Form **5307**(Rev. September 2001)

Application for Determination for Adopters of Master or Prototype or Volume Submitter Plans

For IRS Use Only

OMB No. 1545-0200

(Under sections 401(a) and 501(a) of the Internal Revenue Code)

nterna	al Revenue Service	(Officer Sections 401(a) and 50	r(a) or the line	mai Revenue Code)				
Revi	ew the Procedural	Requirements Checklist on page	e 4 before sub	mitting this application.				
1a	Name of plan sponsor (employer if single-employer plan)				1b Employer id	1b Employer identification number		
	Number, street, and room or suite no. (If a P.O. box, see instructions.)				1c Employer's tax year ends—Enter (MM)			
	City		State	ZIP code	1d Telephone r	umber		
					()			
2a	Person to contact if r and Declaration of R complete the rest of t Name	more information is needed. (See instruc epresentative, or other written designat his line.)	tions.) (If Form 2 ion is attached,	2848, Power of Attorney check box and do not ▶	1e Fax number			
	Number, street, and re	oom or suite no. (If a P.O. box, see instru	uctions.)		2b Telephone r	umber		
	City		State	ZIP code	2c Fax number			
	Determination red	quested for (enter applicable nu	mber(s) in the	box and fill in required	information.) (Se	ee instructions.))	
	Enter 1 for	Initial Qualification—Date plan si	igned ▶	/				
		a request after Initial Qualification	on /					
		dment effective ►/						
		Standardized Plans (See instruct				v 🖂	,	
b	Has the plan received a determination letter? Yes ☐ No ☐ Date of letter ►							
	If "Yes" submit a copy of the latest letter and subsequent amendments.							
	Number of amendments ►							
_			-		netructions)	. Yes	No 🗆	
d	c Have interested parties been given the required notification of this application? (See instructions) Yes Does the plan have a cash or deferred arrangement (section 401(k))?						No \square	
e							No \square	
f	Does the plan have after-tax employee voluntary contributions (section 401(m))? Yes							
g		Does the plan provide for disparity in contributions or benefits that is intended to meet the permitted disparity requirements of section 401(I)?						
4a		an name may not exceed 66 ch		uding spaces.):		00		
		Enter 3-digit plan number Enter date plan year ends (MMD		d Enter plan'se Enter numb	•	•		
5	1—profit- 2—money 3—target	plan by entering the number from sharing and/or 401(k) y purchase benefit d benefit but not cash balance	n the list belo	ow.				
	er penalties of perjury, I	declare that I have examined this applica	ation, including a	ccompanying statements and	schedules, and to th	e best of my knowle	edge and	
	Name ►		Title ►					
Signa	ature >				D	ate ▶		

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		Yes No				
6a b	Is the employer a member of an affiliated service group?					
	control?					
7a	Is this a master or prototype plan?					
b	Is this an approved volume submitter plan?					
С	Are there modifications to the volume submitter plan or are there addenda to the adoption agreement? If "Yes," attach a list of the modifications and see the instructions under What to File and Who May Not File .					
d	Are there any "Other" boxes selected in the adoption agreement?					
8a	Is this a governmental plan?					
	If "Yes," is the plan a state level plan?					
b	Is this a nonelecting church plan?					
	Is this a collectively bargained plan? (See Regulations section 1.410(b)-9)					
	Is this a section 412(i) plan?					
9a	Do you maintain any other qualified plan(s) under section 401(a)?					
	If "Yes," attach required statement in the instructions for line 9a.					
b	If "No," skip to line 9d. Do you maintain another plan of the same type (i.e., both this plan and the other plan are defined contribution					
	plans or both are defined benefit plans) that covers non-key employees who are also covered under this plan?					
	If "Yes," when the plan is top-heavy, do the non-key employees covered under both plans receive the required top-heavy minimum contribution or benefit under:					
	(1) This plan?					
•	If this is a defined contribution plan, do you maintain a defined benefit plan (or if this is a defined benefit plan,					
C	do you maintain a defined contribution plan, that covers non-key employees who are also covered under this plan?					
	If "Yes," when the plan is top-heavy, do non-key employees covered under both plans receive:					
	(1) the top-heavy minimum benefit under the defined benefit plan?					
	(2) at least a 5% minimum contribution under the defined contribution plan?					
	(3) the minimum benefit offset by benefits provided by the defined contribution plan?					
	(4) benefits under both plans that, using a comparability analysis, are at least equal to the minimum benefit?					
	(See instructions.)					
d	(or was) a participant in this plan and any other plan of the employer?					
	Miscellaneous	N N- 1				
	N/A	A Yes No				
10a	Does any amendment to the plan reduce or eliminate any section 411(d)(6) protected benefit including an					
	amendment adopted after September 6, 2000, to eliminate a joint and survivor annuity form of benefit?					
	(See instructions.)					
b	Are trust earnings and losses allocated on the basis of account balances in a defined contribution plan?					
_	If "No," attach a statement explaining how they are allocated. Is this plan or trust currently under examination or is any issue related to this plan or trust currently pending	/X////X/////				
С	before:					
	The Internal Revenue Service,					
	The Department of Labor,					
	The Pension Benefit Guaranty Corporation, or					
	• Any court	Dannikunni.				
	If "Yes," attach a statement explaining the issues involved, the contact person's name (IRS Agent, DOL Investigator, etc.) and their telephone number. Do not answer "Yes" if the plan has been submitted under the Voluntary Compliance Program of the Employee Plans Compliance Resolution System (EPCRS).					

