## 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** 

Part i Annual Repor	t identification information			
For calendar plan year 2016 or	fiscal plan year beginning 01/01	/2016 and ending 1	12/31/2016	
<b>A</b> This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a		
71 This folding report is for.	a one-participant plan	a foreign plan		
<b>B</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 n	months)	
C Check box if filing under:	Form 5558	automatic extension	DFVC program	1
	special extension (enter des	cription)		
Part II Basic Plan Inf	ormation—enter all requested i	nformation		
1a Name of plan			<b>1b</b> Three-digit	
QUEST FASTENER 401(K) PLAI	N		plan numbe (PN) ▶	er 001
			1c Effective da	
				01/01/2008
	loyer, if for a single-employer plan)			lentification Number
	om, apt., suite no. and street, or P.	O. Box) stal code (if foreign, see instructions)	(=::+)	91-1862401
QUEST FASTENER & INDUSTR		star oods (ii foreign, oos mandonons)		elephone number -863-0106
			2d Business co	ode (see instructions)
421 5TH AVE NW, STE A				123990
PACIFIC, WA 98047				
			1	
<b>3a</b> Plan administrator's name a	and address X Same as Plan Spo	onsor.	<b>3b</b> Administrat	or's EIN
			3c Administrat	or's telephone number
4			41	
	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name			4c PN	
5a Total number of participant	ts at the beginning of the plan year		5a	
· · ·	• •		5b	
		f the plan year (only defined contribution plans	5c	;
<b>d(1)</b> Total number of active p	articipants at the beginning of the p	olan year	5d(1)	
d(2) Total number of active p	participants at the end of the plan ye	ear	5d(2)	,
		e plan year with accrued benefits that were less	5e	
		rn/report will be assessed unless reasonable ca		
SB or Schedule MB completed	and signed by an enrolled actuary,	uctions, I declare that I have examined this return/re as well as the electronic version of this return/repo		
belief, it is true, correct, and cor	nplete. d/valid electronic signature.	06/02/2017 DEBBIE BAUER		

Date

Dat<u>e</u>

Signature of plan administrator

Signature of employer/plan sponsor

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

SIGN **HERE** 

**SIGN HERE**  Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.		_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End o	f Year	
a	Total plan assets	7a		122143					147997	
b	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		122143	,				147997	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
а	Contributions received or receivable from:	90(4)		7116						
	(1) Employers	8a(1)		10953						
	(2) Participants	8a(2)		10000	$\dashv$					
	(3) Others (including rollovers)  Other income (loss)	8a(3) 8b		7785						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							25854	
d	Benefits paid (including direct rollovers and insurance premiums	80								
	to provide benefits)	8d								
e	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								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							25854	
<u>j</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 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:	
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 instruc	tions:	
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	,	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					15000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	•	10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
9		-		10g		X				
h	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			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
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver 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 lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Y€	s," 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 brougol 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	olan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	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	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP
				"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	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e 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 a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ 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

		dentification information			10/01/001	
or calendar p	lan year 2016 or fisc	al plan year beginning	01/01/2016	and ending	12/31/201	
A This return.		🕱 a single-employer plan	a list of participating	olan (not multiemployer) ( employer information in a	Filers checking thi ccordance with the	s box must attach e 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 retu	ırn/report (less than 12 m	onths)	
C Check box	if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descri				
Part II E	<u>Basic Plan Infor</u>	mation enter all requested i	information		46 = 1 11 11	<del></del>
1a Name of	plan				1b Three-digit	
Quest	Fastener 401(	k) Plan			(PN) ►	001
					1c Effective d 01/01/2	•
Mailing A	ddress (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C	). Box)		1	dentification Number -1862401
		e, country, and ZIP or foreign post	al code (if foreign, see ins	tructions)	2c Sponsor's	telephone number
Quest	Fastener & In	dustrial Supply, Inc.				63-0106
					2d Business	code (see instructions)
421 5t	h Ave NW, Ste	A			423990	
TO Decid	fic WA 98047					
		d address 🗓 Same as Plan Spo	onsor		3b Administra	tor's EIN
					3c Administra	tor's telephone number
4 If the nar	me and/or EIN of the	plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
a Sponsor					4c PN	
		at the beginning of the plan year	***************************************	******************************	5a	4
		at the end of the plan year			5b	4
<b>c</b> Number	of participants with a	ccount balances as of the end of	the plan year (only defined	d contribution plans	5c	3
d(1) Total n	number of active part	icipants at the beginning of the pla	an year	***************************************	5d(1)	4
		icipants at the end of the plan yea		200000000000000000000000000000000000000	5d(2)	4
Number		erminated employment during the		nefits that were	50	
					5e	0
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca	use is establishe	d
Under penal SB or Sched	ties of periury and of	her penalties set forth in the instru nd signed by an enrolled actuary,	ctions. I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule
2007	audur Files		6/2/11	DEBSIE BAN	USL	
SIGN:		iniatratar	Date	Enter name of individu		administrator
HERE Sig	inature of plan adm	<del>                                     </del>	(10/0	PERE A	7 -	
SIGN	Mun Fil		11/0/11			lover or plan aparasar
	nature of employe		Date 1	Enter name of individu	Preparer's telep	
Preparer's n Skip this	ame (including firm r question	name, if applicable) and address (i	include room or suite num	ber)	Skip this qu	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

This form is required to be filed under sections 104 and 4065 of the Employee

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).

