## 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).

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pensior	n Benefit Guaranty Corporation	<ul><li>Complete all entries in a</li></ul>	accordance with the instructions to the Form 5	5500-S	F.		
Part I	Annual Report	Identification Information					
For cale	ndar plan year 2016 or f	iscal plan year beginning 01/01/20	016 and ending 1	2/31/2	016		
<b>A</b> This	return/report is for:	<ul><li>a single-employer plan</li><li>a one-participant plan</li></ul>	a multiple-employer plan (not multiemployer) list of participating employer information in a a foreign plan	`	•		
<b>B</b> This r	eturn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 n	nonths	)		
<b>C</b> Chec	ck box if filing under:	Form 5558 special extension (enter descri	, ,	DF	VC program		
Part I	Basic Plan Info	ormation—enter all requested info	ormation				
	ne of plan OLOGY CONSULTANTS	S, PSC 401(K) PROFIT SHARING F	PLAN		Three-digit plan number (PN)	004	
				10	Effective date of 07/01	/1995	
Mail	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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		2b Employer Identification Number (EIN) 61-0957525				
•	DLOGY CONSULTANTS		ar code (ii foreign, see instructions)	2c Sponsor's telephone number 859-278-9492			
				2d	Business code (	see instructions)	
SUITE 200	RODSBURG RD ) DN, KY 40503				6211	11	
<b>3a</b> Plar	n administrator's name a	and address $\overline{\mathbb{X}}$ Same as Plan Spon	nsor.	3b	Administrator's I	EIN	
				3с	Administrator's t	elephone number	
		ne plan sponsor has changed since tumber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN		
	nsor's name	imber from the last return/report.		4c	PN		
		s at the beginning of the plan year		5		27	
_				5	b	28	
	•		the plan year (only defined contribution plans	5	С	24	
<b>d(1)</b> ⊺	otal number of active pa	articipants at the beginning of the pla	an year	5d	(1)	20	
<b>d(2)</b> ⊺	Total number of active pa	articipants at the end of the plan yea	ar	5d	(2)	2	
<b>e</b> Nu tha	mber of participants that an 100% vested	t terminated employment during the	plan year with accrued benefits that were less	5		;	
			n/report will be assessed unless reasonable ca	iuse is	established.	<u></u>	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief it is true correct, and complete

<u>belief, it is t</u>	true, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	07/18/2017	ERIKA MUSIC, MD					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor						
Preparer's	name (including firm name, if applicable) and address (include	room or suite number	r )	Preparer's telephone number				

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If you answered "No" to either line 6a or line 6b, the plan cannot use Form \$500-8F and must instead use Form \$500.  C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		·····				X Ye	s 🗌 No
Part III   Financial Information   (a) Beginning of Year   (b) End of Year   1019001   1163667   1019001	_						_	-	_	□ Nacada	
7 Plan Ássels and Liabilities (a) Beginning of Year (b) End of Year a 1019 plan assets (b) End of Year 1163567  8 Total plan assets (subtract line 7b from line 7a)		<u>_</u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐ INO	☐ Not de	terminea
a Total plan assets	Pa		1	<u> </u>							
b Total plan isabilities			_						(b) End		7
C Net plan assets (subtract line 7b from line 7a)		·			019001	+				110330	11
8 Income Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) End of the plan form of the plan (see instructions). (6) Employers (7) Employers (8) Sa(3) O O O O O O O O O O O O O O O O O O O				1	019001	+				116356	7
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			/c								
(1) Employers 8a(1) 54014 (2) Participants 8a(2) 110469 (3) Others (including rollovers) 8a(3) 0 (b) Other income (loss) 8a(3) 0 (c) Total income (loss) 8b 8b 83014 (c) Total income (loss) 8b 8b 83014 (d) Emeriting paid (including (lotter follovers and insurance premiums to provide benefits) 8c 90 (d) Benefits paid (including (lotter follovers and insurance premiums to provide benefits) 8c 90 (e) Certain deemed and/or corrective distributions (see instructions) 8c 90 (e) Certain deemed and/or corrective distributions (see instructions) 8c 90 (f) Administrative service providers (salaries, fees, commissions) 8c 90 (g) Other expenses 8c 9c				(a) Amour	nt				(b) T	otal	
(2) Participants	а		8a(1)		54014						
(3) Others (including rollovers)					110469	)					
b Other income (loss)					0	)					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	· · · · · · · · · · · · · · · · · · ·	1		83014						
d Benefits paid (including direct rollovers and insurance premiums by provide benefits)		· /	8c							24749	7
f Administrative service providers (salaries, fees, commissions)		Benefits paid (including direct rollovers and insurance premiums	8d		100130						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		2801						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g	Other expenses	8g								
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)								10293	31
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.)  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.)  10	i	Net income (loss) (subtract line 8h from line 8c)	8i							14456	66
Part IV   Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i								
9a	Pai	rt 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.)  10g X  229  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h I If 10h was answered "Yes," check the box if you either provided the required notice or one of the		If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
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.)	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	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.)	Par	t V Compliance Questions									
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)						Yes	No	N/A		Amount	t
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	40-		X				
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				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		,				X					500000
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.)	d						X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under	10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the	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					2293
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	·	•		10h		X				
	i	If 10h was answered "Yes," check the box if you either provided to	he require	d notice or one of the							

