## 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).

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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. 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 YACHTMASTERS NORTHWEST 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 07/01/2004 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) 20-0938510 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number YACHTMASTERS NORTHWEST, L.L.C. 206-285-3460 2d Business code (see instructions) 1341 N. NORTHLAKE WAY #1 441222 SEATTLE, WA 98103 **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 18 5a Total number of participants at the beginning of the plan year ...... 5b 10 **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 10 5c complete this item)..... 15 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.

belief, it is t	rue, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2017	GREG ALLEN					
	Signature of plan administrator	Date	Enter name of individual 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 i	name (including firm name, if applicable) and address (include i	room or suite numbe	r )	Preparer's telephone number				

Form 5500-SF 2016 Page **2** 

b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Were all of the plan's assets during the plan year invested in eligib		,						X Yes	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 Yes	No	
Part III   Financial Information   (a) Beginning of Year   (b) End of Year   (b) End of Year   (a) Teach Assats and Liabilities   (a) Beginning of Year   (b) End of Year   (b) End of Year   (c) End of Year   (d) End of Year   (e) End of Year   (e	•						_	-		7 Nat data		
7 Plan Assets and Liabilities		<u> </u>	isurance p	ologiam (see ERISA se	ection 4	021)?		res	NO [	] Not dete	minea	
a Total plan isselfs	_ Pa			() 5					<i>(</i> ) = 1	• > /		
D Total plan liabilities			70	(a) Beginning					(b) End o			
C. Net plan assets (subtract line 7b from line 7a)	_	·			001102					000200		
8 income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers					904182					968236		
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (		· · · · · · · · · · · · · · · · · · ·		(a) Amour	\ <b>+</b>							
(1) Employers 8a(1) 48449 (2) Participants 8a(2) 48449 (3) Others (including rollovers) 8a(3) (4) Others (including rollovers) 8a(3) (5) Others (including rollovers) 8a(4) (6) Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b 40564 (7) Otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 92703 (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 28649 (9) Other expenses 10 other expenses 10 other paid (including direct rollovers and insurance premiums to provide benefits) 8d 28649 (9) Other expenses 10				(a) Amour					(6) 10	ıaı		
(a) Others (including rollovers)			8a(1)		3690	)						
b Other income (loss)		(2) Participants	8a(2)		48449							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		40564							
e Certain deemed and/or corrective distributions (see instructions).  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)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							92703		
f Administrative service providers (salaries, fees, commissions)	d		8d		28649							
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions).	8e									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f									
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
Transfers to (from) the plan (see instructions)	h									28649		
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:  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.)	i	Net income (loss) (subtract line 8h from line 8c)	8i					64054				
Part IV   Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i									
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	Pai	t IV Plan Characteristics		•								
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	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:		
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 instruc	tions:		
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					Yes	No	N/A		Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction	102	X					15643	
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X					
by fraud or dishonesty?	С	,				X					96824	
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?	d				10d		X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	<b>e</b> 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					X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X					
	h	·	•		10h		X					
	i				10i							

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Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)						Yes	No
11a	Enter	the 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 C  2				[	Yes	X No	
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see insignificant the waiver.		ns, and	d enter		e of the lo		ng
If	_	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				<u>y</u>		ai	
		ne minimum required contribution for this plan year			12b				
		ne amount contributed by the employer to the plan for this plan year			12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)	left of a	l	12d				
e		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		I/A
Part		Plan Terminations and Transfers of Assets						· · · · · · · · · · · · · · · · · · ·	
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou I of the PBGC?		er the			Yes	X No	)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identassets or liabilities were transferred. (See instructions.)	tify the	olan(s	) to				
	13c(1) N	lame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
_									
Part		Trust Information							
14a	Name o	f trust			14b	Trust's I	EIN		
14c	Name o	of trustee or custodian					's or cus one numb		
Par	t IX	IRS Compliance Questions			ı				
15a	Is the p	olan a 401(k) plan? If "No," skip b		Yes			No		
		d the plan satisfy the nondiscrimination requirements for employee deferrals under section  3) for the plan year? Check all that apply:		safe h	sign-based "Prior year" A e harbor test				
				"Curre	ent year test	~"	N/A		
16a 		esting 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 te	st 🗌	N/A
16b		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?		Yes			No		
	the lett								
	letter_	lan is an individually-designed plan that received a favorable determination letter from the IRS, e/	enter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	d Benefit Plan or Money Purchase Pension Plan Only:  Iny distributions made during the plan year to an employee who attained age 62 and had not sep?		from	Ye	s	No		
19	Was ar	ny 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

