Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

	Annual Repoi				0/0//00/0	
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016	
_		🔀 a single-employer plan		olan (not multiemployer)		
A This retu	urn/report is for:	a one-participant plan		employer information in a	ccordance with the	form instructions.)
		a one-participant plan	a foreign plan			
D =0:		the first return/report	the final return/report	.		
B This retu	irn/report is	-				
		an amended return/report	a snort plan year retu	urn/report (less than 12 m	iontns)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	1
		special extension (enter desc	cription)		_	
Part II	Basic Plan Inf	formation—enter all requested in				
1a Name		onici an roquocica ii	TOTTIALIOTT		1b Three-digit	
	DE LA RAZA 401(H	() PLAN			plan numbe	
					(PN) ▶	001
					1c Effective da	te of plan 16/01/1988
		oloyer, if for a single-employer plan)	O. Box)			entification Number
City or	town, state or provin	nce, country, and ZIP or foreign pos		structions)	(=+)	elephone number
EL CENTRO	DE LA RAZA				206	-329-9442
2524 - 16TH /	AVE S					de (see instructions)
SEATTLE, W.					3	313000
3a Plan ac	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrate	or's EIN
					3c Administrate	or's telephone number
		the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name, a Sponso		number from the last return/report.			4c PN	
					5a	00
		its at the beginning of the plan year.			h	98
		its at the end of the plan year			5b	91
		h account balances as of the end of	. , , ,	•	5c	86
-	,	participants at the beginning of the p			5d(1)	81
					5d(2)	
		participants at the end of the plan yearticipants at the end of the plan year terminated employment during the				73
			c plan year with accrucu b	Chonia that word loss		
lliaii i	100 /0 403100		• • • • • • • • • • • • • • • • • • • •		5e	
Caution: A	penalty for the lat	e or incomplete filing of this retur	rn/report will be assesse	d unless reasonable ca	use is established	2 i.
Caution: A Under pena	penalty for the late	e or incomplete filing of this retur other penalties set forth in the instru	rn/report will be assesse uctions, I declare that I hav	d unless reasonable care examined this return/re	use is established eport, including, if a	d. pplicable, a Schedule
Under pena SB or Sche	penalty for the late	e or incomplete filing of this retur other penalties set forth in the instru and signed by an enrolled actuary,	rn/report will be assesse uctions, I declare that I hav	d unless reasonable care examined this return/re	use is established eport, including, if a	d. pplicable, a Schedule
Caution: A Under pena SB or Sche belief, it is to	penalty for the late alties of perjury and adule MB completed true, correct, and con	e or incomplete filing of this retur other penalties set forth in the instru and signed by an enrolled actuary,	rn/report will be assesse uctions, I declare that I hav	d unless reasonable care examined this return/re	use is established eport, including, if a	d. pplicable, a Schedule
Caution: A Under pena SB or Sche belief, it is to	penalty for the late alties of perjury and dule MB completed rue, correct, and confiled with authorize	e or incomplete filing of this retur other penalties set forth in the instru- and signed by an enrolled actuary, mplete. ed/valid electronic signature.	rn/report will be assesse actions, I declare that I hav as well as the electronic v	d unless reasonable ca re examined this return/re rersion of this return/report	use is established eport, including, if a rt, and to the best o	i. pplicable, a Schedule of my knowledge and
Caution: A Under pena SB or Sche belief, it is t SIGN HERE	penalty for the late alties of perjury and adule MB completed true, correct, and con	e or incomplete filing of this retur other penalties set forth in the instru- and signed by an enrolled actuary, mplete. ed/valid electronic signature.	rn/report will be assesse actions, I declare that I hav as well as the electronic v	d unless reasonable ca re examined this return/re ersion of this return/repor	use is established eport, including, if a rt, and to the best o	i. pplicable, a Schedule of my knowledge and
Caution: A Under pena SB or Sche belief, it is to	penalty for the late alties of perjury and adule MB completed rue, correct, and confiled with authorize Signature of plan	e or incomplete filing of this reture other penalties set forth in the instruand signed by an enrolled actuary, and plete. Individual electronic signature.	rn/report will be assesse actions, I declare that I hav as well as the electronic v	d unless reasonable ca re examined this return/re rersion of this return/report SHARON HU Enter name of individual	use is established eport, including, if a rt, and to the best of t	d. pplicable, a Schedule of my knowledge and administrator
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	penalty for the late alties of perjury and adule MB completed rue, correct, and confiled with authorize Signature of plan	e or incomplete filing of this reture other penalties set forth in the instruand signed by an enrolled actuary, and properties. Individual electronic signature. In administrator	rn/report will be assesse actions, I declare that I have as well as the electronic volume 10/13/2017 Date Date	d unless reasonable care examined this return/reportersion of this return of this return of the retu	use is established eport, including, if a rt, and to the best of the destroy dual signing as plan dual signing as empty dual signing	pplicable, a Schedule of my knowledge and administrator bloyer or plan sponsor
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	penalty for the late alties of perjury and adule MB completed rue, correct, and confiled with authorize Signature of plan	e or incomplete filing of this reture other penalties set forth in the instruand signed by an enrolled actuary, and plete. Individual electronic signature.	rn/report will be assesse actions, I declare that I have as well as the electronic volume 10/13/2017 Date Date	d unless reasonable care examined this return/reportersion of this return of this return of the retu	use is established eport, including, if a rt, and to the best of t	d. pplicable, a Schedule of my knowledge and administrator
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	penalty for the late alties of perjury and adule MB completed rue, correct, and confiled with authorize Signature of plan	e or incomplete filing of this reture other penalties set forth in the instruand signed by an enrolled actuary, and properties. Individual electronic signature. In administrator	rn/report will be assesse actions, I declare that I have as well as the electronic volume 10/13/2017 Date Date	d unless reasonable care examined this return/reportersion of this return of this return of the retu	use is established eport, including, if a rt, and to the best of the destroy dual signing as plan dual signing as empty dual signing	d. pplicable, a Schedule of my knowledge and administrator
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	penalty for the late alties of perjury and adule MB completed rue, correct, and confiled with authorize Signature of plan	e or incomplete filing of this reture other penalties set forth in the instruand signed by an enrolled actuary, and properties. Individual electronic signature. In administrator	rn/report will be assesse actions, I declare that I have as well as the electronic volume 10/13/2017 Date Date	d unless reasonable care examined this return/reportersion of this return of this return of the retu	use is established eport, including, if a rt, and to the best of the destroy dual signing as plan dual signing as empty dual signing	d. pplicable, a Schedule of my knowledge and administrator
Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	penalty for the late alties of perjury and adule MB completed rue, correct, and confiled with authorize Signature of plan	e or incomplete filing of this reture other penalties set forth in the instruand signed by an enrolled actuary, and properties. Individual electronic signature. In administrator	rn/report will be assesse actions, I declare that I have as well as the electronic volume 10/13/2017 Date Date	d unless reasonable care examined this return/reportersion of this return of this return of the retu	use is established eport, including, if a rt, and to the best of the destroy dual signing as plan dual signing as empty dual signing	d. pplicable, a Schedule of my knowledge and administrator

