Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Internal Revenue Service Department of Labor

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).

Short Form Annual Return/Report of Small Employee

▶ 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**

Part I	Annual Repor	t Identification Information				
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016	
		X a single-employer plan	a multiple-employer pl			
A This re	turn/report is for:			nployer information in a	ccordance with the	form instructions.)
		a one-participant plan	a foreign plan			
D		U the Cool action from an	Duta Carl actions to a set			
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	1
		special extension (enter desc	_			
Part II	Basic Plan Inf	ormation—enter all requested in				
1a Name		Cities an requested in	ioiniation		1b Three-digit	
		SOCIATES, INC. 401(K) PLAN			plan numbe	er
					(PN) •	002
					1c Effective da	•
					(01/01/2006
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0) Royl		1 ' '	lentification Number 20-3444759
		ice, country, and ZIP or foreign pos		ructions)	(=::1)	
	CHIROPRACTIC ASS		, •			elephone number -641-8052
						ode (see instructions)
14575 BEL-F	RED RD., STE 100					621310
BELLEVUE,	WA 98007					521010
3a Plan a	dministrator's name a	and address 🔀 Same as Plan Spo	nsor.		3b Administrate	or's EIN
					20 A duninintunt	
					JC Administrati	or's telephone number
4						
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN	
	or's name	ambor from the fact rotally roport.			4c PN	
		s at the beginning of the plan year.			5a	6
		s at the end of the plan year			5b	6
		n account balances as of the end of				
				•	5c	6
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	5
		articipants at the end of the plan ye			5d(2)	4
		at terminated employment during the			5e	(
		e or incomplete filing of this return other penalties set forth in the instru				
		and signed by an enrolled actuary,				
belief, it is	true, correct, and con			· ·		
SIGN	Filed with authorized	d/valid electronic signature.	06/19/2017	LAURIN MCELHERAI	N	
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plar	n administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	dual signing as emi	oloyer or plan sponsor
Preparer's		name, if applicable) and address (in			Preparer's teleph	· · · · · · · · · · · · · · · · · · ·
1						

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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		,						_	_
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	:	550757	•				624273	
b	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		550757	'				624273	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) To	tal	
а	Contributions received or receivable from:	90/1)		20279						
	(1) Employers	8a(1) 8a(2)		15452						
				.0.02						
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		37802						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							73533	
d	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		17						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							17	
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i							73516	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ıctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les 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	iduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					75000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X				
е		ner persor 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	in?		10f		X				
g		-	•	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			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					\	∕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
	(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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	ompleted 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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "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 brougout of the PBGC?		r 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.)	fy 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:	L ;		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:	1	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?		om	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

P	art I Annual Repor	rt Identification Information	1			
For	calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/201	.6
Α	This return/report is for:	x a single-employer plan		olan (not multiemployer) employer information in		
В	This return/report is:	the first return/report	the final return/repor			
		an amended return/report	a short plan year retu	ırn/report (less than 12 ı	months)	
С	Check box if filing under:	Form 5558	automatic extension		☐ DFVC pi	rogram
	and a second	special extension (enter desc	eription)		_	
D	art II Basic Plan Inf	formation enter all requested	linformation			
	Name of plan	ioimation enter all requested	Information		1b Three-digit	
	20.000 (10.000 (10.000) 1.000 (10.000	ctic Associates, Inc. 40)1 (k) Plan		plan numbe	er
	Dellevae omllopia	ocie nosociaces, inc. i)1 (K) 11un		(PN) ►	002
_					1c Effective da 01/01/2	
2a	Mailing Address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		ructions)		dentification Number -3444759
		ctic Associates, P.S.	na. coco (n totolgin) coco inc		2c Sponsor's (425) 6	elephone number 41-8052
	14575 Bel-Red Rd.	, Ste 100				ode (see instructions)
	US Bellevue WA 98007					
3a	Plan administrator's name	and address X Same as Plan Sp	onsor		3b Administrat	or's EIN
					3c Administrat	or's telephone number
					O Administrati	or a telephone number
4		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	or 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	6
b	A 12 GROUNG CHANGE AND REAL AND REAL AND THE RESERVE OF A SECTION OF THE REAL AND A SECTION OF THE REAL AND A	ts at the end of the plan year			5b	6
С		n account balances as of the end of			5c	6
d(1) Total number of active pa	articipants at the beginning of the pl	an year		5d(1)	5
d(articipants at the end of the plan yea			5d(2)	4
е	Number of participants that less than 100% vested	t terminated employment during the	plan year with accrued be		5e	0
Ca	ution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	l unless reasonable ca	use is established	l
SE		other penalties set forth in the instru and signed by an enrolled actuary, mplete				
		I Mille	6-19-17	LAURIN J.	The Ellines	2N_
13/3/03/03	ERE Signature of plan ad	ministrator	Date	Enter name of individu	A • 3	
		TAM I	6-19-17	Lancin -	J. MELL	
	IGN Can	- / 11	articles (Co.			
_	ERE Signature of employ		Date	Enter name of individu		
	eparer's name (including firm	n name, if applicable) and address (include room or suite numb	er)	Preparer's teleph Skip this qu	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Department of Labor

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.