Benefit Plan

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

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

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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. **Annual Report Identification Information** and ending 12/31/2016 For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan 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 the first return/report B This return/report is a short plan year return/report (less than 12 months) an amended return/report □ DFVC program C Check box if filing under: Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number YACHTMASTERS NORTHWEST 401(k) PLAN 001 (PN) ▶ 1c Effective date of plan 07/01/2004 2b Employer Identification Number 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 20-0938510 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number YACHTMASTERS NORTHWEST, L.L.C. (206) 285-3460 2d Business code (see instructions) 441222 1341 N. NORTHLAKE WAY #1 SEATTLE, WA 98103 3b Administrator's EIN 3a Plan administrator's name and address | Same as Plan Sponsor. 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 18 Total number of participants at the beginning of the plan year ..... 5b 10 **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 5c 10 complete this item) 15 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 O 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 SIGN HERE Enter name of individual signing as plan administrator Date Signature of plan administrator SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

ia h	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 a	le assets? (	See instructions.)	ounta	nt (IQ	 PA)	•••••	
D	under 29 CFR 2520 104-462 (See instructions on waiver eligibility a	and condition	ns.)					X Yes   No
	if you answered "No" to either line 6a or line 6b, the plan cannot	ot use For	n 5500-SF and must it	nstead	d use	Form	5500.	_
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA sect	on 40	21)? .		Yes [	No Not determined
Pa	rt III Financial Information							
,	Plan Assets and Liabilities		(a) Beginning of	Year			(b)	End of Year
a	Total plan assets	7a	9	04182	2			968236
b	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c	6	0418	2			968236
Ī	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total
a	Contributions received or receivable from:			3690			= 330	
	(1) Employers	8a(1)		4844	-			
_	(2) Participants	8a(2)		4044	-			
_	(3) Others (including rollovers)	8a(3)		40EG	+			
b	Other income (loss)	8b		40564			92703	
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				92703		
d	Benefits paid (including direct rollovers and insurance premiums	8d	28649					
_	to provide benefits)	8e						
<u>e</u> f		8f			Ī	****		
-		8g			T	Va.	WE T	
	Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		110			<del> </del>	28649
<u>n</u>		8i						64054
<u> </u>	Net income (loss) (subtract line 8h from line 8c)				$\neg$			=
,		8j						
8	rt IV Plan Characteristics		Company of District of Dis-	Char		tio Co	doe in the	instructions:
a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan	Chara	cterist	ic Coc	les in the	instructions:
a'a	rt V Compliance Questions							
0	During the plan year:				Yes	No	N/A	Amount
-	Was there a failure to transmit to the plan any participant contribu	tions within	the time period	_7				

4.

10	During the plan year:		Yes	No	N/A	Amount
а	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)	10a	х			15643
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
С	Was the plan covered by a fidelity bond?	10c	Х			96824
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		
е	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.)	10e		х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
ī	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

					-					
Part		Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co orm 5500) and line 11a below)						Yes		No
11a	Ent	ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12	ER	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc ISA?"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				🗆	Yes	X	No	
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.		s, and	d enter t		of the le		ling	
If		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13								
b	Ente	er the minimum required contribution for this plan year			12b					
C	Ente	er the amount contributed by the employer to the plan for this plan year			12c					
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef			12d					
		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	s a resolution to terminate the plan been adopted in any plan year?				X Ye	s 📗	No		
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year	••••		13a				0	
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough ntrol of the PBGC?					Yes	X N	lo	
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	the p	lan(s)	) to					
•	13c(1	1) Name of plan(s):	1	3c(2)	EIN(s)		130	( <b>3</b> ) P	V(s)	
					·					
Part	VIII	Trust Information								
14a	Nam	e of trust			14b <sup>-</sup>	「rust's ∣	EIN			
14c	Nam	ne of trustee or custodian			14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	ls th	ne plan a 401(k) plan? If "No," skip b		Yes			☐ No			
		w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply:	safe r "Curre	ign-based "Prior year" A test					,	
16a	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							t [	] N/	Α
16b		the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) he plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No		-	
17a	If the	e plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of letter and the serial number	pinion	letter	or advi	sory let	ter, enter	the da	ate of	F
17b		e plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	er the	date	of the m	ost rec	ent deten	ninati	on	
18	Defi Wer	ned Benefit Plan or Money Purchase Pension Plan Only: re any distributions made during the plan year to an employee who attained age 62 and had not separa- rice?	ated fi	rom	Yes	; [	No			
19	Was	s any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	· [	No			