Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

| Parti | Annual Report | identification information | | | | | | |
|--------------------------|--|--|----------|-------------------------|--|---------|-------------------------------|------------------------|
| For calenda | ar plan year 2015 or fis | scal plan year beginning 01/01/2 | 2015 | | and ending 12 | 2/31/20 | 015 | |
| A This ret | urn/report is for: | X a single-employer plan | | | an (not multiemployer) ployer information in ac | | - | |
| 71 | | a one-participant plan | | oreign plan | | | | , |
| B This retu | urn/report is | the first return/report | the | final return/report | | | | |
| • | | an amended return/report | a sl | hort plan year return | /report (less than 12 mo | onths) | | |
| C Check b | box if filing under: | Form 5558 special extension (enter descr | ш | tomatic extension | | | DFVC prog | ram |
| D1 II | Dania Blancia | _ ' | . , | | | | | |
| Part II | | rmation—enter all requested inf | formatio | n | | | | Т |
| 1a Name | | | | | | | Three-digit | |
| BUILDERS | EXCHANGE OF LOUI | SVILLE 401K RETIREMENT SAV | INGS P | LAN | | | plan number | |
| | | | | | | | (PN) ▶ | 001 |
| | | | | | | 1c | Effective date o | f plan 1/2002 |
| | | yer, if for a single-employer plan) n, apt., suite no. and street, or P.O |). Box) | | | | Employer Identi (EIN) 61-0 | fication Number |
| | town, state or province EXCHANGE OF KENT | e, country, and ZIP or foreign posta UCKY, INC. | al code | (if foreign, see instru | uctions) | 2c | Sponsor's telep | hone number 59-9800 |
| | | | | | | 2d | | (see instructions) |
| 2300 MEADO LOUISVILLE | | | | | | | E 440 | 240 |
| LOOISVILLL | , 101 40210 | | | | | | 5419 | 940 |
| 3a Plan a | dministrator's name an | d address XSame as Plan Spons | sor. | | | 3b | Administrator's | EIN |
| | | | | | | 3с | Administrator's | telephone number |
| | | | | | | | | |
| | | plan sponsor has changed since | the last | return/report filed fo | r this plan, enter the | 4b | EIN | |
| name, a Sponso | • | nber from the last return/report. | | | | 4c | PN | |
| 5a Total r | number of participants | at the beginning of the plan year | | | | 5a | a | 16 |
| | | at the end of the plan year | | | | 5k | 0 | 17 |
| | · · | account balances as of the end of | | • • | • | 50 | | 17 |
| d(1) Tota | al number of active par | ticipants at the beginning of the pla | an year | | | 5d(| (1) | 13 |
| | | rticipants at the end of the plan yea | | | | 5d(| (2) | 13 |
| | | terminated employment during the | | | | 56 | e | 0 |
| Caution: A | penalty for the late of | or incomplete filing of this return | n/report | will be assessed ι | ınless reasonable cau | | | |
| SB or Sche | | ner penalties set forth in the instructed actuary, and signed by an enrolled actuary, and the state of the st | | | | | | |
| SIGN | | valid electronic signature. | | 09/21/2016 | LYNN A. STETSON | | | |
| HERE | Signature of plan a | dministrator | | Date | Enter name of individu | ual sig | ning as plan adr | ministrator |
| CICN | | | | | | | | |

Date

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

Signature of employer/plan sponsor

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 of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. | an independ and condition | dent qualified public a | ccount | ant (IQ | PA) | | <u> </u> | |
| c If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance pr | ogram (see ERISA se | ection 4 | 021)? . | | Yes | No Not dete | rmined |
| Part III Financial Information | , , | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | of Ye | ar | | | (b) End of Year | |
| a Total plan assets | 7a | | 817 | 052 | | | 811 | 252 |
| b Total plan liabilities | 7b | | 047 | '0E2 | | | 011 | 252 |
| Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year | 7c | (a) A | | 052 | | | | 252 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | ınt | | | | (b) Total | |
| (1) Employers | 8a(1) | | 56 | 631 | | | | |
| (2) Participants | 8a(2) | | 35 | 595 | | | | |
| (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b Other income (loss) | 8b | | | 803 | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 91 | 423 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | 97 | 098 | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | . 8f | | | | | | | |
| g Other expenses | . 8g | | | 125 | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 97 | 7 223 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -5 | 0083 |
| j Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Part IV Plan Characteristics | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D | feature cod | des from the List of Plant | an Cha | racteris | stic Co | des in th | e instructions: | |
| B If the plan provides welfare benefits, enter the applicable welfare for | eature code | es from the List of Pla | n Chara | acterist | ic Coc | les in the | instructions: | |
| | | | | | | | | |
| Part V Compliance Questions | | | | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | Amount | i |
| Was there a failure to transmit to the plan any participant contributed 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 | Х | | | | 500000 |
| 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 the | he benefits under | 10e | | X | | | |
| f Has the plan failed to provide any benefit when due under the pla | | | 10f | | Χ | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | | | | | X | | | |
| h If this is an individual account plan, was there a blackout period? 2520.101-3.) | (See instruc | 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 | he required | notice or one of the | 10h 10i | | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10j | | | | | |
| | | | 10] | <u> </u> | <u> </u> | | | |
| Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | s No |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | 11a | | - 🔲 140 |
| 12 Is this a defined contribution plan subject to the minimum funding | | | | | | | RISA? Ye | s X No |

