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 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.

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit SENTINEL CONSTRUCTION AND CONSULTING INC. 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 06/28/2007 2a 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) 43-2068911 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number SENTINEL CONSTRUCTION AND CONSULTING, INC. 360-297-0080 2d Business code (see instructions) 26119 CALVARY LANE NE 236110 SUITE 700 KINGSTON, WA 98346 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year 5 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 4 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 4 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 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 Filed with authorized/valid electronic signature. 02/28/2017 DAVID J. GODBOLT SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)						X Ye	s No
C if the plans is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	s No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) Total plan assets and Liabilities 7a 159757 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 200975 20097	С						_	-		Not det	ermined
7 Plan Assets and Liabilities		<u> </u>	<u> </u>	<u> </u>				ı			
a Total plan isolitities. 7a 159757 200875 b Total plan isolitities. 7b 24653 0 0 C Net plan assets (subtract line 7b from line 7a). 7c 157304 200075 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a(1) 6856 (2) Participants. 8a(2) 29600 (3) Others (including rollovers). 8a(3) 0 0 b Other income (loss). 8a(3) 0 0 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7			(a) Beginning	of Year				(b) End	of Year	
b Total plan listolities	a		7a	(a) Deginning				'	(b) Liid (5
C. Net plan assets (subtract line 7b from line 7a)	_	•			2453	3					0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 6856 (2) Participants. 8a(2) 28600 (3) Others (including rollovers). 8a(3) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					157304					20097	5
a Contributions received or receivable from: (1) Employers				(a) Amour	nt				(b) To	otal	
(2) Participants	а			(1)							
(a) Others (including rollovers)		(1) Employers	8a(1)								
b Other income (loss). c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(2) Participants	8a(2)								
C Total income (add lines 3a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		10217						
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)			8c							4667	3
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	d		84		1759						
f Administrative service providers (salaries, fees, commissions)		,			1073						
g Other expenses		·			170)					
h Total expenses (add lines 8d, 8e, 8f, and 8g)		-:			0)					
i Net income (loss) (subtract line 8h from line 8c)		•								300	2
Transfers to (from) the plan (see instructions)										4367	1
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2K 2J 3D 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					C						
9a		, , , , ,	8]								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions			feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the instr	uctions:	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Ju		roataro ot	Jaco Holli (Ho Elot of 1 1	an ona	raotori.		, a o o i i i		actionic.	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					15976
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d						X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	ns by an insurance the benefits under	10e	X					646
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
	h _	·	•		10h		X				
	i				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 con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ 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

	Annual Report	Identification Information	1			
For calenda	r plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31/201	
A This refu	urn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	in (not multiemployer) (ployer information in ac	(Filers checking this be accordance with the for	oox must attach a rm instructions.)
71 1110 1010		a one-participant plan	a foreign plan			
B This retu	rn/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	_	
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter des				
Part II		ormation—enter all requested i	ntormation		1b Three-digit	
1a Name of SENTINEL	•	N AND CONSULTING INC	. 401(K) PLAN		plan number	001
					1c Effective date 06/28/200	
2a Plan sp	oonsor's name (empl	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O Box)		2b Employer Ider (EIN) 43 - 20	ntification Number
City or	town, state or provin	ce, country, and ZIP or foreign pos ON AND CONSULTING, I	stal code (if foreign, see instr	ructions)	2c Sponsor's tele 360-297-0	ephone number
021122112					2d Business code	
26119 C	ALVARY LANE	NE			236110	
SUITE 7						
KINGSTO		WA 98346 and address X Same as Plan Sp	opeor		3b Administrator	's EIN
Ja Plan a	ummstrator's manne d	and address A Same as han op	0113011		5.72	
					3c Administrator	's telephone number
					1	
4 If the r	name and/or EIN of the	he plan sponsor has changed sinc	e the last return/report filed f	or this plan, enter the	4b EIN	
name	name and/or EIN of th , EIN, and the plan nor's name	he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN 4c PN	
name a Spons	, EIN, and the plan n or's name	he plan sponsor has changed sinc umber from the last return/report. ts at the beginning of the plan year			4c PN	7
a Spons 5a Total	, EIN, and the plan n or's name number of participant	umber from the last return/report. Is at the beginning of the plan year at the end of the plan year	Γ		4c PN . 5a	7 5
a Spons 5a Total i b Total i c Numb	, EIN, and the plan nor's name number of participant number of participant er of participants with	umber from the last return/report. is at the beginning of the plan year	of the plan year (only defined	I contribution plans	4c PN 5a 5b 5c	5
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P	а	a	e	2

 Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility) 	f an indepen / and conditio	dent qualified public acons.)	counta	ant (IQ	PA)				Yes No
If you answered "No" to either line 6a or line 6b, the plan can							Пыс	□ Not	determined
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	Ction 40	JZ1)?.	Ц	168	Пио	☐ MOL	ueterrinied ————
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning o		75.0		(b) End	of Year	200,975
a Total plan assets	7a		159,	_					200,975
b Total plan liabilities	_			453	_				200,975
C Net plan assets (subtract line 7b from line 7a)	7c		157,	304			1,01		200,313
8 Income, Expenses, and Transfers for this Plan Year	-	(a) Amount		-	-	-	(b)	Total	
Contributions received or receivable from: (1) Employers	8a(1)		6,8	356					
(2) Participants			29,6	500					
(3) Others (including rollovers)				0					
b Other income (loss)			10,	217					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									46,673
d Benefits paid (including direct rollovers and insurance premiums									
to provide benefits)	8d			759					
e Certain deemed and/or corrective distributions (see instructions)	8e			073					
f Administrative service providers (salaries, fees, commissions)	8f			170					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								3,002
i Net income (loss) (subtract line 8h from line 8c)	8i								43,671
j Transfers to (from) the plan (see instructions)	··· 8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T									:
b If the plan provides welfare benefits, enter the applicable welfare	e feature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he insti	ructions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	s Voluntary F	iduciary Correction	10a		Х				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	est? (Do not	include transactions	10b		Х				
C Was the plan covered by a fidelity bond?			10c	Х					15,97
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	n's fidelity bo	nd, that was caused	10d		Х				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)	ome or all of	the benefits under	10e	х					64
f Has the plan failed to provide any benefit when due under the p	olan?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amoun	t as of year-	end.)	10g		х				
h If this is an individual account plan, was there a blackout period 2520.101-3.)	d? (See instru	uctions and 29 CFR	10h		Х				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	d the require	d notice or one of the	10i						

	Form 5500-SF 2016 Page 3-						
Ē							
Part 11	/I Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500) and line 11a below)				Y	es 🗌 No	
112	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	or section	on 302 of		_ Y	es 🛛 No	
a	(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 instruct	tions, an	d enter t	he date o	f the letter	ruling	
	granting the waiver	Λ	Day		Year		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		12b				
b	Enter the minimum required contribution for this plan year		12c				
	Enter the amount contributed by the employer to the plan for this plan year		120				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		12d		1 N. T	1 1/4	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>l U</u>	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?		4	Yes	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 u control of the PBGC?				Yes X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plan(:	s) to				
	3c(1) Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)		
Part	VIII Trust Information						
-	Name of trust		14b	Trust's E	IN		
14c	Name of trustee or custodian		14d		or custod e number	an's	
Par	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	Yes	3		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 ☐ "Cui	ign-base harbor rrent yea test		"Prior ye test N/A	ear" ADP	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rat	tio centage		erage nefit test	□ N/A	
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	∏ Yes	 S	[No		

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

for the plan year by combining this plan with any other plan under the permissive aggregation rules?......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?.....

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

Yes

Yes

Yes

☐ No

☐ No

∏ No