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**

Parti		i identification information									
For calend	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016		and ending 12	2/31/2016	i				
▲ This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer pla						· ·					
		a one-participant plan		eign plan	,			,			
B This retu	urn/report is	the first return/report	the fir	nal return/report							
		an amended return/report	a sho	rt plan year return	/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558		matic extension		DFVC	program				
		special extension (enter descr	' '								
Part II	•	ormation—enter all requested inf	formation								
1a Name		NEO LLO DETIDEMENT TRUCT					ree-digit				
CONSTRUC	TION LOAN SERVIC	ES, LLC RETIREMENT TRUST					an number N) ▶	001			
							ective date of	plan			
0								/2010			
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				2b Employer Identification Number (EIN) 26-4169682					
	town, state or province TION LOAN SERVIC	ce, country, and ZIP or foreign posta ES, LLC	tal code (if	foreign, see instru	uctions)	2c Sponsor's telephone number 206-267-2650					
						2d Bu		see instructions)			
505 5TH AVE	E S., SUITE 650					Zu bu	5222				
SEATTLE, W	/A 98104						5222	34			
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.			3b Ad	ministrator's E	EIN			
						3c Ad	ministrator's t	elephone number			
		ne plan sponsor has changed since	the last re	turn/report filed fo	r this plan, enter the	4b EII	N				
	•	umber from the last return/report.				40 0					
	or's name					4c PN	1	4.0			
		s at the beginning of the plan year				5a		12			
		s at the end of the plan year				5b		16			
		account balances as of the end of			·	5c		16			
d(1) Tota	al number of active pa	articipants at the beginning of the plant	lan year			5d(1)					
d(2) Total number of active participants at the end of the plan year				5d(2)		16					
		t terminated employment during the				5e		(
Caution: A	A penalty for the late	or incomplete filing of this return	n/report w	vill be assessed ι	unless reasonable cau						
SB or Sche		other penalties set forth in the instruc- and signed by an enrolled actuary, a polete									
SIGN		l/valid electronic signature.	10	/02/2017	CURT ALTIG						
HERE	Signature of plan	administrator	С	ate	Enter name of individ	ual signin	g as plan adn	ninistrator			