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | |
|--|----------|---|--------------|------------------|---------------------------------------|-----------------------|-------------------|
| | _ ` | 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 inc ng the waiver | | enter the Day | date of t | he letter rul Year | ing |
| lf | | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | Duy_ | | 1 oui | |
| b | Enter t | ne 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 | | | |
| d | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the | | 12d | | | |
| | | ve amount)e minimum funding amount reported on line 12d be met by the funding deadline? | | П | Yes | No 🗌 | N/A |
| Part | | Plan Terminations and Transfers of Assets | | | 100 | 110 | 1471 |
| | | resolution to terminate the plan been adopted in any plan year? | | | Yes | s X No | |
| | | s," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | |
| b | • | | | | | Yes X | 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 | : VIII | Trust Information | | | | | |
| 14a | Name o | f trust | | 14b 1 | Γrust's EIN | ١ | |
| | | | | | | | |
| 14c | Name | of trustee or custodian | | 14d | Trustee's | or custodia | an's |
| | rianio | of tubics of suctorial | | | telephone | | o |
| | | | | | | | |
| Par | t IX | IRS Compliance Questions | | | | | |
| 15a | Is the | plan a 401(k) plan? | | Ye | S | No | |
| 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)? | | ba ha | esign- ased safe arbor ethod | ADF test | P/ACP |
| 15c | testing | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))? | 101(m)- | Ye | S | No | |
| 16a | Check | the box to indicate the method used by the plan to satisfy the coverage requirements under secti | on 410(b): | | atio ercentage st | | rage 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 | s | No | |
| 17a | Has the | 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 | | lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references. | | t to a fa | vorable II | RS opinion | or |
| 17d | If the p | lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/ | | the plai | n's last fav | vorable | |
| 18 | | 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 | ; | No | |
| 19 | Were in | n-service distributions made during the plan year? | | Ye | s | No | |
| | If "Yes | " enter amount | ······ | 19 | | | |
| Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or no retired), as required under section 401(a)(9)? | | | | | | No | N/A |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

