| | m 5500-SF | Short Form Annu | al Return/Repo Benefit Plan | rt of Small Employe | e | OMB Nos. 1210-0110 1210-0089 |
|--------------------------|---|--|--|--|------------------------------------|---------------------------------|
| | rtment of the Treasury nal Revenue Service | | d under sections 104 an | d 4065 of the Employee Retirer | | 2016 |
| | epartment of Labor enefits Security Administration | Income Security Act of 1974 | (ERISA), and sections 6 Revenue Code (the Co | 6057(b) and 6058(a) of the Inter ode). | This | Form is Open to |
| Pension Be | enefit Guaranty Corporation | Complete all entries in a | accordance with the in | structions to the Form 5500-S | | blic Inspection |
| Part I | | dentification Information | 016 | 00/45/ | 0040 | |
| For calenda | ar plan year 2016 or fisc | | | and ending 09/15/2 | | |
| A This ret | urn/report is for: | a single-employer plan | | plan (not multiemployer) (Filers employer information in accord | - | |
| B This retu | urn/report is | the first return/report an amended return/report | $\stackrel{\scriptstyle 	imes}{\scriptstyle 	imes}$ the final return/repo $\stackrel{\scriptstyle 	imes}{\scriptstyle 	imes}$ a short plan year ret | rt turn/report (less than 12 months | s) | |
| C Check b | box if filing under: | Form 5558 | automatic extension | n 🗌 D | FVC program | |
| | | special extension (enter descr | , , | | | |
| Part II | | mation—enter all requested inf | ormation | | | |
| 1a Name SOUTH SOL | of plan JND SURGERY CENTE | R 401(K) PLAN | | | Three-digit plan number (PN) | 001 |
| | | | | 10 | Effective date | of plan 01/2006 |
| Mailing | address (include room, | er, if for a single-employer plan) , apt., suite no. and street, or P.C country, and ZIP or foreign post | | | | ntification Number 1414974 |
| SURGERY C | ENTER OF OLYMPIA, H SOUND SURGERY C | LLC | | 2c | Sponsor's tele 360-4 | ephone number 86-6301 |
| | ENCE LANE NORTH E | | | 2d | | e (see instructions) 1493 |
| 3a Plan a | dministrator's name and | address X Same as Plan Spor | nsor. | 3b | Administrator | s EIN |
| | | | | 3c | Administrator' | s telephone number |
| | | blan sponsor has changed since per from the last return/report. | the last return/report file | d for this plan, enter the 4b | EIN | |
| a Sponse | or's name | - | | 4c | PN | |
| 5a Total r | number of participants a | t the beginning of the plan year | | | 5a | 52 |
| b Total r | number of participants a | t the end of the plan year | | 5 | 5b | C |
| | · · | count balances as of the end of | | | 5c | C |
| d(1) Tota | al number of active parti | cipants at the beginning of the pl | an year | | d(1) | 50 |
| • • | | cipants at the end of the plan yea rminated employment during the | | hanafita that wara laga | d(2) 5e | |
| | | in a smallete filling of this setur | | | | |
| Under pena SB or Sche | alties of perjury and othe | incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, a rete. | ctions, I declare that I ha | ve examined this return/report, | including, if app | |
| SIGN | | alid electronic signature. | 01/18/2017 | CHARLES E. HUGGINS, II | I | |
| HERE | Signature of plan ad | ministrator | Date | Enter name of individual si | igning as plan a | dministrator |
| SIGN | griater o or plan da | | 2000 | | . <u></u> | |
| HERE | Signature of employe | er/nlan sponsor | Date | Enter name of individual si | ianina as emplo | ver or plan sponsor |
| Preparer's | | me, if applicable) and address (ir | | | parer's telepho | |
| | | soo the Instructions for Form 5500 | | | | Form 5500-SE (2016) |

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions)

Net income (loss) (subtract line 8h from line 8c)......

