Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Annual Report Identification Information

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).

2016

This Form is Open to

Public Inspection

OMB Nos. 1210-0110

1210-0089

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

For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	2016	and ending 12	2/31/2016	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (I	-	
	·	a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter desc	. ,			
Part II		rmation—enter all requested in	formation			1
1a Name MARCO GLO	of plan DBAL, INC. 401(K) PL	AN			1b Three-digit plan number (PN) ▶	001
					1c Effective date	of plan /17/2005
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer Ider (EIN) 73	ntification Number -1725311
MARCO GLC		e, country, and ZIP or foreign post	tal code (if foreign, see instr	ructions)	2c Sponsor's tele	ephone number 85-3200
					2d Business cod	e (see instructions)
1259 22ND A SEATTLE, W					33	2700
3a Plan ad	dministrator's name ar	nd address X Same as Plan Spo	nsor.		3b Administrator	's EIN
					3c Administrator	s telephone number
					3C Administrator	s telepriorie number
4 If the n	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
	•	mber from the last return/report.			40 DM	
a Sponso		at the hearing of the plan was			4c PN 5a	35
		at the beginning of the plan year.		ľ	5b	17
		at the end of the plan yearat the end of the plan year		•		5
•	,				5c	
		rticipants at the beginning of the p	-		5d(1)	34
		rticipants at the end of the plan ye		ľ	5d(2)	16
than 1	100% vested	terminated employment during the			5e	0
		or incomplete filing of this retur her penalties set forth in the instru				oliooblo o Cobodulo
SB or Sche		nd signed by an enrolled actuary, a				
SIGN HERE	Filed with authorized/	valid electronic signature.	02/28/2017	RICHARD BOEHM		
TILIXL	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plan a	administrator
SIGN HERE						
	Signature of emplo		Date	Enter name of individu		
Preparer's	name (including firm r	name, if applicable) and address (ii	nclude room or suite numbe	er)	Preparer's telepho	ne 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	an indepe	ndent qualified public a	account	ant (IQ	PA)				No No
	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								L les L	NO
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-		Not determine	ed
Pa	rt III Financial Information						•			_
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		935994			•	(,	711755	
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		935994					711755	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) -	Γotal	
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		35649						
	(2) Participants	8a(2)		35649						
	(3) Others (including rollovers)	8a(3)		34019						
	Other income (loss)	8b		34013					69668	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							09000	
d	to provide benefits)	8d		293757						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		150)					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							293907	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-224239	
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics	<u> </u>								
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 ins	tructions:	
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 instr	uctions:	
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				
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				1000	000
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	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 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	he require	d notice or one of the	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).

