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).

▶ 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**

Part I	Annual Repor	t Identification Information				
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/2	016	and ending 1	2/31/2016	
A This ref	turn/report is for:	a single-employer plan		r plan (not multiemployer) employer information in a	, -	
		a one-participant plan	a foreign plan			,
B This retu	urn/report is	the first return/report	the final return/repo	ort		
•		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension	on	DFVC progra	am
Dort II	Pacia Blan Inf	<u> </u>	• •			
Part II		ormation—enter all requested in	rormation		1h Three die	.:4
1a Name ROBERT JA	or pian .NGAARD, N.D., P.S	. 401(K) PLAN			1b Three-dig plan num	
					(PN) •	002
					1c Effective	date of plan 01/01/2011
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Roy)			Identification Number 91-1940628
City or	town, state or provir	nce, country, and ZIP or foreign post		nstructions)	(EIN)	s telephone number
ROBERT JA	NGAARD, P.S.					60-331-6470
D O DOV 40					2d Business	code (see instructions)
P.O. BOX 13 FREELAND,						621399
3a Plan a	dministrator's name	and address X Same as Plan Spor	nsor.		3b Administra	ator's EIN
					20 Adaminin	
					3C Administra	ator's telephone number
4 If the r	name and/or EIN of t	he plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN	
	•	umber from the last return/report.			4c PN	
	or's name	ts at the beginning of the plan year			5a	
_		ts at the end of the plan yearts			5b	
C Numb	er of participants with	h account balances as of the end of			5c	
	lete this item)al number of active p	participants at the beginning of the pl	an year		5d(1)	
		participants at the end of the plan year	•		5d(2)	
e Numb	per of participants that	at terminated employment during the	plan year with accrued	benefits that were less	5e	
		e or incomplete filing of this return			use is establish	ed.
Under pena SB or Sche	alties of perjury and or edule MB completed	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I ha	ave examined this return/re	port, including, it	f applicable, a Schedule
SIGN	Filed with authorize	d/valid electronic signature.	06/06/2017	ROBERT JANGAARD)	
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pl	an administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as er	mployer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (ir	nclude room or suite nur			phone number
I						

Form 5500-SF 2016 Page **2**

	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 (IC	PA)			X Yes] 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								X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-		Not determi	ined
	rt III Financial Information	·								
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		253661			,		2452762	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	2	253661					2452762	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) To	otal	
а	Contributions received or receivable from:			8924						
-	(1) Employers	8a(1)		28560						
	(2) Participants	8a(2)		20300						
	(3) Others (including rollovers)	8a(3)		161617	,					
	Other income (loss)	8b			-				199101	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							100101	
	to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i_	Net income (loss) (subtract line 8h from line 8c)	8i							199101	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D									
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 instru	ctions:	
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 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				2	50000
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	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as 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						

Form	5500	-SF	201	6

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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)					[] `	∕es X 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?					│	res 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		T		
<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						
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) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian'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 [Prior ye test	ear" ADP
			ΙП '	"Curre	ent 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:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	the 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 rece	ent determi	nation
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).

OMB Nos. 1210-0110

1210-0089

2016

This Form is Open to Public Inspection

September 2019	Complete all entries in accel	ordance with the inst	ructions to the Form 55	100 SE	Inspection
For calendar plan was 2010				00001,	
For calendar plan year 2016 or fis		01/01/2016	and ending	12/31/20	16
A This return/report is for:	a single-employer plan a one-participant plan	a nacor participating	r plan (not multiemployer) g employer information in	/Filers chacking t	bis have a second of
B This return/report is:	the first return/report	a foreign plan the final return/repo			
	an amended return/report	=	turn/report (less than 12 i	months)	
C Check box if filing under:	Form 5558	automatic extension		· —	
	special extension (enter description	ion)			program
Partil Basic Plan Info	rmation enter all requested info	ormation			
Name or pran				1b Three-digi	
Robert Jangaard, N.	D., P.S. 401(k) Plan			plan numb (PN) ▶	002
2a Plan sponsor's name (employ		····		1c Effective of 01/01/2	late of plan
City or town, state or province	/er, if for a single-employer plan) n, apt., suite no. and street, or P.O. E e, country, and ZIP or foreign postal o	Box) code (if foreign, see in:	structions)	2b Employer	Identification Number
Robert Jangaard, P.	S.		·	(360) 3	telephone number 31-6470
P.O. Box 130				2d Business of 621399	code (see instructions)
US Freeland WA 98249					•
3a Plan administrator's name and	d address X Same as Plan Spons	or		3b Administra	t
				OD Administra	IOFS EIN
				3C Administra	tor's telephone number
4 If the name and/or FIN of the					
name, EIN, and the plan numb	plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name	or normale last return Meport.				
	the beginning of the			4c PN	<u></u>
b Total number of participants at	t the beginning of the plan year	. ane be a 1 je 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	## (** # # ** ** * * * * * * * * * * * * * * * *	5a	6
				5b	6
	** * * * * 1 7 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			5c	6
d(2) Total number of active partic	ipants at the beginning of the plan ye			5d(1)	6
e Number of participants that ter	minated employment during the plan	vear with accrued her	nefits that word	5d(2)	6
			N 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5e	0
Under penalties of perium and attack	incomplete filing of this return/re	port will be assessed	uniess reasonable cau	se is established	
	er penalties set forth in the instruction is signed by an enrolled actuary, as we lete.				
		T			
Sign Column		6-6-17			
Signature of plan admin	Istraker	Date	Enter name of individua	Signing as plan a	dministrator
HERE Signature of amployer/p	Lange	6-6-17			Strattiet atol
Preparer's name (including lies name	ne, if applicable) and address (includ	Date	Enter name of individual	l signing as emplo	yer or plan sponsor
Skip this question	, sala ada ada (Mala)		er)	Preparer's telepho Skip this que	one number
For Paperwork Reduction Ant No.	tion and the trust				
	tice, see the instructions for Form	5500-SF.			