| | t Identification Information | | | | | | | |
|--|--|-----------|-------------|-------------|--|---------------|---------------------------------|---------------------|
| For calendar plan year 2015 or | | P=1 | 01/201 | | and ending | | 2/31/201 | |
| A This return/report is for: | X a single-employer plan | | | | lan (not multlemployer oployer information in | | | |
| · | a one-participant plan | af | oreign pla | ın | | | | |
| B This return/report is | the first return/report | | final retu | | | | | |
| | an amended return/report | ∐ a sl | nort plan | year retur | n/report (less than 12 | months) | | |
| C Check box if filing under: | X Form 5558 | _ | tomatic e | xtension | | | DFVC prog | ıram |
| | special extension (enter desc | | | | | | | |
| | formation—enter all requested in | formatio | n | | | - I - 11 | | T |
| 1a Name of plan BUILDERS EXCHANGE C | F LOUISVILLE 401K RET | TIREME | ent sa | VINGS | PLAN | pla | nree-digit an number 'N) | 001 |
| | | | | | | 1c Ef | fective date of 1/01/200 | |
| Mailing address (include ro | loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C | | | | | | nployer Identi IN) 61-014 | ification Number |
| City or town, state or proving Builders Exchange | nce, country, and ZIP or foreign post of Kentucky, Inc. | tal code | (if foreign | , see insti | ructions) | | oonsor's telep | phone number 800 |
| 2300 MEADOW DRIVE | | | | | | | ısiness code 11940 | (see instructions) |
| Louisville | KY 40218 | | | | | | | |
| 3a Plan administrator's name a | and address XSame as Plan Spons | sor, | | | | 3b Ad | Iministrator's | EIN |
| | | | | | | 20 4 | lucial rataria | talaahama uumban |
| | | | | | | JU AU | ministrator 5 | telephone number |
| | | | | | | | | |
| | | | | | | | | |
| 4 If the name and/or EIN of the | ne plan sponsor has changed since | the last | retum/rer | ort filed f | or this plan, enter the | 4b El | N | |
| | umber from the last return/report. | | | | , , | | | |
| a Sponsor's name | | | | | | 4c Pi | 4 | |
| 5a Total number of participant | s at the beginning of the plan year | | *********** | | ······································ | | | 16 |
| | s at the end of the plan year | | | | | 5b | | 17 |
| | account balances as of the end of | | | | | . 5c | | 17 |
| Residence (No. 2) and a consequence of the contract of the con | articipants at the beginning of the pl | | | | | # 1/4\ | | 13 |
| | articipants at the end of the plan yes | | | | | F-1/01 | | 13 |
| e Number of participants tha | t terminated employment during the | e plan ye | ar with a | crued be | nefits that were less | 5e | | |
| | or incomplete filing of this return | | | | | | tahlished. | 0 |
| Under penalties of periury and o | ther penalties set forth in the instruc | ctions, l | declare th | at I have | examined this return/r | eport, inclu | iding, if applic | cable, a Schedule |
| SB or Schedule MB completed a belief, it is true, sorrect, and com | and signed by an enrolled actuary, a | as well a | s the elec | tronic ver | sion of this return/repo | ort, and to t | he best of my | y knowledge and |
| SIGN SIGN | The state of the s | | 9/2 | 1116 | Lynn A. Stet | son | | |
| DEDE NOT | 2) 3 | | | -110 | - | | | |
| Signature of plan | administrator | | Date | 114 | Enter name of indiv | | g as plan adr | ministrator |
| SIGN | MAN | | | 114 | Lynn A. Stet | | | |
| Signature of empl | oyer/plan sponsor name, if applicable) and address (in | acludo so | Date | ita numba | Enter name of indivi | | ig as employe ir's telephone | |
| rreparers name (including little | name, ii applicasie) and address (ii | ioiuue 10 | 10111 UI 3U | no nambe | ' / | Topale | . o torching | , manipor |
| | | | | | | | | 1 |
| | | | | | | | | |
| | | | | | | | | |

| | Form 5500-SF 2015 | , | Page 2 | | | | | | | | |
|------|---|--|--|----------|---|--------------|-----------|-----------|----------|--------|--------|
| 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 ot use Fo | ndent qualified public a lons.) rm 5500-SF and mus | t instea | ant (IQ ad use | PA) Form | 5500. | ******** | _ | Yes | □ No |
| | If the plan is a defined benefit plan, is it covered under the PBGC in | surance p | rogram (see ERISA se | ection 4 | 021)? | | Yes | No | Not | detern | ined |
| | t III Financial Information | · | | | | | | | | | |
| | Plan Assets and Liabilities | | (a) Beginning | | ar 7,05 | 1 | | (b) Er | d of Y | | .,252 |
| | Total plan assets | 7a 7b | | 9.7 | 7,05 | 4 | | | | 01. | .,232 |
| | Total plan liabilities | 7c | | 81 | 7,05 | 2 | | | | 811 | ,252 |
| | Income, Expenses, and Transfers for this Plan Year | 10 | (a) Amo | | ., | | | (b |) Total | | |
| - | Contributions received or receivable from: | | (u) Allie | | | | | , , , , | , | | |
| | (1) Employers | 8a(1) | | | 6,63 | - | | | | | |
| | (2) Participants | 8a(2) | | 3 | 5,59 | 5 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0.0 | - | | | | | |
| - | Other income (loss) | dl8 | | | -80 | 3 | | | | 0. | ,423 |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | *************************************** | + | | | | 9. | .,423 |
| | to provide benefits) | 8d | | 9 | 7,09 | 8 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | | |
| g | Other expenses | 8g | | | 12 | 5 | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | | 7,223 |
| 1 | Net Income (loss) (subtract line 8h from line 8c) | 81 | | | | | | | | _ ! | ,800 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Par | | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension | feature co | des from the List of Pl | an Cha | racteri | stic Co | odes in 1 | the inst | ructions | S: | |
| В | 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Char | acterist | ic Cod | ies in th | ne instru | ctions: | | |
| _ | | The state of the s | Bacan and a | | | | | | | | |
| Part | | | | | 1 | | | T | | | · |
| 10 | During the plan year: | | | | Yes | No | N/A | | Am | ount | |
| a | 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 F | Iduciary Correction | 10a | | х | | | | | |
| 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? | | | 10ε | х | | | | | 50 | 00,000 |
| 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.) | e or all of | the benefits under | 10e | | x | | | | | |
| f | Has the plan falled to provide any benefit when due under the plan | | | 10f | | х | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | | | | | х | | | | | |
| | If this is an individual account plan, was there a blackout period? | | | 10g | | | | | | | |
| | 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 | 1-3 | | 101 | | | | | | | |
| j | Did the plan trust incur unrelated business taxable income? | | | 10] | | | | | | | |
| Part | | | | | | Manager 1 | | | | | |
| 11 | ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | | Yes | No |
| 11a | Enter the unpaid minimum required contribution for all years from | Schedule | SB (Form 5500) line 4 | 0 | | | 11a | <u> </u> | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of t | he Cod | e or se | ction : | 302 of E | RISA? | | Yes | X No |