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib	accete?	(See instructions)						X Ye	es No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public a	account	ant (IC	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Pa	rt III Financial Information	·								
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
<u>a</u>	Total plan assets	7a	1	010892					11469	00
<u>b</u>	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	1	010892					11469	00
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)		126172	2					
	(2) Participants	8a(2)		49908						
	(3) Others (including rollovers)	8a(3)		11827						
b	Other income (loss)	8b		64814						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2527	21
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		113349						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		3364						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1167	13
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1360	80
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2G 2T 2J	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	nt
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b		t? (Do not i	nclude transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					114690
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	•	10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g	X					104456
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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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 con 5500) and line 11a below)				Y	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	ΠY	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 i		of the letter Year _	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 No)
	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				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) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information		1			
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia 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 [Test	ar" 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	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 determir	ation
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?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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

For calend	dar plan year 2016 or	rt identification information rfiscal plan year beginning 01/01/2	n 016	and onding 12	124 (204 6	
		X a single-employer plan		and ending 12 plan (not multiemployer)		hi- h
A This re	turn/report is for:	A dingle employer plan	list of participating a	employer information in a) (Filers checking t accordance with th	nis box must attach a
		a one-participant plan	a foreign plan	, -, -, -, -, -, -, -, -, -, -, -, -, -,	accordance vitti (io form matruotidias.)
B This ref	urn/report is	the first return/report	the final return/repor	ŧ		
		an amended return/report	a short plan year retu	urn/report (less than 12 r	months)	
C Check	box if filing under:	X Form 5558	_		-	
	•	=	automatic extension		DFVC progra	m
Part II	Rasic Plan Int	special extension (enter des- formation—enter all requested in				
1a Name		enter all requested i	ntormation		41	· · · · · · · · · · · · · · · · · · ·
	DE LA RAZA 401(k	() PLAN			1b Three-digi	
	,	,			(PN) ▶	001
					1c Effective d 06/01/198	
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer I (EIN) 91-0	dentification Number
City or L CENTRO	town, state or provin DE LA RAZA	nce, country, and ZIP or foreign pos	stal code (if foreign, see ins	tructions)		telephone number
						206) 329-9442
504 to=					2d Business c	ode (see instructions)
524 - 16TH	AVE. S.				813000	
EATTLE, W	/A 98144					
3a Plan at	dministrator's name a	and address X Same as Plan Spo	onsor.		3b Administrat	tor's FIN
		_				
4 If the n	ame and/or EIN of th	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name, a Sponso	EIN, and the plan nu	imber from the last return/report.	,		4c PN	
5a Total n	umber of participants	s at the beginning of the plan year.	***************************************		5a	98
		s at the end of the plan year			5b	91
C Number	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	
						86
		articipants at the beginning of the pl			5d(1)	81
d(2) Tota	I number of active pa	articipants at the end of the plan year	ar	***************************************	5d(2)	73
e Number	er of participants that 00% vested	terminated employment during the	plan year with accrued be	nefits that were less	5e	2
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable car	use is established	,
SB or Sched	ties of perjury and of	ther penalties set forth in the instruc nd signed by an enrolled actuary, a	rtions. I declare that I have	everningd this returning	nost including it -	maliantia - O. I. 1.1
SIGN	\/\	1 6-91	101.1112	x ()001(010	HU	
HERE	Signature of plan a	udministrator	,	* SNOVON		
SIGN	Sugrane of high s	IVIIIII ALUI	Date	Enter name of individe	ual signing as plan	administrator
IFRF -	Classic Control	4.				
i	Signature of emplo ame (including firm n	oyer/plan sponsor name, if applicable) and address (in	Date	Enter name of individu		
- Sparter 3 11	ans thiologing iiill t	іать, п аррікавіе) алд address (in	iciuae room or suite numbe	er)	Preparer's teleph	one number
			5			
or Paperwor	k Reduction Act Notic	e, see the Instructions for Form 5500	-SF.			Fa ERGA GM (A
7 (OUTS BEEN)	AS PERCENTED					Form 5500-SF (2016)