Short Form Annual Return/Report of Small Employee

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

P	Part I Annual Repo	rt Identification Information	n			
For	calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/201	.6
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan (a list of participating emplo a foreign plan the final return/report a short plan year return/re	oyer information in a	accordance with th	
_	Check box if filing under:	Form 5558 special extension (enter desc	. ,		DFVC p	rogram
_		formation enter all requested	d information		T 40	<u> </u>
1a	Name of plan Bellevue Chiropra	ctic Associates, Inc. 4	01(k) Plan		1b Three-digit plan numb (PN) ▶ 1c Effective d	er 002
					01/01/2	•
2a	Mailing Address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P ince, country, and ZIP or foreign po		ons)	2b Employer I	dentification Number -3444759
		ctic Associates, P.S.	, , , , , , , , , , , , , , , , , , ,	,		telephone number 41-8052
	14575 Bel-Red Rd.	, Ste 100			2d Business of 621310	code (see instructions)
_	US Bellevue WA 98007					
За	Plan administrator's name	and address 🗵 Same as Plan S	oonsor		3b Administra 3c Administra	tor's EIN tor's telephone number
4		the plan sponsor has changed since	e the last return/report filed for the	is plan, enter the	4b EIN	
а	Sponsor's name	·			4c PN	
_	•	its at the beginning of the plan year	***************************************	************************	5a	6
b	· ·	its at the end of the plan year			5b	6
С		th account balances as of the end of		•	5c	6
d	(1) Total number of active p	participants at the beginning of the p	lan year	••••••	5d(1)	5
d	(2) Total number of active p	participants at the end of the plan ye	arar	•••••	5d(2)	4
е	• •	at terminated employment during the		that were	5e	0
C	aution: A penalty for the la	te or incomplete filing of this retu	rn/report will be assessed unl	ess reasonable ca	use is establishe	d.

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 helief it is true correct and complete

bellet, it	is true, correct, and complete.						
SIGN							
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN			Enter name of marriadal signing as plan dammer decr				
	Signature of employer/plan sponsor	Date	Enter name of individua	al signing as employer or plan sponsor			
	r's name (including firm name, if applicable) and address (include his question	room or suite number	er)	Preparer's telephone number Skip this question			
1							
1							

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<u></u>	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	•••••	•••••	•••••		•••••	X Yes	□No
b	Are you claiming a waiver of the annual examination and report of a	n independ	dent qualified public accou	ıntant	(IQP	A)				_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	nd condition	ons.)	•••••	•••••	•••••	••••••	•••••	XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Fori	m 5500-SF and must inst	tead ι	use F	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?		Yes	■ N	o Not	determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	l of Year	
а	Total plan assets	7a	55	50,7	57				624	,273
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	55	50,7	57				624	,273
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:	90(4)		20,2	70					
	(1) Employers	8a(1)		L5,4						
	(2) Participants	8a(2)	-	.,,	<i></i>					
b	(3) Others (including rollovers)	8a(3) 8b		37,8	02					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		,,,	02				72	,533
d	Benefits paid (including direct rollovers and insurance premiums	00							7.3	,555
	to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			17					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								17
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i				ч.	_		73	,516
<u>_</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instruc	tions:	
_	2A 2E 2F 2G 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture code	s from the List of Plan Cha	aracte	ristic	Codes	in the	instructi	ons:	
Ш										
Pa	rt V Compliance Questions									
<u>10</u>	During the plan year:				Yes	No	N/A		Amount	
а	, , , , , , , , , , , , , , , , , , ,		·							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	•	·	100		x				
b	Program)			10a		1				
~	reported on line 10a.)			10b		х				
C				10c	х					75,000
C	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused							
	by fraud or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	•	•							
	the plan? (See instructions.)			10e		x				
f				10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided the	e required	I notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.101	-3	••••••	10i		1				

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Part	: VI	Pension Funding Compliance				•	
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 15500 and line 11a below)				☐ Yes [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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