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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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 PACIFIC SURGICAL WEIGHT LOSS CENTER, PLLC 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2008 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) 91-1916049 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number PACIFIC SURGICAL WEIGHT LOSS CENTER, PLLC 360-412-3120 2d Business code (see instructions) 200 LILLY ROAD NE, SUITE C-2 621111 OLYMPIA, WA 98506-5422 **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 9 5a Total number of participants at the beginning of the plan year 5b 0 **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 0 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 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.

<u>belief, it is t</u>	rue, correct, and complete.			
SIGIA	Filed with authorized/valid electronic signature.	02/01/2017	LISA NEAL	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number

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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FT 2500.104-46 (See instructions on waiver eligibility and conditions)	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 a Total plan assets and Liabilities 7a 572825 0 0 0 0 0 0 0 0 0	С						_	-	_	☐ Not de	termined
7 Plan Assets and Liabilities 7 Read		<u>_</u>	<u> </u>	<u> </u>				ı			
a Total plan isselfs	7			(a) Beginning	of Year				(b) End	of Year	
D Total plan listolities	a		7a					'	D) Liiu	or rear	0
C. Net plan assets (subtract line 7b from line 7a)	_				0					0	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 13362 (2) Participants. 8a(2) 1535 (3) Others (including rollovers). 8a(3) 8a(3					572825	,			0		
a Contributions received or receivable from: (1) Employers				(a) Amour	nt				(b) T	otal	
(2) Participants	а			(1)					<u> </u>		
(a) Others (including rollovers)		(1) Employers	8a(1)								
b Other income (loss)		(2) Participants	8a(2)		1535						
C Total income (add lines 3a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·	8a(3)		05540						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		35513						
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). g Other expenses. g Other expenses. h Total expenses (add lines 8d, 8e, 8f, and 8g)			8c							5041	10
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	d	· · · ·	84		622785						
f Administrative service providers (salaries, fees, commissions)		·				_					
g Other expenses		, , , , , , , , , , , , , , , , , , , ,			450						
h Total expenses (add lines 8d, 8e, 8f, and 8g)											
i Net income (loss) (subtract line 8h from line 8c)		·								62323	<u></u> 35
Transfers to (from) the plan (see instructions) 8j										-57282	25
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 2J 3D 2G 2K 2T 3B 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.)	÷	, , ,									
9a	, Doi	, , , , ,	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 inst	ructions:	
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			Toutaro of	odeo irom the blet of the	arr oria	raotorn		, acc 111	110 11101	dollorio.	
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	ictions:	
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	Par	t V Compliance Questions									
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.)	10	During the plan year:				Yes	No	N/A		Amoun	t
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 V	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			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? 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.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the		Was the plan covered by a fidelity bond?			100	Χ					572826
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	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused			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		Х					635
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	an?		10f		X				
2520.101-3.)	g		-		10g		X				
	h	·	•		10h		X				
	i				10i				_		

Page 3-	1	
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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 No
		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. A?						Yes X No
	(lf "\	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.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live 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?				X Yes	s [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X 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) PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
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:			n-based arbor	d [erior y test	/ear" ADP
			IП '	"Curre	ent year est	<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, en/	nter the	date	of the m	nost rece	ent determ	nination
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 a	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

