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**

Pa	rt I Anni	ual Report I	dentification Information							
For	calendar plan y	ear 2016 or fisc	cal plan year beginning 01/01/2	2016 and ending	12/31/2	016				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions a foreign plan										
Вт	his return/repo	rt is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)										
C	Check box if filing under: Form 5558 automatic extension DFVC program									
			special extension (enter descr	1 /						
	•	c Plan Infor	mation—enter all requested inf	formation						
	Name of plan RS GROUP 40	1(K) PLAN			1b	Three-digit plan number (PN)	003			
		Effective date of 01/01	plan /2012							
	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)						ication Number 908121			
		ONSTRUCTIO	2c Sponsor's telephone number 509-765-5757							
				2d Business code (see instructions)						
P O BOX 850 MOSES LAKE, WA 98837						237990				
3a	Plan administra	ator's name and	d address 🛛 Same as Plan Spor	nsor.	3b	Administrator's I	EIN			
					3c Administrator's telephone number					
4	If the name an	d/or EIN of the	plan sponsor has changed since	the last return/report filed for this plan, enter the	4b	EIN				
		d the plan num	ber from the last return/report.		4c	PN				
	•		at the heginning of the plan year		5		114			
_					5		8-			
	Number of par	ticipants with a	the plan year (only defined contribution plans	5		4				
d(,		an year	5d	(1)	11			
d (2	2) Total numb	er of active part	icipants at the end of the plan yea	ar	5d	(2)	7			
е	Number of pa than 100% ve	rticipants that te	erminated employment during the	plan year with accrued benefits that were less	5					
				n/report will be assessed unless reasonable ca						
				ctions, I declare that I have examined this return/reports well as the electronic version of this return/reports.						

belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 0/04/2017 PAMP MAIERS SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Dat<u>e</u> 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) Preparer's telephone number

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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)						X Yes	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 conditions.)										
Part III Financial Information Financial Informati		If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	orm 5500-SF and mus	t instea	ad use	Form	5500.		<u>—</u>	_	
7 Plan Assets and Liabilities	С	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										
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End c	of Year		
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a		331030)				649266	6	
8 Income, Expenses, and Transfers for this Plan Year a Contributions receivable from: (1) Employers 8a(1) 84567 (2) Participants. (2) Participants. (3) Others (including rollovers). 8a(3) 0 0 b) Other income (loss). (3) Others (including rollovers). 8a(3) 0 0 b) Other income (loss). (4) Bab 27037 5 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (5) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (6) Benefits paid (including direct rollovers and insurance premiums to provide benefits). (7) Employers 8	b	Total plan liabilities	7b									
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) Other income (loss). (8) Other income (loss). (8) Other income (loss). (8) Other income (loss). (9) Other income (loss). (1) Other income (loss). (1) Other income (loss). (1) Other income (loss). (2) Barding rollovers). (3) Others (including direct rollovers and insurance premiums to provide benefits). (4) Other income (loss). (5) Other expenses (loss). (6) Other expenses. (7) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (8) 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. (8) Other expenses. (8) Other expenses. (8) Other expenses. (8) 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. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other	С	Net plan assets (subtract line 7b from line 7a)	ne 7a)				649266				5	
(1) Employers				(a) Amour								
(2) Participants	а		0-(4)		84567							
(3) Others (including rollovers)												
b Other income (loss)												
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·										
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8		` '				_				318536	3	
e Certain deemed and/or corrective distributions (see instructions). 8			80				310330					
f Administrative service providers (salaries, fees, commissions)	u		8d		215	5						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions).	8e		0)						
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		85							
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				300					
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							318236	6	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V	j	Transfers to (from) the plan (see instructions)	8j		C							
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?	Pai											
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.)	9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T	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.). 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.) 10h i 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 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)	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 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			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?	C					X					100000	
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 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	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					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 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 plan?					X					
2520.101-3.)	<u>_</u>		-		10g		X					
	h	2520.101-3.)	· ·····		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					
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)										
Will the minimum funding amount reported on line 12d be met by the funding deadline?							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			14d Trustee's or custodian's telephone number					
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	narbor	n-based "Prior year" ADP arbor test				
				"Curre	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:						age Average N/A benefit test 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