Form	5500-SF	2016
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Pa	α	ıe	4

6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ and condition	dent qualified public a	account	tant (IC	QPA)			X Yes	
•	If you answered "No" to either line 6a or line 6b, the plan can									
	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pro	ogram (see ERISA se	ection 4	1021)?		Yes	∐No	☐ Not dete	ermined
Pa	rt III Financial Information									
	Plan Assets and Liabilities		(a) Beginning				(b) End	of Year	
0.275	Total plan assets	. 7a		10108	92				11469	00
	Total plan liabilities	. 7b			_					
	Net plan assets (subtract line 7b from line 7a)	7c		10108	92				114690)0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)		12617	72					
	(2) Participants	8a(2)		499						
	(3) Others (including rollovers)	8a(2)		118						
b	Other income (loss)	8b		648						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		040					25272)1
d	Benefits paid (including direct rollovers and insurance premiums	OC							23212	
	to provide benefits)	8d		11334	19					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		336	64					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						11	1167	13
i	Net income (loss) (subtract line 8h from line 8c)	8i			5.00				13600)8
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2G 2T 2J	feature code	es from the List of Pla	an Cha	racteris	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature codes	s from the List of Plan	n Chara	acterist	ic Co	des in th	ne instru	ctions:	-
Pai	t V Compliance Questions	×								
10	During the plan year:				Yes	No	N/A		Amazunt	
а		oluntary Fid	uciary Correction	10a	103	X			Amount	
k		t? (Do not in	clude transactions	10a		х				
c				10c	Х					114690
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	l, that was caused	10d		х				
e		ner persons	by an insurance e benefits under	10e		х				
f				10f		х				
Q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-en	d.)	10g	Х					104456
	If this is an individual account plan, was there a blackout period?	(See instruc	tions and 29 CFR	- 3		х				
h	2520.101-3.)			10h						

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Page 3-	1

11	VI Pension Funding Compliance						
***************************************	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)	complet	e Sch	edule S	В		Yes 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 Contribution plan subject to the minimum funding requirements of section 412 of the Contribution (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or	section	n 302 o	f 	🛛	Yes X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	truction	s, and	d enter t		e of the let Year	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		Day		I Gai	7)700
	Enter the minimum required contribution for this plan year			12b			
C	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 sign to the I negative amount)	eft of a		12d			
<u>e</u>	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?				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 broug control of the PBGC?	ht unde	er the			Yes	X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to			
1	3c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c	(3) PN(s)
Part	VIII Trust Information		en e				
	Name of trust		Т	446 -		=11.1	
	value of trust			140	rust's I	EIN	
14c i							
	Name of trustee or custodian					's or custo ne numbe	
Part							
L			Yes				
15a 15b	IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigr safe h	n-based arbor	elepho	ne numbe	
15a 15b	IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Desigr safe h	n-based arbor nt year"	elepho	No "Prior	r
15a 15b	IX IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Desigr safe h	n-based arbor nt year"	elepho	No "Prior y test	r
15a 15b 16a	IRS Compliance Questions Is the plan a 401(k) plan? If "No," skip b		Desigresafe had Curre ADP to Ratio perce	n-based arbor nt year"	elepho	No Prior y test N/A verage	r year" ADP
15a 15b 4 16a 16b 17a	Is the plan a 401(k) plan? If "No," skip b	opinion	Design safe h Curre ADP to Ratio perce test Yes	n-based arbor nt year" est ntage	[A bosory let	No Prior y test N/A verage enefit test No ter, enter t	year" ADP
15a 15b 16a 16b 17a	Is the plan a 401(k) plan? If "No," skip b	opinion	Design safe h Curre ADP to Ratio perce test Yes	n-based arbor nt year" est ntage	[A bosory let	No Prior y test N/A verage enefit test No ter, enter t	year" ADP
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