Part IV Plan Characteristics

i.

j

9a

b

| 6a b | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an indeper | ndent qualified public accountant (IC | QPA) |
|---------|---|------------|---------------------------------------|-----------------|
| | If you answered "No" to either line 6a or line 6b, the plan cann | | | |
| C | If the plan is a defined benefit plan, is it covered under the PBGC in | | | |
| | | | | |
| Ра | rt III Financial Information | 1 | · | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
| а | Total plan assets | 7a | 1701324 | 0 |
| b | Total plan liabilities | 7b | 0 | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1701324 | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 44959 | |
| | (2) Participants | 8a(2) | 98076 | |
| | (3) Others (including rollovers) | 8a(3) | | |
| b | Other income (loss) | 8b | 54733 | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 197768 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 1897410 | |
| е | Certain deemed and/or corrective distributions (see instructions). | 8e | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 1682 | |
| g | Other expenses | 8g | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 1899092 |

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2F 2T

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

-1701324

| c Was the plan covered by a hidelity 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? 10d X 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X P Didthe plan benefits and benefits under the plan? X X | | | | rt V Compliance Questions | Par |
|---|-----------------------|-----|-----|---|-----|
| described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 1 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 X 1 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.) 10f X 1 f Has the plan failed to provide any benefit when due under the plan? 10f X 1 | Yes No N/A Amount | Yes | | During the plan year: | 10 |
| reported on line 10a.) 10b X C Was the plan covered by a fidelity bond? | | | 10a | described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction | а |
| 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? 10d X 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.) 10e X 10e f Has the plan failed to provide any benefit when due under the plan? 10f X 10f | | | 10b | | b |
| by fraud or dishonesty? 10d ^ 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.) 10e × 10e f Has the plan failed to provide any benefit when due under the plan? 10f × 10f | · 10c X 170133 | X | 10c | Was the plan covered by a fidelity bond? | C |
| carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X f Didthcode benefits and benefit when due under the plan? X X | | | 10d | | d |
| 1 Has the plan failed to provide any benefit when due under the plan? | . 10e X 5331 | x | 10e | carrier, insurance service, or other organization that provides some or all of the benefits under | е |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g | X | | 10f | | f |
| | · 10g X | | 10g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | g |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X | . 10h X | | 10h | ······································ | h |
| 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 | | i |

| Part | VI | Pension Funding Compliance | | | | | | |
|------|----------|---|----------|------------------------|------------------|----------------|-----------------------|-----------------|
| 11 | | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below) | | | | | · [] ا | Yes 🗌 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 | | | | | | Yes 🗙 No |
| | | SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | | vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insi | tructior | ns, and | l enter t | he date | of the lette | er ruling |
| | <u> </u> | ting the waiver | | | _ Day | / | Year _ | |
| lf | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 | 13. | 1 | | | | |
| b | Enter | the minimum required contribution for this plan year | | | 12b | | | |
| с | Enter | the amount contributed by the employer to the plan for this plan year | | | 12c | | | |
| d | | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litive amount) | | | 12d | | | |
| е | Will | 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 resolution to terminate the plan been adopted in any plan year? | | | | X Ye | s 🗌 N | lo |
| | | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | 0 |
| b | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC? | - | | | | X Yes | No |
| C | | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.) | fy the p | olan(s) | to | | | |
| 1 | 13c(1) | Name of plan(s): | | 13c(2) | EIN(s) | | 13c(3 | 8) PN(s) |
| | | | | | | | | |
| | | | | | | | | |
| Part | VIII | Trust Information | | | | | | |
| 14a | Name | of trust | | | 14b ⊺ | Frust's I | EIN | |
| | | | | | | | | |
| 14c | Name | e of trustee or custodian | | | 14d 1 | Frustee | 's or custod | lian's |
| | | | | | 1 | telepho | ne number | |
| 1 | | | | | | | | |
| Par | t IX | IRS Compliance Questions | | | | | | |
| 15a | Is the | plan a 401(k) plan? If "No," skip b | | Yes | | | No | |
| | | did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply: | | Desig safe h | n-basec arbor | ł | Prior ye test | ear" ADP |
| | | | | "Curre ADP t | ent year est | 33 | N/A | |
| 16a | | testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply: | | Ratio perce test | entage | | verage enefit test | N/A |
| 16b | | ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? | | Yes | | | No | |
| | the le | | - | | | | | |
| | letter | | nter the | e date | of the m | nost rec | ent determi | ination |
| 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 ce? | | from | Ye | s | No | |
| 19 | Was | any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | | | Yes | s | No | |