Short Form Annual Return/Report of Small Employee

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

F	art I	Annual Report	rt Identification Informatior	1					
Foi	calen	dar plan year 2016 or	fiscal plan year beginning	01/01/201	L6	and ending	1	2/31/2016	
Α	This r	eturn/report is for:	x a single-employer plan	a multiple-emplo		(not multiemploy loyer information	, ,	•	
_			a one-participant plan	a foreign plan					
В	This r	eturn/report is:	the first return/report	the final return/re	•				
			an amended return/report	a short plan year	r return/re	eport (less than 1	12 months)	)	
С	Check	box if filing under:	Form 5558	automatic extens	sion			DFVC progra	am
_			special extension (enter desc	• ,					
_	art II		formation enter all requested	information			1h	There is all all.	
ıa		ne of plan					10	Three-digit plan number	
	Que	st Fastener 40	l(k) Plan					(PN) ▶	001
							1c	Effective date o 01/01/2008	f plan
2a	Mail	ing Address (include re	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see	e instruct	ions)	2b	Employer Identi (EIN) 91-18	ification Number 62401
	-	•	Industrial Supply, Inc.	tai oode (ii loreigii, oet	, mondo		2c	Sponsor's telep	hone number
								(253) 863-	
	421	. 5th Ave NW, S	te A				2d	Business code 423990	(see instructions)
	US I	Pacific WA 98047							
3а	Plan	administrator's name	and address X Same as Plan Sp	onsor			3b	Administrator's	EIN
							3c	Administrator's	telephone number
_	16 41-			4la a la at matuma /2 a a a at f	:		- 4h	EIN	
4			the plan sponsor has changed since umber from the last return/report.	the last return/report t	llea for tr	nis pian, enter the	e 40	EIN	
а		nsor's name					4c	PN	
_			ts at the beginning of the plan year	***************************************					4
b			ts at the end of the plan year						4
С			h account balances as of the end of				50	;	3
d	<b>(1)</b> To	otal number of active p	articipants at the beginning of the pl	an year	•••••		5d	(1)	4
d	<b>(2)</b> To	otal number of active p	articipants at the end of the plan yea	ar			5d	(2)	4
	` '	·	it terminated employment during the					. ,	
<u>е</u>		than 100% vested	•••••••••••••••••••••••••••••••••••••••		•••••		5	е	0
С	aution	: A penalty for the la	te or incomplete filing of this retu	rn/report will be asse	ssed un	less reasonable	cause is	established.	
S	B or So		other penalties set forth in the instru I and signed by an enrolled actuary,	· ·				0	·
	silei, it	is true, correct, and co	implete.						
	SIGN								
ŀ	HERE	Signature of plan ac	Iministrator	Date	Er	nter name of indi	vidual sign	ing as plan admi	nistrator
5	SIGN								
H	HERE	Signature of employ	/er/plan sponsor	Date	Er	nter name of indi	vidual sign	ing as employer	or plan sponsor
			n name, if applicable) and address (	include room or suite r	number)			arer's telephone	
S	KIP ti	nis question					Ski	p this quest	ion
ı									

	Form 5500-SF 2016		Page <b>2</b>			_			
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)	•••••	•••••	••••••	••••••	X Yes No	
b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan canno	nd condition	ns.)	•••••	•••••			XYes \_No	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins					_		No Not determin	ec
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End of Year	
а	Total plan assets	7a	12	22,1	43			147,997	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	12	22,1	43			147,997	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
а	Contributions received or receivable from:	90(4)		7,1	16				
	(1) Employers	8a(1)	1	10,9					
	(2) Participants	8a(2)		10,5	<i></i>				
b	(3) Others (including rollovers)	8a(3) 8b		7,7	25				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		,,,	0.5			25,854	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						23,034	
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						25,854	
<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 fe	ature code	s from the List of Plan Ch	naract	eristic	Code	s in the	e instructions:	
	2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic (	Codes	in the	instructions:	
Pa	art 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 contribut	ions within	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fidu	uciary Correction						
	Program)			10a		Х			
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	••••••	•••••••••	10b		х			
	Was the plan covered by a fidelity bond?		•••••••	10c	Х			15,00	0
	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	-		10d		х			
	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	ne benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	ı?	••••••	10f		x			
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	id.)	10g		х			
	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		х			
i	,	e required		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 🗓	No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	<b>ERISA</b>	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	<b>3c(1)</b> 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		<b>14</b> 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
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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:  John String method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply:  John String method was used to satisfy the coverage requirements under section 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 leter / / / and serial number _    Jan is an individually-designed plan that received a favorable determination letter from the IRS _ / / / _    John Stripton of Money Purchase Pension Plan Only:  Jan design of trustee or custodian    John Stripton of Money Purchase Pension Plan Only:  John Stripton of Money Purchase Pensi	an	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or actate of the	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
14a  14c  Part  15a  15b  16a  17a  17b  18	Name of IX  Is the p How did 401(k)(c)  What to year? (c)  Did the for the letter If the p letter Defined Were a service	IRS Compliance Questions - Skip These Questions  blan 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:  plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the 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 er / and serial number  Benefit Plan or Money Purchase Pension Plan Only:	an	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or actate of the	Dased poor year" t dvisory let	or custodian's enumber  No Prior yetest N/A Average benefit test No ter, enter the dent determination	□ N/A ate of