of plan				
					01/01/201	·				
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	) Boyl			Identification Number				
		ice, country, and ZIP or foreign posi		ructions)	(EIN) 91-1	telephone number				
	CORPORATION					(425) 776-8119				
ACTIVE EN	IGINEERING				2d Business	code (see instructions)				
6605 - 2007	TH ST. S.W.				541330					
LYNNWOO	D, WA 98036									
		and address K Same as Plan Spo	nsor.		3b Administrator's EIN					
					30 Administra	4-1-4-1-4-1-4-1-4				
					3C Administra	tor's telephone number				
4 If the	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
		umber from the last return/report.			do Du					
	sor's name				4c PN					
		s at the beginning of the plan year			5a 5b	20				
		s at the end of the plan year  account balances as of the end of				65				
		account balances as of the end of			5c	26				
<b>d(1)</b> To	tal number of active pa	articipants at the beginning of the pl	lan year		5d(1)	20				
<b>d(2)</b> To	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	61				
		t terminated employment during the			5e	2				
Caution:	100% vested A penalty for the late	or incomplete filing of this return	n/report will be assessed	uniess reasonable ca	.∤ iuse is establishe	ed.				
Under pen	alties of periury and o	ther penalties set forth in the instruc	ctions, I declare that I have	examined this return/re	port, including, if	applicable, a Schedule				
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, an enrolled actuary, and	as well as the electronic ver	sion of this return/repor	it, and to the best	of my knowledge and				
SIGN	x mac		15/4/17	* Steve 1	Macaret	est				
HERE	Signature of plan		Date	Enter name of individ	dual signing as pla	administrator				
SIGN						A				
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor				
Preparer's		name, if applicable) and address (ir	nclude room or suite numbe	r)	Preparer's telep	hone number				
ļ										
1										

6a b	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 independent	dent qualified public a	accoun	tant (I	QPA)	•••••	•••••	X Ye	
C	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance pr	ogram (see ERISA s	ection 4	4021)?	'[	Yes	No	☐ Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End	of Year	
а	Total plan assets	. 7a		1336	07				295	129
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c		1336	07				295	129
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	(a) Amount				(b) To	otal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)		517	07					
	(2) Participants	8a(2)		1136	19					
	(3) Others (including rollovers)	. 8a(3)				ikedi				111V2
b	Other income (loss)	. 8b		192	66					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							1845	592
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		230	70		N.			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				L)EB			Section :	
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g				1/2			Heimer 1	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				23070					
i_	Net income (loss) (subtract line 8h from line 8c)	8i				161522			522	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.									
Par	t V Compliance Questions					,				
10	During the plan year:		<del> </del>		Yes	No	N/A		Amount	<u> </u>
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	luciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest 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		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 th	e benefits under	10 <del>e</del>		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-en	d.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne required r	notice or one of the	10i				A. F		

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete	Schedule	SB		es No		
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?	ode or se	ection 302	of		es X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling							
	granting the waiver Month Day Year							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			т —				
b	Enter the minimum required contribution for this plan year		12b	1				
C	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 negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [	N/A		
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X N	)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	Ī				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brouge control of the PBGC?	ght under	the		Yes X	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the pla	an(s) to					
	13c(1) Name of plan(s):	13	c(2) EIN(s)		13c(3) PN(s)			
						-		
Part	VIII Trust Information							
14a	Name of trust		14b	Trust's E	EIN			
14c	Name of trustee or custodian	_		14d Trustee's or custodian's telephone number				
Par	IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b	Y	es		No			
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	11 1	esign-based fe harbor		"Prior ye test	ar" ADP		
	To the plan year: Onesk all that apply.	G AC	urrent year OP test	<u>"</u>	] N/A			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	p	atio ercentage est		rerage nefit test	□ N/A		
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		es	[	No			
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion le	etter or advi	sory lette	er, enter the	date of		
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enletter	iter the da	ate of the m	ost rece	nt determin	ation		
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?		m Yes	3 [	] No			
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye:	· [	No			