Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		t Identification Information				
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in a		
	•	a one-participant plan	a foreign plan			
B This retu	ırn/report is	the first return/report	the final return/repor			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension	1	DFVC program	
		special extension (enter desc				
Part II		ormation—enter all requested in	formation		45	1
1a Name STREAMBO	of plan X, INC. 401(K) PLAN	& TRUST			1b Three-digit plan number	001
					(PN) 1c Effective dat	e of plan
<u> </u>						1/01/2008
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0		-t(*\)		entification Number 1-1973713
STREAMBO		ce, country, and ZIP or foreign pos	tal code (il loreign, see in	structions)	2c Sponsor's te	elephone number 956-0544
					2d Business co	de (see instructions)
1848 WESTL SEATTLE, W	AKE AVE N SUITE 2 A 98109	200			3	34310
02/11/22, 11	7, 00,100					
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administrato	r's EIN
					3c Administrato	r's telephone number
		ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name, a Sponse		umber from the last return/report.			4c PN	
		s at the beginning of the plan year.			5a	24
_		s at the end of the plan year			5b	20
		account balances as of the end of				11
compl	ete this item)				5c 5d(1)	21
		articipants at the beginning of the p			· · ·	16
		articipants at the end of the plan ye t terminated employment during the			5d(2) 5e	(
						-
		or incomplete filing of this retur ther penalties set forth in the instru				
SB or Sche		and signed by an enrolled actuary,				
SIGN	Filed with authorized	I/valid electronic signature.	05/22/2017	BOB LINDSEY		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as emp	loyer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite num	ber)	Preparer's teleph	one 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	an indepe	ndent qualified public a	account	ant (IQ	PA)			X Yes	
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End o	of Year	
a	Total plan assets	7a		390591					432647	7
b	Total plan liabilities	7b		0)					
С	Net plan assets (subtract line 7b from line 7a)	7c		390591					432647	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)		48448						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		20248						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							68696	3
	Benefits paid (including direct rollovers and insurance premiums			.=						
	to provide benefits)	8d		17908	_					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		7834						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		898						
<u>g</u>	Other expenses	8g							0004	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							26640	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							42056	<u> </u>
j	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a	X					4787
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	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				
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		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X	_				38596
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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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 c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	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 brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
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 e?		rom	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?			Ye	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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

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

This Form is Open to Public Inspection

	ort Identification Information	01/01/0016		10/01/001	
For calendar plan year 2016 o		01/01/2016	and ending	12/31/201	
A This return/report is for:	x a single-employer plan	a list of participating e	lan (not multiemployer) (mployer information in a		
D This waterwaters are in-	a one-participant plan	a foreign plan			
B This return/report is:	the first return/report	the final return/report			
	an amended retum/report	a short plan year retu	rn/report (less than 12 m	ionths)	
C Check box if filling under:	Form 5558 special extension (enter descrip	automatic extension		DFVC pr	rogram
	<u> </u>		***************************************		
	nformation enter all requested in	formation		4b Thursday	
1a Name of plan Streambox, Inc.	101(k) Plan & Trust			1b Three-digit plan numbe (PN) ▶	
				1c Effective da 01/01/2	,
Mailing Address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.O. vince, country, and ZIP or foreign postal		ructions)	, ,	dentification Number -1973713
Streambox, Inc.	whoe, country, and all or loreign poster	oode (# foreign, dec mat	2010137	2c Sponsor's (206) 9	elephone number 56-0544
1848 Westlake Ave	e N Suite 200			2d Business c 334310	ode (see instructions)
US Seattle WA 98109		400			
3a Plan administrator's nam-	e and address 🗓 Same as Plan Spon	sor		3b Administrat	or's EIN
				3c Administrat	tor's telephone number
	the plan sponsor has changed since the number from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN	
a Sponsor's name	named well the last retain, open.			4c PN	
	nts at the beginning of the plan year			5a	24
	nts at the end of the plan year			5b	20
c Number of participants w	ith account balances as of the end of the	e plan year (only defined	contribution plans	5 c	11
d(1) Total number of active	participants at the beginning of the plan	year	******************************	5d(1)	21
d(2) Total number of active	participants at the end of the plan year	************************		5d(2)	16
	at terminated employment during the plan	an year with accrued ber		5e	0
*	ate or incomplete filing of this return/		Luniana vana	!	
Under penalties of perjury an SB or Schedule MB complete	d other penalties set forth in the instruct d and signed by an enrolled actuary, as	ions, I declare that I have	examined this return/re	port, including, if a	pplicable, a Schedule
belief, it is true, correct, and c	1 - >		Γ		
SIGN Signature of plan a	AQA J	Date 5: 22-17	Bob Lindsev Enter name of individua	al cirming or plan	erlministrator
SKIN A	anninsa quoi		Ener hame or narvada	ar signing as plant	30111113113101
HERE Signature of emplo	yer/plan sponsor	Date S-22:17	Enter name of individua		
Preparer's name (including fir Skip this question	m name, if applicable) and address (inc	lude room or suite numb	er)	Preparer's telept Skip this qu	
				7.05 0000 00000	