| | | | the second s | | |
|---|---|---|--|--------------------------|--|
| Form 5500-SF | Short Form Ann | ual Return/Report Benefit Plan | of Small Emplo | yee | QMU Nos 1210-0110 1210-0989 |
| Department of the Traceury Internet Revenue Service | This form is required to be fi | led under sections 104 and | 4065 of the Employee Re | tirement | 2016 |
| Dopinitment of Labor Employee Bonoth Security Administration | 1 | 4 (ERISA), and sections 60 Revenue Code (the Code | B). | | This Form is Open to Public Inspection |
| Provide Banelit Guaranty Corporation | P CONTRACTOR AND ADDRESS IN | n accordance with the inst | ructions to the Form 55 | 00-SF. | |
| | t Identification Informatio | | when we have | | C / DELS |
| For calendar plan year 2010 or | and a second | 01/01/2036 | and ending | | 5/3616 |
| A This return/report is for: | X a single-employer plan | | lan (not mutilemployer) (F nployer information in acc | | |
| | C a sus paragram part | | | | |
| B This return/report is | the first return/report | X the final return/report | | | |
| | an amended return/report | x a short plan year retu | rn/report (less than 12 mc | nins) | |
| C Check box if filing under: | Form 5558 | automatic extension | | DFVC pt | ogram |
| | special extension (enter des | scription) | | | |
| Part II Basic Plan Inf | formation-enter all requested | information | | | |
| a Name of plan | | | | 1b Three | e-digit |
| JUTH SOUND SURGERY | CENTER 401(K) PLAN | | | , | number 001 |
| | | | | (PN) | |
| | | | | | live date of plan 1/2006 |
| | loyer, if for a single-employer plan | | - | 2b Empl | oyer Identification Number |
| Mailing address (include ro | iom, apt., suite no. and street, or F nce, country, and ZIP or foreign po | 2.0, Box) Istal code (if foreign, see ins | tructions) | | 20-1414974 |
| Surgery Center Of (| | Notes board (in foreight) boo mb | in o site in a s | | sor's telephone number |
| | D/B/A SOUTH SOUN | D SURGERY CENTER | 4 | | 486-6301 |
| 10 Providence Lane | , , | | | ∠ 9 Busir 6214 | ess code (see instructions) 93 |
| 01.vapita | WA 98506 | | | | |
| 3a Plan administrator's name | and address X Same as Plan S | 20(150) | | 3b Admi | nistrator's EIN |
| | | | | | nistrator's telephone number |
| | the plan sponsor has changed sine number from the last return/report. | | for this plan, enter the | 4b EIN | |
| a Sponsor's name | | | | 4c PN | |
| 5a Total number of participan | its at the beginning of the plan yea | | 10 01 000 10000 1000 1000 | 5a | |
| b Total number of participan | its at the end of the plan year | | | 5b | |
| c Number of participants wit | th account balances as of the end | of the plan year (only define | d contribution plans | 5c | |
| | participants at the beginning of the | | | 5d(1) | |
| () | | | | 5d(2) | |
| | participants at the end of the plan at terminated employment during | | | | |
| | at terminated employment during | | | 50 | |
| Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed | te or incomplete filing of this rot other penalties set forth in the ins and signed by an enrolled actuar | urn/report will be assesse tructions, I declare that I hav | d tibless reasonable car re examined this returnitie | port, includi | ng, il applicable, a Schedule |
| belief, it is true, councy and or | | 1, halin | Charles E. Huy | wine | ΓTT |
| ucoc | DITONISIAN | | | | |
| Signature of plan | administrator | Date | Enter name of Individ | ual signing | as plan administrator |
| SIGN | | المحمد والمتعجز والمترج والمتر | | - 3 N - 4 | |
| Signature of emp | ployar/plan eponsor n name, if applicable) and address | Date (include room or suite num | | | as employer or plan sponso s telephone number |
| For Puperwork Reduction Act Ne | dice, ver the Instructions for form t | :600-SF | | | Form 6600-87 (201 v 1602 |