▶ 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

P	art I Ani	nual Report I	Identification Information				
For	calendar plan	year 2016 or fisc	cal plan year beginning	01/01/2016	and ending	12/31/201	.6
A	This return/rep		a single-employer plan a one-participant plan		lan (not multiemployer) mployer information in		
R -	This return/rep	ort is:	the first return/report	the final return/report			
Б	mis returnier	orris.		Η .	/ and /lane there 40 a		
			an amended return/report	a short plan year retu	rn/report (less than 12 r	nonurs)	
C	Check box if fi	ing under:	Form 5558 special extension (enter descri	automatic extension		DFVC p	rogram
			rmation enter all requested i	nformation		1h Thurs divis	1
та	Name of plan		Walter Land Cont.			1b Three-digit	
	Marco Glo	obal, Inc.	401(k) Plan			(PN) ▶	001
						1c Effective di 01/17/2	
2a	Mailing Addr	ess (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		ructions)		dentification Number -1725311
	1.5	bal, Inc.	,,,,	, , , , , , , , , , , , , , , , , , ,	,	2c Sponsor's (206) 2	telephone number 85–3200
	4259 22nd	l Avenue W				2d Business of 332700	ode (see instructions)
	US Seattle						4,6 1
3a	Plan adminis	trator's name an	d address X Same as Plan Spo	nsor		3b Administra	tor's EIN
						3c Administra	tor's telephone number
4			plan sponsor has changed since to be from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN	
а	Sponsor's na	me				4c PN	The second second
5a	Total numbe	of participants a	at the beginning of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5a	35
b	Total numbe	of participants a	at the end of the plan year			5b	17
С			ccount balances as of the end of the			5c	5
d(1) Total numb	er of active parti	icipants at the beginning of the pla	n year		5d(1)	34
d (2			icipants at the end of the plan year			5d(2)	16
е	Number of page 100 less than 100		erminated employment during the p			5e	0
Ca	ution: A pena	Ity for the late of	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is establishe	d
SB	or Schedule I	of perjury and oth MB completed ar orrect, and comp	her penalties set forth in the instructed and signed by an enrolled actuary, a plete.	ctions, I declare that I have as well as the electronic ve	examined this return/repo	eport, including, if a ort, and to the best o	pplicable, a Schedule of my knowledge and
SI	IGN Gre	LL WEST	2)	2//	Kickaen V	N BOEKM	
H		re of plan admi	inistrator	Date 7/28/17	Enter name of individu		administrator
SI	IGN 11	DW DON		2/23/17	Krewson M	Dolethan	
200000	0.0000000000000000000000000000000000000	re of employer	/plan sponsor	Date	Enter name of individu	ual signing as empl	oyer or plan sponsor
	eparer's name cip this que		ame, if applicable) and address (in	nclude room or suite numb	er)	Preparer's teleph Skip this qu	
l							

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested

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

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 Marco Global, Inc. 401(k) Plan . (PN) ▶ 001 1c Effective date of plan 01/17/2005 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) 73-1725311 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number Marco Global, Inc. (206) 285-3200 2d Business code (see instructions) 4259 22nd Avenue W 332700 US Seattle WA 98199 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 5a 35 **5a** Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year 5b 17 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 5 complete this item) **d(1)** Total number of active participants at the beginning of the plan year 5d(1) 34 5d(2) **d(2)** Total number of active participants at the end of the plan year 16

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

Number of participants that terminated employment during the plan year with accrued benefits that were

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.

belief, it	is true, correct, and complete.					
SIGN						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
	Signature of employer/plan sponsor	Date	Enter name of individua	l signing as employer or plan sponsor		
	r's name (including firm name, if applicable) and address (include nis question	room or suite numbe	er)	Preparer's telephone number Skip this question		

O

5e

	Form 5500-SF 2016		Page 2			_				
<u></u>	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 a	n indepen	dent qualified public accou	ıntant	(IQP	A)				_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	nd condition	ons.)	•••••	•••••	•••••	•••••	•••••	XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno									
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?		Yes	N	o Not c	letermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	l of Year	
а	Total plan assets	7a	93	35,9	94				711	,755
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	93	35,9	94				711	,755
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:	90(4)								
	(1) Employers	8a(1)		35,6	40					
	(2) Others (including rellaces)	8a(2)	-	,,,	1 2					
b	(3) Others (including rollovers)	8a(3) 8b		34,0	1 0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		74,0	19				60	660
d	Benefits paid (including direct rollovers and insurance premiums	- 00							69	, 668
	to provide benefits)	8d	29	93,7	57					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1	50					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							293	,907
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i							(224,	239)
<u>_i_</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Ch	naract	eristic	Code	s in the	e instruc	tions:	
	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	aracte	ristic	Codes	in the	instructi	ons:	
Ш										
Pa	rt V Compliance Questions									
<u>10</u>	During the plan year:				Yes	No	N/A		Amount	
а	, , , , , , , , , , , , , , , , , , ,									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	•	·	40-		x				
b	Program) Were there any nonexempt transactions with any party-in-interest'			10a						
~	reported on line 10a.)			10b		х				
c				10c	х				1,0	000,000
C	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused							
	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 some	•	,							
	the plan? (See instructions.)			10e		x				
f				10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	I notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.101	I-O	••••••	10i		1				

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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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