| | Form 5500-SF 2015 Page 3 - | | | | | |
|---|--|---|---|--|---|-------------------|
| | (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 in granting the waiver. | Month | enter the Day | e date of t | the letter ru Year | ling |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | 461 | | | |
| 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 negative amount) | | 12d | | , , | |
| | Will the minimum funding amount reported on line 12d be met by the funding deadline? | *************************************** | | Yes | No | N/A |
| Part | VIII Plan Terminations and Transfers of Assets | | | | | |
| _13a | Has a resolution to terminate the plan been adopted in any plan year? | | | Yes | s X 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 the PBGC? | | | | Yes X | No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.) | fy the plan(s) to | | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) F | PN(s) |
| | | | | | - | |
| Part | VIII Trust Information | | | | | |
| 14a | Name of trust | | 14b T | rust's EIN | 1 | |
| 14c | Name of trustee or custodian | | | Trustee's telephone | or custodia number | en's |
| | | | | | | |
| Part | IRS Compliance Questions | | | | | |
| | IRS Compliance Questions Is the plan a 401(k) plan? | | Ye | S | No | |
| 15a 15b | | | De ba | s esign- sed safe rbor ethod | No ADF | |
| 15a 15b | Is the plan a 401(k) plan? | urrent year 01(m)- | De ba ha me | esign- sed safe rbor ethod | ADF | |
| 15a 15b | Is the plan a 401(k) plan? | urrent year 01(m)- | De ba ha me | esign- sed safe rbor ethod s | ADF test | |
| 15a 15b 15c 16a | Is the plan a 401(k) plan? | urrent year 01(m)- on 410(b): | De ba ha me Yes | esign- sed safe rbor ethod s s tio rcentage | ADF test | rage |
| 15a 15b 15c 16a 16b 17a | Is the plan a 401(k) plan? | urrent year 01(m)- on 410(b): | De ba ha me | esign- sed safe rbor ethod s s atio rcentage | ADF test | rage |
| 15a 15b 15c 16a 16b 17a 17b | Is the plan a 401(k) plan? | urrent year 01(m)- on 410(b): bining | De ba ha ha me Yes less less less less less less less | ssign- sed safe rbor ethod s s titio rccentage st s le code _ | ADF test No Ave ben No No See In | rage efit test |
| 15a 15b 15c 16a 16b 17a 17b | Is the plan a 401(k) plan? | urrent year 01(m)- on 410(b): bining Enter the a | De ba ha ha me Yes less less less less less less less | ssign- sed safe rbor ethod s s titio rccentage st s le code _ | ADF test No Ave ben No No See In | rage efit test |
| 15a 15b 15c 16a 16b 17a 17b 17c | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | bining . Enter the author the date of | De ba ha | ssign- sed safe rbor ethod s rcentage st s le code _ vorable IF | ADF test No Ave ben No No See It | rage efit test |
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| 15a 15b 15c 16a 16b 17a 17b 17c 17d | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | bining . Enter the ann that is subject umber | De ba ha | ssign- sed safe rbor ethod s stitio rcentage st s le code _ vorable IF | ADF test No Ave ben No No See li | rage efit test |
| 15a 15b 15c 16a 16b 17a 17b 17c 17d 18 | If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | bining . Enter the ann that is subject umber | De ba ha | ssign- sed safe rbor ethod s stitio rcentage st s le code _ vorable IF | ADF test No No No No No See In RS opinion | rage efit test |
| 15a 15b 15c 16a 16b 17a 17b 17c 17d 18 | Is the plan a 401(k) plan? If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and 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 "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section being the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by compact 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 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, endetermination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Were in-service distributions made during the plan year? | on 410(b): bining . Enter the a in that is subject umber islands)? | De ba ha | sign- sed safe rbor ethod s tio rcentage st s s le code _ vorable IF | ADF test No No No No No See In RS opinion | rage efit test |