| | rm 5500-SF | Short Form Annual Return/Report of Small Employee OMB Nos. 1210-011 1210-005 Benefit Plan | | | | | | |
|---|------------------------------------|---|--|--|--------------|--|--|--|
| Department of Labor This form is required to be filed under sections 104 and 4065 of the Employe Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of | | | | | | 2016 | | |
| Employee B | enefits Security Administration | | This Form is Open to Public Inspection | | | | | |
| _ | enefit Guaranty Corporation | Complete all entries in a | accordance with the inst | tructions to the Form 55 | 00-SF. | | | |
| For calenda | ar plan year 2016 or fisc | International plan year beginning01/01/20 | 016 | and ending 12/ | /31/2016 | | | |
| A This ret | turn/report is for: | a single-employer plan a one-participant plan | | lan (not multiemployer) (F mployer information in acc | | ing this box must attach a ith the form instructions.) | | |
| B This retu | urn/report is | the first return/report an amended return/report | the final return/report a short plan year retu | rn/report (less than 12 mo | nths) | | | |
| C Check I | box if filing under: | Form 5558 | automatic extension | [| DFVC p | program | | |
| Part II | Basic Plan Inform | nation —enter all requested info | 1) | | | | | |
| 1a Name PHENOPAT | | · | | _ | (PN) | number | | |
| 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) | | | | tructions) | (EIN) | | | |
| PHENOPATI | H LABORATORIES, PLL | -C | | | ZC Spor | sor's telephone number 206-374-9000 | | |
| | STREET, SUITE 100 /A 98103-8675 | | | - | 2d Busir | ess code (see instructions) 621510 | | |
| 3a Plan a | dministrator's name and | address 🛛 Same as Plan Spon | ISOF. | _ | | nistrator's EIN nistrator's telephone number | | |
| | | plan sponsor has changed since to be from the last return/report. | the last return/report filed | for this plan, enter the | 4b EIN | | | |
| a Spons | or's name | | | | 4c PN | | | |
| | | t the beginning of the plan year | | | 5a | 114 | | |
| C Numb | er of participants with ac | t the end of the plan year | he plan year (only define | d contribution plans | 5b 5c | 118 | | |
| | , | cipants at the beginning of the pla | | F | 5d(1) | 85 | | |
| • • • | • | cipants at the end of the plan yea | | | 5d(2) | 87 | | |
| e Numb | per of participants that te | rminated employment during the | plan year with accrued be | enefits that were less | 5e | 4 | | |
| | | incomplete filing of this return | | | | | | |
| SB or Sche | | r penalties set forth in the instruc signed by an enrolled actuary, a ete. | | | | | | |
| SIGN | Filed with authorized/va | lid electronic signature. | 10/09/2017 | INGRID ONSTAD | | | | |
| HERE | Signature of plan ad | ninistrator | Date | Enter name of individu | al signing a | as plan administrator | | |
| SIGN | | | | | | | | |
| HERE | Signature of employe | | Date | | | as employer or plan sponsor | | |
| Preparer's | name (including firm nar | ne, if applicable) and address (in | clude room or suite numb | ver) | Preparer's | telephone number | | |
| | | soo the Instructions for Form 5500 | 05 | | | Form 5500-SE (2016) | | |

672657

| | 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in | an indeper and condit ot use Fo | ndent qualified public accountant (IC ions.) rm 5500-SF and must instead use | PA) Yes No • Form 5500. |
|----|--|--|--|---------------------------------------|
| Pa | rt III Financial Information | | · | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
| а | Total plan assets | 7a | 7312916 | 7905592 |
| b | Total plan liabilities | 7b | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 7312916 | 7905592 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 218609 | |
| | (2) Participants | 8a(2) | 502780 | |
| | (3) Others (including rollovers) | 8a(3) | 8423 | |
| b | Other income (loss) | 8b | 538513 | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 1268325 |

| | to provide benefits) | 8d | 672657 | |
|----|--|----|--------|--------|
| е | Certain deemed and/or corrective distributions (see instructions). | 8e | 594 | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 2398 | |
| g | Other expenses | 8g | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 675649 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | 592676 |
| j | Transfers to (from) the plan (see instructions) | 8j | | |
| Pa | rt 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: 2E 2F 2G 2J 2K 2T 3B 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part V Compliance Questions