Date

Signature of employer/plan sponsor

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

SIGN HERE

NOLAN MILLER

PO BOX 187

QUALIFIED PLANS SETX 1221 DALLAS STREET

PORT NECHES, TX 77651

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

409-722-6622

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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FT 250:104-46 (Speci instructions on waiver eligibility and coordinons.) If you answered "No" to either line 6 are fine 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If you answered "No" to either line 6 are fine 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA action 4221): If you answered "No" In the plan in the plan is the plan of the pBGC insurance program (see ERISA action 4221): If you answered "No" In the plan in the plan is the plan of the plan in the plan in the plan in the plan is the plan in the plan in the plan in the plan is the plan in the pl		Were all of the plan's assets during the plan year invested in eligib		` ,						X Yes	S No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b									X Yes	s No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (c) End of Year (d) End of Year (e) End							_	-		<u></u>	
7 Plan Assets and Liabilities 7 Research 1 Stocker 1 Stocker 2 Sto	C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
a Total plan assets	Pa	rt III Financial Information		Υ							
D Total plan liabilities	_7_	Plan Assets and Liabilities						((b) End		
C Net plan assats (subtract line 7b from line 7a)	a	Total plan assets	7a		510562					80830	5
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). 8a(1) 132014 (2) Participants. (3) Others (including rollovers). 8a(2) 111460 (3) Others (including rollovers). 8a(3) 5 (5) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 298515 (6) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 298515 (7) Other spenses paid (including direct rollovers and insurance premiums to provide benefits). 8d 10 Denote the paid (including direct rollovers and insurance premiums to provide benefits). 8d 10 Denote the paid (including direct rollovers and insurance premiums to provide benefits). 8d 10 Denote the paid (including direct rollovers and insurance premiums to provide benefits). 8d 10 Denote the paid (including direct rollovers and insurance premiums to provide benefits). 8d 10 Denote the paid (including direct rollovers and insurance premiums to provide benefits). 8d 10 Denote the paid (including direct rollovers and insurance premiums to provide spension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 8d 10 Denote the paid (including direct rollovers). 8d 10 Denote the plan paid (including direct rollovers). 8d 10 Denote the plan paid (including direct rollovers). 8d 10 Denote the plan paid (including direct rollovers). 8d 10 Denote the plan paid (including direct rollovers). 8d 10 Denote the plan paid (including direct rollovers). 8d 10 Denote the plan paid (including direct rollovers). 8d 10 Denote the plan paid (including direct rollovers). 8d 10 Denote the plan paid (including direct rollovers). 8d 10 Denote the plan paid (including direct rollovers). 8d 10 Denote the plan paid (including direct rollovers). 8d 10 Denote			7b								
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c		510562					80830	5
(1) Employers 8a(1) 132014 (2) Participants 8a(2) 114460 (3) Others (including rollovers) 8a(3) (3) Others (including rollovers) 8a(3) (4) Others (including rollovers) 8a(3) (5) Others (including rollovers) 8a(3) (6) Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b 52041 (7) Other income (loss) 8b 52041 (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 7d 8d 7				(a) Amour	nt				(b) To	otal	
(2) Participants	а		0=(4)		132014	.					
(3) Others (including rollovers)											
b Other income (loss)					114400						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·			52041						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		· · ·			02011					20851	5
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)			8c							29001	J
f Administrative service providers (salaries, fees, commissions)	u		8d								
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions).	8e								
g Other expenses	f	· · · · · · · · · · · · · · · · · · ·			772						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	a										
i Net income (loss) (subtract line 8h from line 8c)										77:	2
Transfers to (from) the plan (see instructions)										297743	3
Part IV Plan Characteristics	ij										
9a	Pai	t IV Plan Characteristics	<u> </u>								
Part V Compliance Questions		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:	
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)			eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les 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.) 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		in the plant provided wonard softenae, circo the applicable wonard in	outuro oot		Onare	20101101				0110110.	
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)	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.). c Was the plan covered by a fidelity bond?	10	During the plan year:				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 V	oluntary F	Fiduciary Correction	10a		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?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					100000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d		•		10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides some or all of 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.)	_ 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	s of year-	end.)	10g		X				
	h	·	•		10h		X				
	i				10i						

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Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru					es No
11a	Ente	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			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		. 🔲	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	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 broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d ["Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	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		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and 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

	rt Identification Information		and anding	12/31/201	<u> </u>						
For calendar plan year 2016 o	r fiscal plan year beginning X a single-employer plan	01/01/2016	and ending								
A This return/report is for:	(Filers checking this b ccordance with the fo	rm instructions.)									
A This return/report is for:	a one-participant plan	a foreign plan	iployof illionnation in a		,						
B This return/report is	the first return/report	the final return/report									
La Tino Totalim Topolitio	n/report (less than 12 m	nonths)									
0 0 1 1 1 1 1 1 1	an amended return/report			_							
C Check box if filing under:	X Form 5558	automatic extension		DFVC program							
	special extension (enter desc										
	formation—enter all requested in	formation		4h Thursdiell	1						
1a Name of plan				1b Three-digit plan number	001						
Construction Loan S	Services, LLC Retireme	nt Trust		(PN)							
				1c Effective date 01/01/201							
2a Plan sponsor's name (em	ployer, if for a single-employer plan)			2b Employer Ider							
Mailing address (include r	oom, apt., suite no. and street, or P.			(EIN)26-41	69682						
City or town, state or prov	ince, country, and ZIP or foreign pos	tai code (if foreign, see inst	ructions)	2c Sponsor's tele	•						
CONDITION DOLL	BLICATOLD, LLC			206-267-2							
505 5TH AVE S., SU	TITE 650			2d Business code 522294	e (see instructions)						
·				322231							
SEATTLE	WA 98104										
3a Plan administrator's name	and address 🏻 Same as Plan Spo	onsor.		3b Administrator's EIN							
				20 Administrator	s telephone number						
				SC Administrator	s tetephone number						
				41							
4 If the name and/or EIN of	the plan sponsor has changed since number from the last return/report.	the last return/report filed t	or this plan, enter the	4b EIN							
a Sponsor's name	Hamber from the last retaining port.			4c PN							
	nts at the beginning of the plan year			5a							
	nts at the end of the plan year			Eh							
	ith account balances as of the end o			5c							
					16						
d(1) Total number of active	participants at the beginning of the	olan year		5d(1)	9						
d(2) Total number of active	participants at the end of the plan ye	ear		5d(2)	16						
	nat terminated employment during th			5e	O						
Caution: A penalty for the la	te or incomplete filing of this retu	n/report will be assessed	unless reasonable ca	use is established.							
Under penalties of periury and	other penalties set forth in the instru	ictions. I declare that I have	examined this return/re	eport, including, if app	olicable, a Schedule						
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repo	π, and to the best of i	my knowledge and						
SIGN		10/2/12	CURT ALTIG								
HERE Signature of plan	Z adalaktrotor	Date	Enter name of individ	dual signing as plan a	dministrator						
	CURT ALTIG	dual signing as planta	dimiorator								
SIGN HERE		192/1									
Signature/of em	ployer/plan sponsor	Date	Enter name of individ	Preparer's telepho	yer or plan sponsor ne number						
NOLAN MILLER	n name, if applicable) and address (molade footh of safe halling	O1 /	409-72							
QUALIFIED PLANS SET	ΥX			100 /2							
1221 DALLAS STREET											
Inc					A-2						
PO BOX 187	TY 77651										