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).

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OMB Nos. 1210-0110

1210-0089

2016

This Form is Open to Public Inspection

F	rension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instructions to the Form 55	00-SF.	
P	art I Annual Report	Identification Information	1	•	
For	calendar plan year 2016 or fis	scal plan year beginning	01/01/2016 and ending	12/3	1/2016
	This return/report is for: This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan (not multiemployer) a list of participating employer information in a foreign plan the final return/report a short plan year return/report (less than 12 return/report)	accordance	· ·
C	Check box if filing under:	Form 5558 special extension (enter desc	1 /		PFVC program
Pa	art II Basic Plan Info	ormation enter all requested	dinformation		
1a	Name of plan Robert Jangaard, N	.D., P.S. 401(k) Plan		(PN	n number) ▶ 002
				1	ective date of plan /01/2011
2a	Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos	O. Box) stal code (if foreign, see instructions)	1	ployer Identification Number N) 91–1940628
	Robert Jangaard, P	•	,		onsor's telephone number 60) 331-6470
	P.O. Box 130 US Freeland WA 98249				iness code (see instructions) 1399
3a		nd address X Same as Plan Sp	ponsor	3b Adn	ninistrator's EIN
				3c Adn	ninistrator's telephone number
4		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
а	Sponsor's name			4c PN	
5a	Total number of participants	at the beginning of the plan year	***************************************	5a	6
					6
	Number of participants with	account balances as of the end of	the plan year (only defined contribution plans	5c	6
d(1) Total number of active par	ticipants at the beginning of the pl	lan year	5d(1)	6
	2) Total number of active par	ticipants at the end of the plan year	ar	5d(2)	6
е			e plan year with accrued benefits that were	5e	0

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.

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

	Form 5500-SF 2016		Page 2					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (S	ee instructions.)	•••••	•••••	••••••		X Yes No
b	Are you claiming a waiver of the annual examination and report of a	•			•	,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes No
_	If you answered "No" to either line 6a or line 6b, the plan canno					_		□No □Not determine
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section	1 402	1)?	······ L	res	No Not determine
	art III Financial Information							
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of			+		(b) End of Year
<u>a</u>	Total plan assets	. 7a	2,25	3,6	61	+		2,452,762
<u>b</u>	Total plan liabilities	. 7b				+		
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	. 7c	2,25		61	+		2,452,762
$\frac{o}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) Total
	(1) Employers	. 8a(1)		8,9	24			
	(2) Participants	. 8a(2)	2	28,5	60			
	(3) Others (including rollovers)	. 8a(3)						
b	Other income (loss)	. 8b	16	1,6	17			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						199,101
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						199,101
<u>_j_</u>	Transfers to (from) the plan (see instructions)	. 8j						
Pa	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension for	eature code	s from the List of Plan Ch	naract	eristic	Code	s in the	e instructions:
	2E 2F 2G 2J 2K 2R 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	racte	ristic (Codes	in the	instructions:
Pá	art V Compliance Questions							
<u>10</u>	During the plan year:				Yes	No	N/A	Amount
a	, ,, ,							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fidu	uciary Correction					
	Program)			10a		х		
Ľ	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			10b		x		
				10c	х			250,000
C	Did the plan have a loss, whether or not reimbursed by the plan's							-
	by fraud or dishonesty?			10d		х		
e	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 th	ne benefits under	10e		x		
f				10f		х		
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		х		
r	· · · · · · · · · · · · · · · · · · ·	(See instruc	tions and 29 CFR	10h		x		
i		he required	notice or one of the	10i				

Form 5500-SF 2016

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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 [X No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the				☐ Yes [X No
	,	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruotiana	and anta	r the dete	of the letter m	ulin a
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	Year	uing
If 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			
C	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	esolution 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			Π		
b	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro				Yes X N	0
		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	l(s)
Part	: VIII	Trust Information - Skip These Questions					
	: VIII Name (•		14b	Trust's E	IN	
		•		14b	Trust's E	IN	
14a	Name (f trust					
14a	Name (•				or custodian's	
14a	Name (f trust			Trustee o	or custodian's	
14a	Name o	f trust			Trustee o	or custodian's	
14a 14c	Name o	of trustee or custodian			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		14d	Trustee of telephone	or custodian's e number	year" ADP
14a 14c Part	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions Jan a 401(k) plan? If "No," skip b.		Yes Design-b	Trustee of telephone	or custodian's e number No Prior test	year" 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-ts safe hard	Trustee of telephone	or custodian's e number	year" 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 hard "Current ADP tess Ratio percenta	Trustee of telephone	or custodian's e number No Prior test	year" ADP
14a 14c Part 15a 15b	Name of Name o	IRS Compliance Questions - Skip These Questions Jan 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 hard "Current ADP tess Ratio	Trustee of telephone	or custodian's e number No Prior test N/A Average	
14a 14c Part 15a 15b 16a 16b	Name of Name o	IRS Compliance Questions - Skip These Questions Jan 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 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? lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If		Yes Design-ts safe hard "Current ADP tess Ratio percentatest Yes	Trustee of telephone	or custodian's e number No Prior test N/A Average benefit test No	□ N/A
14a 14c Part 15a 15b 16a 16b 17a	Name of Name o	IRS Compliance Questions - Skip These Questions Jan 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 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? lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If	1	Yes Design-ts safe hard "Current ADP tess Ratio percentatest Yes etter or acceptance of the service of the ser	Trustee of telephone	or custodian's e number No Prior test N/A Average benefit test No ter, enter the	N/A date of
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