d Benefits paid (including direct rollovers and insurance premiums

| 10 | During the plan year: | | Yes | No | N/A | Amount |
|----|--|-----|-----|----|-----|---------|
| а | 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) | 10a | Х | | | 34895 |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | | |
| С | Was the plan covered by a fidelity bond? | 10c | Х | | | 1000000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | Х | | |
| 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.) | 10e | | x | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | Х | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | Х | | | 38618 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | Х | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | |

| Part | VI | Pension Funding Compliance | | | | | | |
|------|--------|--|--------|------------------------|------------------|---|-------------------------|-----------------|
| 11 | | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below) | | | | | | Yes 🗙 No |
| 11a | Ente | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | 11a | | | |
| 12 | | his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co | | | | | | Yes 🗙 No |
| | | SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | , | valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr | uctior | ns, and | d enter t | he date | of the lett | er ruling |
| | gran | ting the waiver | onth _ | | _ Day | | Year | |
| lf | you c | 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 | | | |
| d | | tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative 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? | | | | Yes | s XI | No |
| | | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | |
| b | Wer | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC? | nt und | er the | | | Yes | X No |
| c | lf, d | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.) | | | to | | | |
| 1 | | Name of plan(s): | | 13c(2) | EIN(s) | | 13c(| 3) PN(s) |
| | | | | | | | | |
| | | | | | | | | |
| Part | VIII | Trust Information | | | | | | |
| 14a | Name | e of trust | | | 14b ⊺ | Frust's E | IN | |
| 14c | Name | e of trustee or custodian | | | | | s or custo ne number | |
| 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: | | Desig safe h | n-basec arbor | ł | "Prior y test | ear" ADP |
| | | | | "Curre ADP t | ent year est | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | N/A | |
| 16a | | t 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 |
| 16b | | he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? | | Yes | | | No | |
| | the le | | - | | | - | | |
| | letter | | er the | e date | of the m | nost rece | 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 separce? | | from | Ye | s | No | |
| 19 | Was | any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | | | Ye | s | No | |

| Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan | | | | | OMB Nos. 1210-0110 1210-0089 | | | |
|--|---|---|--|-----------------|---------------------------------|---------------------|--|--|
| Department of the Treasury Internal Revenue Service | This form is required to be file | |)65 of the Employee Re | etirement | | 2016 | | |
| Department of Labor Employee Benefits Security Administration | Income Security Act of 1974 | Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form | | | | | | |
| Pension Benefit Guaranty Corporation | 00-SF. | | c Inspection | | | | | |
| For calendar plan year 2016 or f | : Identification Information | 01/01/2016 | and ending | 12 | /31/201 | б | | |
| For calendar plan year 2010 of 1 | X a single-employer plan | a multiple-employer pla | Z | | | | | |
| A This return/report is for: | a one-participant plan | list of participating emp a foreign plan | ployer information in acc | cordance v | vith the form | instructions.) | | |
| B This return/report is | T the first return/report | the final return/report | | | | | | |
| | an amended return/report | a short plan year return | /report (less than 12 mc | onths) | | | | |
| C Check box if filing under: | X Form 5558 | automatic extension | [| | orogram | | | |
| | special extension (enter desc | ription) | | | | | | |
| Part II Basic Plan Info | ormation—enter all requested in | formation | | | | | | |
| 1a Name of plan | ec (A(1)(k)) Plan | | | 1b Thre plan | e-digit number | | | |
| PhenoPath Laboratories 401(k) Plan | | | | | • | 001 | | |
| | | | ctive date of /01/199 | • | | | | |
| 2a Plan sponsor's name (empl Mailing address (include roo | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 | D. Box) | | 2b Emp | | ication Number | | |
| City or town, state or provin | ce, country, and ZIP or foreign pos | tal code (if foreign, see instr | uctions) | | | hone number | | |
| PhenoPath Laboratori | les, PLLC | | | (2) | 06)374- | 9000 | | |
| | | | | | | see instructions) | | |
| 551 N 34th Street, S | Suite 100 | | | 62. | 1510 | | | |
| Seattle | | WA | 98103-8675 | | inistrator's I | | | |
| | | | | 3c Adm | inistrator's f | elephone number | | |
| 4 If the name and/or EIN of the | 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. | | | 4c PN | | | | |
| a Sponsor's name | s at the beginning of the plan year. | | | 5a |] | 114 | | |
| | s at the end of the plan year | | 1 | 5b | | 118 | | |
| c Number of participants with | account balances as of the end of | the plan year (only defined | contribution plans | 5c | | 95 | | |
| • • | articipants at the beginning of the p | | | 5d(1) | 1 | 85 | | |
| • • | articipants at the end of the plan ye | | | 5d(2) | | 87 | | |
| e Number of participants that | It terminated employment during th | e plan year with accrued be | nefits that were less | 5e | | 4 | | |
| Caution: A panalty for the late | or incomplete filing of this retui | m/report will be assessed | unless reasonable cau | use is esta | ablished. | | | |
| Under penalties of perjury and on SB or Schedule MB completed a belief, it is true, correct/and correct. | other penalties set forth in the instru- and signed by an enrolled actuary, nolete. | actions, I declare that I have as well as the electronic ver | examined this return/re sion of this return/repor | t, and to th | e best of m | y knowledge and | | |
| SIGN AWA | Rittett | 10/9/17 | Ingrid Onstad | | | | | |
| HERE Signature of plan | administrator | Date | Enter name of individ | ual signing | as plan ad | ministrator | | |
| SIGN | | | | | | | | |
| HERE Signature of emp | loyer/plan sponsor | Date | Enter name of individ | | | | | |
| Preparer's name (including firm | name, if applicable) and address (| include room or suite numbe | r) | Preparer | 's telephone | e number | | |
| | | | | | | | | |
| | | | | | | Form 5500-SF (2016) | | |

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)...... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF 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)? Yes No Not determined