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Form 5307 (Rev. 9-2001) Optional determination request regarding the ratio percentage test. A determination regarding the average benefit test may be requested by attaching Schedule Q (Form 5300). No Is this a request for a determination regarding the ratio percentage test of Regs. section 1.410(b)-2(b)(2) or a request for a determination regarding one of the special requirements of Regs. section 1.410(b)-2(b)(5), (6), or (7)? If "Yes," complete only lines 11a through 11n for a ratio percentage test determination, or complete only line 110 for a determination regarding one of the special requirements. If "No," skip to line 12. a Is this plan disaggregated into two or more separate plans that are not 401(k), 401(m), or profit-sharing plans? If "Yes," see the instructions and attach separate schedules for each disaggregated portion b Does the employer receive services from any leased employees as defined in section 414(n)? c Coverage date (MMDDYYYY). See instructions for inserting date Total number of employees (include self-employed individuals) (employer-wide) Statutory and regulatory exclusions under this plan (do not count an employee more than once): (1) Number of employees excluded because of minimum age or years of service required . . . (2) Number of employees excluded because of inclusion in a collective bargaining unit (3) Number of employees excluded because they terminated employment with less than 501 hours (4) Number of employees excluded because employed by other qualified separate lines of business (5) Number of employees excluded because they were nonresident aliens with no earned income Total statutory and regulatory exclusions (add lines 11e(1) through 11e(5)) h Number of nonexcludable employees on line 11g who are highly compensated employees (HCEs). Number of nonexcludable HCEs on line 11h benefiting under the plan Number of nonexcludable employees who are nonhighly compensated employees (NHCEs) (subtract **k** Number of nonexcludable NHCEs on line 11j benefiting under the plan **m** Enter the ratio percentage for the following, if applicable: (1) Section 401(k) part of the plan n Are the results on line 11I or 11m based on the aggregated coverage of more than one plan? . . . If "Yes," attach a statement showing the names, plan numbers, EINs, and benefit/allocation formulas of the other plans. All aggregated plans should be filed concurrently. o If the plan satisfied coverage using one of the special requirements of Regulations section 1.410(b)-2(b)(5), (6), or (7), enter the letter from the list below that identifies the special requirement: A-1.410(b)-2(b)(5)-No NHCEs employed B—1.410(b)-2(b)(6)—No HCEs benefit C—1.410(b)-2(b)(7)—Collectively bargained only Optional determination request regarding the nondiscrimination design-based safe harbors of section 401(a)(4). Section 401(k) and/or section 401(m) plans that do not contain a provision for discretionary contributions should not complete this line. No Is this a request for a determination regarding a design-based safe harbor under section 401(a)(4)? If "Yes," complete the following: Design-based nondiscrimination safe harbors: a Does the plan provide for disparity in contributions or benefits that is intended to meet the permitted disparity requirements of section 401(I)? If "Yes," answer line 12b. Otherwise, skip to line 12c. **b** Do the provisions of the plan ensure that the overall permitted disparity limits will not be exceeded? . c Enter the letter ("A" – "G") from the list below that identifies the safe harbor intended to be satisfied ▶ A-1.401(a)(4)-2(b)(2) defined contribution (DC) plan with uniform allocation formula B—1.401(a)(4)-3(b)(3) unit credit defined benefit (DB) plan E-1.401(a)(4)-3(b)(5) insurance account C=1.401(a)(4)-3(b)(4)(i)(C)(1) unit credit DB fractional rule plan F—1.401(a)(4)-8(b)(3) target benefit plan

List the plan section(s) that satisfy the safe harbor (including, if applicable, the permitted disparity requirements)

D—1.401(a)(4)-3(b)(4)(i)(C)(2) flat benefit DB plan

here:

G—1.401(a)(4)-8(c)(3)(iii)(b) cash balance plan

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Procedural Requirements Checklist

********Form 5307******

Use this list to ensure that your submitted package is complete. Failure to supply the appropriate information may result in a delay in the processing of the application. Is Form 8717, User Fee for Employee Plan Determination Letter Request, attached to your submission? Is the appropriate user fee for your submission attached to Form 8717? If appropriate, is Form 2848, Power of Attorney and Declaration of Representative, or a privately designated authorization attached? (For more information, see the Disclosure Request by Taxpayer in the instructions.) Is a copy of your plan's latest determination letter, if any, attached? Is the Employer Identification Number (EIN) of the plan sponsor/employer (NOT the trust's EIN) entered on line 1b? Does line 4d list the plan's original effective date? Is the application signed and dated? Have interested parties been given the required notification of this application? (See the instructions for line 3c.) If your plan is a master or prototype, have you included a copy of the adoption agreement and opinion letter? If your plan is a volume submitter, have you included: A copy of the plan document; The current advisory letter; A list of modifications from the approved plan; A copy of the trust instrument; and A copy of the plan amendments? (See What To File in the instructions.) If you answered "Yes" to line(s) 6a and/or 6b, have you included the information requested in the instructions for lines 6a and 6b? If you answered "Yes" to line 9a, have you included the information specified in the instructions for line 9a?



If filing a Schedule Q, are all appropriate demonstrations attached?

Demo 5

Demo 6

Demo 7

(See Instructions for Schedule Q)

Demo 1

Demo 3

Demo 4

If you are requesting additional determinations, is page 3 completed and/or the Schedule Q attached?

Demo 8

Demo 9 Demo 10 Demo 11