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach **A** This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number Streambox, Inc. 401(k) Plan & Trust . (PN) ▶ 001 1c Effective date of plan 01/01/2008 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1973713 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Streambox, Inc. (206) 956-0544 2d Business code (see instructions) 1848 Westlake Ave N Suite 200 334310 US Seattle WA 98109 Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 24 5a 5a Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year 5b 20 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 11 complete this item) **d(1)** Total number of active participants at the beginning of the plan year 5d(1) 21 5d(2) **d(2)** Total number of active participants at the end of the plan year 16 Number of participants that terminated employment during the plan year with accrued benefits that were

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

bellet, it	is true, correct, and complete.					
SIGN			Bob Lindsey			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
	Signature of employer/plan sponsor	Date	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) Skip this question		er)	Preparer's telephone number Skip this question			

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	Form 5500-SF 2016		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	•••••	•••••		•••••	•••••	X Yes	No
b	Are you claiming a waiver of the annual examination and report of an	•			•	,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at							•••••	x Yes	No
_	If you answered "No" to either line 6a or line 6b, the plan canno					_				
	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	1 402	1)?	••••••	Yes	Nо		ermined
Pa	art III Financial Information		.							
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End	of Year	
<u>a</u>	Total plan assets	7a	39	0,5	91				432,6	47
b	Total plan liabilities	7b			0					
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	39	0,5	91				432,6	47
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)	4	8,4	48					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	2	20,2	48					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							68,6	 96
d	Benefits paid (including direct rollovers and insurance premiums		_							
	to provide benefits)	8d	1	.7,9						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		7,8						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		8	98					
<u>g</u>	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-			26,6	
÷	Net income (loss) (subtract line 8h from line 8c)	8i				_			42,0	56
	Transfers to (from) the plan (see instructions)	8j								
$\overline{}$	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instructi	ons:	
	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	ıracte	ristic (Codes	in the	instructio	ns:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribut	ions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fig	luciary Correction							
	Program)			10a	Х					4,787
k	 Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) 			10b		x				
				10b		x				
				100		_ A				
	by fraud or dishonesty?	•		10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth- carrier, insurance service, or other organization that provides some									
	the plan? (See instructions.)			10e		x				
f	Has the plan failed to provide any benefit when due under the plan	າ?	***************************************	10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	х				3	8,596
r				10h		v				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			1011		х				
•	exceptions to providing the notice applied under 29 CFR 2520.101			10i						

Form 5500-SF 2016

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Part	: VI	Pension Funding Compliance				_	
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 15500 and line 11a below)				Yes 🗓	No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the				Yes 🗵	No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruotiana	and anta	r the data	of the letter mil	
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see i g the waiver			r the date av	Of the letter rul	ing
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter tl	ne minimum required contribution for this plan year.	••••••	12b			
С	Enter tl	ne amount contributed by the employer to the plan for the 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 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 r	resolution to terminate the plan been adopted in any plan year?	•••••	.	Yes	X No	
		" enter the amount of any plan assets that reverted to the employer this year			Ī		
b	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro				Yes X No)
		of the PBGC?g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
		assets or liabilities were transferred. (See instructions.)	intily the pla	11(3) 10			
13	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)
Part	VIII	Trust Information - Skip These Questions			I		
	VIII Name	•		14b	Trust's E	IN	
		•		14b	Trust's E	IN	
14a	Name (of trust					
14a	Name (•				or custodian's	
14a	Name (of trust			Trustee o	or custodian's	
14a	Name o	of trust			Trustee o	or custodian's	
14a 14c	Name o	of trust			Trustee o	or custodian's	
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		14 d	Trustee of telephone	or custodian's e number	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions lan a 401(k) plan? If "No," skip b.		Yes Design-t	Trustee of telephone	or custodian's e number No "Prior yet	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-t safe har	Trustee of telephone	or custodian's e number No "Prior ye	ear" ADP
14a 14c Part 15a 15b	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Ilan a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-tsafe har "Current ADP tes Ratio percenta	Trustee of telephone	or custodian's e number No "Prior yet	ear" ADP
14a 14c Part 15a 15b	Name of Name o	IRS Compliance Questions - Skip These Questions John a 401(k) plan? If "No," skip b. d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Desting method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes Design-tsafe har "Current ADP tes Ratio	Trustee of telephone	or custodian's e number No "Prior yettest N/A Average	
14a 14c Part 15a 15b 16a 16b	Name of IX Is the p How did 401(k)(c) What to gear? (c) Did the for the If the p	IRS Compliance Questions - Skip These Questions Plan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply: Plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If		Yes Design-t safe har "Current ADP tes Ratio percentatest Yes	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No	□ N/A
14a 14c Part 15a 15b 16a 16b 17a	Name of IX Is the p How did 401(k)(c) What to year? (c) Did the for the left. If the p	IRS Compliance Questions - Skip These Questions Jan a 401(k) plan? If "No," skip b. Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply: Desting method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply: Desting method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules? Jan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If	1	Yes Design-t safe har "Current ADP tes Ratio percentatest Yes etter or ac	Dased poor year" t	or custodian's enumber No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
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