	Form 5500-SF 2016		Page 2					
b c	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can rule the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan is it covered under the PBGC in the plan is a defined benefit plan is a defined b	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount t instea	ant (IC ad use	PA) Form	5500.	
7	Plan Assets and Liabilities		(a) Beginning	of Vear				(b) End of Year
_ <u>'</u> a	Total plan assets	7a	(a) Deginning	510,				808,305
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		510,	562			808,305
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt		,		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		132,	014			
	(2) Participants	8a(2)		114,	460			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		52,	041	- woods it is a second		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						298,515
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	A STATE OF THE STA			·		
е	Certain deemed and/or corrective distributions (see instructions)	8e	- Alexander and the second and the s					
f	Administrative service providers (salaries, fees, commissions)	. 8f			772			
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						772
	Net income (loss) (subtract line 8h from line 8c)	. 8i						297,743
j	Transfers to (from) the plan (see instructions)	- 8j		.,				
	t 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 instructions:
b	If the plan provides welfare benefits, enter the applicable welfare t	feature co	des from the List of Pla	n Chara	acteris	tic Cod	les in t	he instructions:
Pai	t V Compliance Questions							
10	During the plan year:		data da		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	√oluntary l	Fiduciary Correction	10a		Х		

10	O During the plan year:				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		
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			100,000
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		
i	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				

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Part \	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (Form 5500) and line 11a below)						Yes [] N
<u>11a</u>	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 t ERISA?						Yes [X] N
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se granting the waiver.		ns, and	d enter t Day		of the le Yea		g
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.						
b E	enter the minimum required contribution for this plan year			12b				
CE	inter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	the left of	а	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/	Ά
Part V	II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	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 under th control of the PBGC?					Yes X No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), i which assets or liabilities were transferred. (See instructions.)	identify the	plan(s)) to				
13	c(1) Name of plan(s):		13c(2)	EIN(s)		130	(3) PN(s	s)
								· · · · · · · · ·
Part \	/III Trust Information							
14a Name of trust					14b Trust's EIN			
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number				
Part	IRS Compliance Questions		1					
	s the plan a 401(k) plan? If "No," skip b		Yes			No		
15b H	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:		safe h		L	"Prior test	year" Al	ЭP
	••••		"Curre	ent year' est	" [N/A		

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Ratio

test

Yes

percentage

Yes

Yes

Average

∏ No

∐ No

☐ No

benefit test

☐ N/A

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

service?

the letter

year? Check all that apply:

for the plan year by combining this plan with any other plan under the permissive aggregation rules?.....

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?.....