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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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?							<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)		<b>13c(3)</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		sign-based "Prior year" ADP e harbor test				
				"Curre	rrent year" N/A T test				
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 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

		t Identification Information		1 17 4040	1.0010				
For calendar	plan year 2016 or	fiscal plan year beginning 01/01/20		and ending 12/3					
a single-employer plan a multiple-employer plan (not multiemployer)  A This return/report is for:									
A This return/report is for:		a one-participant plan	a foreign plan	ipioyer illioithauoiriil ac	COIDAINCE WILL UP	e torri instructions.			
			☐ a lordiğir plattı						
B This retur	n/report is	the first return/report	the final return/report						
<b>O</b> 11115 10101	· intoport to	an amended return/report							
_				.,,					
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC progra	m			
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation		<u></u>	·			
1a Name o	•				1b Three-digi	i i			
DERMATOLO	GY CONSULTAN	TS, PSC 401(K) PROFIT SHARING	S PLAN		plan numb (PN) ▶	004			
					1c Effective d	late of plan			
					07/01/199	*			
2a Plan sp	onsor's name (emp	loyer, if for a single-employer plan)			2b Employer	Identification Number			
Mailing	address (include ro	om, apt., suite no. and street, or P.	O. Box)		(EIN) 61-0				
		nce, country, and ZIP or foreign pos	stal code (if foreign, see inst	ructions)	2c Sponsor's	telephone number			
Dermatology	Consultants, PSC					(859) 278-9492			
					1	code (see instructions)			
2424 HARRO	DSBURG RD				621111				
SUITE 200	LV 40503								
LEXINGTON,		and address X Same as Plan Sp	neor		3b Administra	itor's FIN			
Ja Fian au	ministrator s name	and address A Same as han op	JIISQI.						
					3c Administra	itor's telephone number			
					ľ				
4 If the na	ame and/or EIN of	he plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN				
		number from the last return/report.				<u> </u>			
a Sponso					4c PN				
<b>5a</b> Total n	umber of participan	ts at the beginning of the plan year			5a	27			
		ts at the end of the plan year			5b	28			
C Numbe	r of participants wit	h account balances as of the end o	f the plan year (only defined	d contribution plans	5c	24			
•	•				Ed(1)	26			
d(1) Tota	I number of active (	participants at the beginning of the	plan year		5d(1)				
, <i>,</i>	,	participants at the end of the plan y			5d(2)				
		at terminated employment during the			5e	3			
Caution: A	penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	uniess reasonable ca	use is establish	ed.			
Under pena	ties of periury and	other penalties set forth in the instr	uctions. I declare that I have	examined this return/re	port, including, if	applicable, a Schedule			
	tule MB completed ue correct, and co	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repo	rt, and to the best	t of my knowledge and			
7	722.0		7/18/17	ERIKA MUSIC, MD					
SIGN	<del></del>	<u>μ</u> ,	<del></del>						
	Signature of plan	administrator	Date	Enter name of individ	tual signing as pla	an administrator			
SIGN									
HERE		loyer/plan sponsor	Date			nployer or plan sponsor			
Preparer's r	name (including fim	name, if applicable) and address	include room or suite numb	er)	Preparer's tele	phone number			
1					1				

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b c	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 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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi iot use Fo	ndent qualified public a tions.) rm 5500-SF and must	ccount	ant (IC  I <b>d use</b>	PA) Form	5500.		_ ⊠	Yes Yes	_
	rt III   Financial Information	1	· · · · · · · · · · · · · · · · · · ·		-						
<u> 7</u>	Plan Assets and Liabilities		(a) Beginning o					b) End			
<u>a</u>	Total plan assets	7a		101900	17				1	163567	
<u>b</u>	Total plan liabilities	7b		404000	. +					400507	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		101900	)1				1	163567	
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	<u>t                                      </u>				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)		5401	4						
	(2) Participants	8a(2)	<del>, , ,</del>	11046	39						
	(3) Others (including rollovers)	8a(3)			0						
	Other income (loss)	8b		8301	4						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				247497					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10013	30						
e	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f		280	)1						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				10293				102931	
ī	Net income (loss) (subtract line 8h from line 8c)	81				144566					;
j	Transfers to (from) the plan (see instructions)	8j			1						
Pa	rt IV Plan Characteristics										
9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ruction	is:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature co	des from the List of Pla	n Chara	cteris	ic Cod	les in t	he instr	uctions		
Pai	rt V Compliance Questions				-						
10	During the plan year:	-			Yes	No	N/A		Am	ount	
8	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary l	Fiduciary Correction	10a		×		_			
k	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	x						500000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused			×					

10e

10f

10g

10h

Х

Х

2293

Х

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.) ......

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

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Part \							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500) and line 11a below)			В	Yes	<b>X</b>	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		· · · · · · · · · · · · · · · · · · ·	_	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?				Yet	s 🛛 1	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver	tions, and	enter t Day		of the letter r	uling	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
<u>b</u> (	nter the minimum required contribution for this plan year	<u></u>	12b				
C E	nter the amount contributed by the employer to the plan for this plan year		12¢	L			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)		12d		<del></del>		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Щ	Yes	∐ No ∐	N/A	
Part \	Plan Terminations and Transfers of Assets				<u>-</u>		
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?				Yes 🛚	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						
1	Sc(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)	
Part	VIII Trust Information						
	lame of trust		14b	Trust's E	EIN		_
TTG	anie oi tust						
14c	lame of trustee or custodian				s or custodiar ne number	n's	
Part	IX IRS Compliance Questions						
	s the plan a 401(k) plan? If "No," skip b	Yes			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	⊔ safe i	n-based narbor	Į	"Prior year test	r' ADP	
		ADP	ent year test	[	N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	entage		verag <del>e</del> enefit test	_ N/	Α
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			∏ No		
17a	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opi the letter and the serial number	nion lette	r or advi	sory let	ter, enter the	date o	f
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	the date	of the n	nost rec	ent determina	ition	
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separat service?	ted from	Ye	s [	☐ No		
19	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s [	No		