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information							
For calenda	r plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/3	1/2016			
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	n (not multiemployer) ployer information in a	(Filers checki ccordance wil	ing this box must attach a the the form instructions.)			
	·	a one-participant plan	a foreign plan						
B This retu	rn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 m	nonths)				
C Check b	ox if filing under:	X Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter desc							
Part II		ormation—enter all requested in	formation		T-2:				
1a Name o	•				1b Three	-digit number 003			
Maiers G	roup 401(k)	Plan			(PN)				
					1c Effect	ive date of plan			
passage management of the control of					01/01	1/2012			
Mailing	onsor's name (emplo address (include roo		1 .	oyer Identification Number 91-0908121					
-	•	ce, country, and ZIP or foreign pos	tal code (if foreign, see instr	uctions)	ļ	sor's telephone number			
North C	entral Const	ruction, Inc.			509-1	765-5757			
P O Box	950				1	ess code (see instructions)			
r o box	650				23799	3 0			
Moses L	ake	WA 98837							
3a Plan ad	ministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Administrator's EIN				
		_			20. Administratorio telephone gumber				
					3c Administrator's telephone number				
4 If the n	ame and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
name,	EIN, and the plan nu	mber from the last return/report.	•		4- 5-	***************************************			
a Sponso					4c PN				
5a Total n	umber of participants	at the beginning of the plan year.	***************************************			114			
		at the end of the plan year				84			
		account balances as of the end of			5c	47			
•	·	urticipants at the beginning of the p			5d(1)	113			
	•	articipants at the end of the plan ye	•		5d(2)	73			
		terminated employment during the			5e				
		or incomplete filing of this retur		unlace razeanable ca		lichad			
Under pena	lies of periury and of	her penalties set forth in the instru	ctions, I declare that I have	examined this return/re	eport, includin	ng, if applicable, a Schedule			
SB or Schee	dule MB completed a	nd signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repo	rt, and to the	best of my knowledge and			
	ue, correct, and com	priete.	14 04.7012	Pamp Maiers					
SIGN HERE	YA					a plan administrator			
	Signature of plan a	deministrator	Date 24/7	Enter name of individual Pamp Maiers	ıuai sigilirig a	s plan administrator			
SIGN HERE	14/20//		10-04-2017						
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (ii	Date			s employer or plan sponsor telephone number			
Preparer syr	iame (including inm i	iame, ir applicable) and address (ii	ilclude foom of suite numbe	• ,	reparers	telephone number			
Company									
					Colonia Company				

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determ									
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA s	ection 4	1021)?		Yes	No Not determined		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	r			(b) End of Year		
а	Total plan assets	. 7a		331,	030			649,26		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		331,	030			649,26		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	1t				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		84,	567					
	(2) Participants	8a(2)		206,932						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		27,037				Annual Control		
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		an entities				318,53		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		215						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f			85					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					300			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					318,236			
j	Transfers to (from) the plan (see instructions)	8j			0					
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T	feature co	des 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 for	eature cod	es from the List of Pla	n Chara	acteris	tic Co	des in t	he instructions:		
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		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	t include transactions			х				
С	Was the plan covered by a fidelity bond?			10c	Х			100,00		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	· ·	10d		х		THE CONTROL OF THE CO		

Х

x

х

X

10e

10f

10g

10h

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

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

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

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Part	1899/01			- 1-1-0		T =	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instr (Form 5500) and line 11a below)					<u>, </u>	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 55	00) line 40.		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section					Ι П ч	es 🛛 No
	ERISA?		***************************************			1	L3
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan granting the waiver.	year, see ii	nstructions, and	d enter t		of the lette Year	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and					***	
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount)	•		12d			
e	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 resolution to terminate the plan been adopted in any plan year?		************		X Yes	Пи	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another	plan, or bro	ught under the	L	l	Yes X	No
	control of the PBGC?			······	<u></u>		1
С	which assets or liabilities were transferred. (See instructions.)	piari(s), iue	rilliny title piarits			**************************************	
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII Trust Information						*************
Experience and	Name of trust			14b	Trust's E	IN	
41.			~ ~~~	4 4 4 - 1		or custodi	
14C	Name of trustee or custodian					s or custoa: ie number	ans
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b		Yes] No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under s	ection		n-based	, L		ar" ADP
	401(k)(3) for the plan year? Check all that apply:		Safe I	narbor ent vear	ـا ــ «	J test	
			LI ADP		L] N/A	
	What testing method was used to satisfy the coverage requirements under section 410(b) f		n Ratio		rn Av	erage	
	year? Check all that apply:		test	entage		nefit test	∐ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) an for the plan year by combining this plan with any other plan under the permissive aggregati		111165			No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a fathe letter and the serial number	avorable IR	S opinion letter	or advi	sory lette	er, enter the	e date of
	If the plan is an individually-designed plan that received a favorable determination letter from letter	m the IRS,	enter the date	of the m	ost rece	nt determir	nation
,	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 service?			Ye	\$ [] No	
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior p			Ye	s [] No	