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Pension B	enerit Guaranty Corporation	▶ Complete all entries in a	accordance with the instru	ctions to the Form 55	00-SF.					
Part I		Identification Information								
For calend	ar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31	/2016				
A This re	turn/report is for:	x a single-employer plan		n (not multiemployer) (F ployer information in acc		ig this box must attach a n the form instructions.)				
		a one-participant plan	a foreign plan	•						
B This ret	urn/report is	the first return/report	the final return/report	/	-46-1					
C Chook	box if filing under:	an amended return/report	a short plan year return.	report (less than 12 mg	_					
O CHECK	box ir filling under.	Form 5558 special extension (enter descri	automatic extension	L	DFVC pro	gram				
Part II	Basic Plan Info	rmation—enter all requested inf	formation							
1a Name		The state of the s	0111100011		1b Three-	diait				
	•	GHT LOSS CENTER, PLLC	2 401(K) PLAN		plan nu (PN)	umber 001				
					1c Effective 01/01	ve date of plan / 2008				
		yer, if for a single-employer plan)	, Davi		and the state of the second state of	er Identification Number				
City or	town, state or provinc	m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta	n Box) al code (if foreign, see instru	uctions)		1-1916049				
PACIFI(C SURGICAL WE	IGHT LOSS CENTER, PLL	C		•	or's telephone number 12-3120				
200 LII	LY ROAD NE, S	SUITE C-2		-		ss code (see instructions)				
OLYMPI <i>I</i>			2		62111	Ţ				
OLYMPIA WA 98506-5422 3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN					
					3C Admini	strator's telephone number				
name	, EIN, and the plan nu	e plan sponsor has changed since t mber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN					
	or's name				4c PN					
		at the beginning of the plan year			5a	9				
		at the end of the plan year		1-	5b	0				
		account balances as of the end of t			5c					
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	7				
d(2) Tot	al number of active pa	rticipants at the end of the plan yea	ar		5d(2)	C				
		terminated employment during the			5e	0				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed u	ınless reasonable cau	se is establi					
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instruc nd signed by an enrolled actuary, a	ctions, I declare that I have e	examined this return/rep	ort, including	, if applicable, a Schedule				
SIGN	Dru	Rul	2/1/17	Lisa Neal						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as	plan administrator				
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as	employer or plan sponsor				
Preparer's		ame, if applicable) and address (in				elephone number				

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Ρ	age	2

6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of the plant	an indepen	dent qualified public :	accoun	tant (IC)PA)				es No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther line 6a or line 6b, the plan canr	and condition	ons.) m 5500-SF and mus	t ineto	ad uec	Forn		00000000	XY	es No
С	If the plan is a defined benefit plan, is it covered under the PBGC in								□ Not de	etermined
	rt III Financial Information		-3(П		Oto TTIII TOO
7	Plan Assets and Liabilities		(a) Beginning	of Vog	. T			(b) End	of Voor	
а	Total plan assets	7a	(a) Deginning	572,				(D) Enu	OI Teal	0
b	Total plan liabilities	7b		,	0					0
С	Net plan assets (subtract line 7b from line 7a)	7c		572,	825					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour		一			(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)		13,	362			(-)		
	(2) Participants	8a(2)		1,	535					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		35,	513					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								50,410
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		622,	785					
_	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			450					
_ g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								623,235
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				-572,82			572,825	
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a ——	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 3D 2G 2K 2T 3B	feature cod	es from the List of Pl	an Cha	racteri	stic Co	odes in	the insti	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Chara	acterist	tic Co	des in t	he instru	ctions	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	nt
а	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 Fig	luciary Correction	10a		Х			7	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	х					572,826
d		fidelity bond	d, that was caused	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.)	ner persons ne or all of th	by an insurance ne benefits under	10e	х					635
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-en	d.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	tions and 29 CFR	10g		х				
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	ne required	notice or one of the	10i						

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Part V	Pension Funding Compliance				
11 :	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schorm 5500) and line 11a below)	nedule S	В		Yes 🗌 N
_11a E	nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12 E	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section RISA?	n 302 o	f 		Yes X N
a II	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an anting the waiver	d enter		of the let	
If yo	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Er	ter the minimum required contribution for this plan year	12b			
	er the amount contributed by the employer to the plan for this plan year	12c			
d s	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount)	12d			
e v	ill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	☐ No	☐ N/A
Part VI	Plan Terminations and Transfers of Assets				
13a ⊦	as a resolution to terminate the plan been adopted in any plan year?		X Ye	s 📗	No
	"Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b v	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the ontrol of the PBGC?			X Yes	No
C II	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) hich assets or liabilities were transferred. (See instructions.)) to	4.		
	(1) No. 1 (1) (1)	EIN(s)		13c	(3) PN(s)
Part V	Trust Information				
14a Na	ne of trust	14b	Trust's E	EIN	
14c Na	ne of trustee or custodian			s or custo ne numbe	
Part I	IRS Compliance Questions				
15a Is	ne plan a 401(k) plan? If "No," skip b			No	
15b Ho	w did the plan satisfy the nondiscrimination requirements for employee deferrals under section Design safe to the plan year? Check all that apply:	n-based narbor	["Prior test	year" ADP

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

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

year? Check all that apply:

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

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

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

"Current year"

percentage

Yes

Yes

ADP test

Ratio

test

Yes

N/A

Average

benefit test

No

No

No

☐ N/A