| 6a b | | an independ and conditio | dent qualified public accountant (IC ons.) | PA) 🛛 🕅 Yes 🗌 No |
|---------|--|-----------------------------|--|------------------|
| с | If the plan is a defined benefit plan, is it covered under the PBGC in | | | |
| Pa | rt III Financial Information | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
| a | Total plan assets | 7a | 1,701,324 | 0 |
| b | Total plan liabilities | 7b | 0 | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1,701,324 | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | 1.1.1 | (a) Amount | (b) Total |

| | income, expenses, and transfers for this hart real | 100 March 100 Ma | (a) Anounc | (b) rotai |
|---|---|--|------------|------------|
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 44,959 | |
| | (2) Participants | 8a(2) | 98,076 | |
| | (3) Others (including rollovers) | 8a(3) | | |
| b | Other income (loss) | 8b | 54,733 | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 197,768 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 1,897,410 | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 1,682 | |
| g | Other expenses | 8g | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 1,899,092 |
| i | Net income (loss) (subtract line 8h from line 8c) | 81 | | -1,701,324 |
| J | Transfers to (from) the plan (see instructions) | 8j | | |

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: 2E 2G 2J 2K 3D 2F 2T

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: | | Yes | No | 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 | | x | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | x | | |
| с | Was the plan covered by a fidelity bond? | 10c | х | | | 170,133 |
| 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 | | x | | |
| 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.). | 10e | x | | | 5,331 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | x | | |
| 1 | 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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Page 3-

| Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched (Form 5500) and line 11a below) | | |
|---|--|--|
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched | | |
| | lule SB | 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 Code or section 3 ERISA? | 302 of | Yes X No |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e | enter th | e date of the letter ruling |
| granting the waiver. | Day | Year |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | |
| b 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 | |
| all on the well with the top of a line well to line 40h. Enter the result (order a printly of the left of a | 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? | ľ | X Yes 🗌 No |
| 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 brought under the control of the PBGC? | | X Yes 🗌 No |
| C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | | |
| 13c(1) Name of plan(s): 13c(2) E | EIN(s) | 13c(3) PN(s) |
| | | |
| Part VIII Trust Information | | |
| 14a Name of trust | 14b ⊺ | rust's ElN |
| 14c Name of trustee or custodian | | rustee's or custodian's elephone number |
| | | |
| Part IX IRS Compliance Questions | | |
| | | No |
| | arbor nt year' | "Prior year" ADP test |
| 15a Is the plan a 401(k) plan? If "No," skip b. Yes 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Design safe has a for employee deferrals under section 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio percentest 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio percentest | arbor nt year' est | "Prior year" ADP test |
| 15a Is the plan a 401(k) plan? If "No," skip b. Yes 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Design safe has a fer has a | arbor ht year' est htage | "Prior year" ADP test N/A Average benefit test N/A No |
| 15a Is the plan a 401(k) plan? If "No," skip b. Yes 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Design safe has a for a constraint of the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percentest 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? Yes 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter the letter and the serial number | arbor ht year' st ntage or advis | "Prior year" ADP test N/A Average benefit test N/A No sory letter, enter the date of |
| 15a Is the plan a 401(k) plan? If "No," skip b. Yes 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Design safe ha 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? Yes 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter the letter And the serial number 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of letter If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of letter | arbor ht year' st ntage or advis | "Prior year" ADP test N/A Average benefit test N/A No sory letter, enter the date of |
| 15a Is the plan a 401(k) plan? If "No," skip b. Yes 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Design safe hat 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percer test 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? Yes 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter the letter Yes 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date opinion Yes | arbor ht year' st ntage or advis | "Prior year" ADP test N/A Average benefit test N/A No sory letter, enter the date of nost recent determination |