X Yes No

Yes No

| 7 | Plan Assets and Liabilities | | (a) Beginning o | f Year | | | () | o) End o | f Year | | | | |
|---|---|---|--|--|---------------|-------------------|-----------|----------|-------------------|-----------------|--|--|--|
| | | 7a | | 312,9 | 916 | | | | | 5,592 | | | |
| | Total plan assets Total plan liabilities | 7a 7b | | | | | | | <u>.</u> | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 70 70 | 7.3 | 312,9 | 916 | | | | 7,90 |)5,592 | | | |
| 8 | | | (a) Amount | | | | | (b) To | | | | | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (u) Anoun | | | | | | | | | | |
| ŭ | (1) Employers | . 8a(1) | 2 | 218,6 | 509 | | | | | | | | |
| | (2) Participants | 8a(2) | Ę | 502 , | 780 | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 8,4 | 123 | | | | | | | | |
| b | Other income (loss) | 8b | Ę | 538,S | 513 | | | | | | | | |
| с | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | | | 1,26 | 58,325 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | (| 672, | 657 | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | 594 | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | 2,3 | 398 | | | | | | | | |
| g | Other expenses | . 8g | | | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | | | 75 , 649 | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | | 59 | 592,676 | | | |
| • | Net income (loss) (subtract line on from line oc) | | | | | | | | | | | | |
| 9a | Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D | • 8j n feature co | | | | | | | | | | | |
| 9a b | Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare | • 8j n feature co | | | | | | | | | | | |
| 9a b | Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3B 3D | • 8j n feature co | | | acteris | ic Coo | les in th | | ctions: | | | | |
| 9a b Par 10 | Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pensior 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare t V Compliance Questions During the plan year: | feature co | les from the List of Plar | | | | | | | | | | |
| 9a b Par 10 | Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pensior 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's) | feature cod | les from the List of Plar in the time period Fiduciary Correction | | acteris | ic Coo | les in th | | ctions: Amount | 34,895 | | | |
| 9a b Par 10 a | Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pensior 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution | 8j n feature cod feature cod utions withi Voluntary F | les from the List of Plar in the time period Fiduciary Correction include transactions | n Chara | Yes | ic Coo | les in th | | ctions: Amount | 34,895 | | | |
| 9a b Par 10 a | Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pensior 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare t V Compliance Questions During the plan year: 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) Were there any nonexempt transactions with any party-in-interest | b 8j n feature coord feature coord utions withi Voluntary F | les from the List of Plar in the time period Fiduciary Correction include transactions | n Chara | Yes | No | les in th | | Amount | 34,895 | | | |
| 9a b Par 10 a | Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pensior 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributes of the plan and parting the plan and parting the plan and parting t | b feature coo feature coo feature coo utions withi Voluntary F st? (Do not | les from the List of Plar in the time period Fiduciary Correction include transactions ond, that was caused | n Chara 10a 10b | Yes X | No | les in th | | Amount | | | | |
| 9a b Par 10 a b c c | Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pensior 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribine described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.) | 8j feature cod feature cod fea | les from the List of Plar in the time period Fiduciary Correction include transactions and, that was caused is by an insurance the benefits under | 10a 10b 10c | Yes X | ic Coo | les in th | | Amount | | | | |
| 9a b Par 10 a b c c | Transfers to (from) the plan (see instructions) | 8j feature cod feature cod fea | les from the List of Plar in the time period Fiduciary Correction include transactions and, that was caused is by an insurance the benefits under | 10a 10b 10c 10d | Yes X | ic Coo | les in th | | Amount | | | | |
| 9a b Par 10 a c c c c | Transfers to (from) the plan (see instructions) | b feature co feature cod feature cod utions withi Voluntary F st? (Do not s fidelity bo ther person me or all of an? | les from the List of Plar in the time period Fiduciary Correction include transactions and, that was caused is by an insurance the benefits under | 10a 10b 10c 10d 10e | Yes X | No X X X | les in th | | Amount | 00,000 | | | |
| 9a b Pan 10 a c c c c c c c c c c c c c c c c c c | Transfers to (from) the plan (see instructions) | 8j feature cod feature cod feature cod utions withi Voluntary F st? (Do not st? (Do not ther person me or all of an? as of year-i ? (See instruct | les from the List of Plar in the time period Fiduciary Correction include transactions and, that was caused is by an insurance the benefits under the benefits under end.) | 10a 10b 10c 10d 10e 10f | Yes X X | No X X X | les in th | | Amount | | | | |

Form 5500-SF 2016

| Page | 3- | |
|------|----------|--|
| aye | U | |

| Part \ | | nioto So | hodulo 9 | P. | | | N/- |
|------------------------|--|------------------|--|----------|----------------------------|--------|-------------|
| | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below) | <u></u> | | | <u> Ц Үе</u> | es X | N0 |
| | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | | - <u>r</u> | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA? | | | | 🛛 Ye | es 🛛 | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | - 646 - 1-44 | | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver | th | Day | ine date | Year | ruing | |
| If y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | 1 | | | |
| 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 negative amount) | | 12d | | | | |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N/A | |
| Part \ | /II Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | Ye | s 🛛 No |) | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 1 | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC? | under th | | | 🗌 Yes 🗙 | No | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) | | s) to | | | | |
| 1 | 3c(1) Name of plan(s): | 13c(| 2) EIN(s) | | 13c(3) | PN(s |) |
| Part 14a I | VIII Trust Information Name of trust | | 14b | Trust's | EIN | | |
| 14c | Name of trustee or custodian | | 14d | | 's or custodi ne number | an's | |
| Part | IX IRS Compliance Questions | | | | | | |
| L andra and the | is the plan a 401(k) plan? If "No," skip b | Yes | | | No No | | |
| 15b | How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: | ∐ safe | gn-based "Prior year" ADF harbor test rent year" N/A | | | | OP |
| 16a | What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: | Ra per tes | centage | | verage enefit 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? | Yes | | | No No | | |
| 17a | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number | | | | | | |
| 17b | If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter | er the dat | e of the I | nost red | ent determin | nation | |
| | 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 separa service? | ated from | [] Ye | es | No | | |
| 19 | Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | | 🔲 Ye | es | No | | |