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 calend		scal plan year beginning 01/01/2		and ending	12/31/2016							
A This re	turn/report is for:	a single-employer plan	list of participating		ultiemployer) (Filers checking this box must attach a primation in accordance with the form instructions.)							
B This ret	urn/report is	a one-participant plan the first return/report	a foreign plan the final return/report									
	·	an amended return/report	a short plan year re	turn/report (less than 12 r	months)							
C Check	box if filing under:	Form 5558	automatic extensio	n	DFVC program							
		special extension (enter desc	. ,									
Part II		ormation—enter all requested in	formation		T							
1a Name THE IMAGII	of plan NG INSTITUTE 401K I	PLAN			1b Three-digit plan number (PN) ▶	001						
					1c Effective date	e of plan 1/01/2004						
Mailin	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C		potruotiono)		entification Number 2-0699758						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE IMAGING INSTITUTE					2c Sponsor's telephone number 401-490-0044							
380 OCEAN NARRAGAN	ROAD ISETT, RI 02882					de (see instructions) 21510						
3a Plan a	administrator's name a	nd address X Same as Plan Spo	nsor.		3b Administrator	r's EIN						
					3c Administrator	r's telephone number						
		e plan sponsor has changed since mber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN							
	sor's name	mber from the last return/report.			4c PN							
5a Total	number of participants	at the beginning of the plan year.			5a	(
b Total	number of participants	at the end of the plan year			5b	(
		account balances as of the end of		•	5c	(
d(1) Tot	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	:						
d(2) To	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)							
e Num	ber of participants that	terminated employment during the	plan year with accrued	benefits that were less	5e							
		or incomplete filing of this return										
SB or Sch		her penalties set forth in the instrund signed by an enrolled actuary, a plete.										
SIGN		/valid electronic signature.	02/23/2017	DANIEL DIPRETE								

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

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

HERE

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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	ole assets?	? (See instructions.)						X Yes	No
C if the plans 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 condi	tions.)						X Yes	☐ No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) Total plan isabilities 7b 881894 10688666 10688666 10688666 10688666 10688666 10688666 10688666 10688666 10688666 10688666	_						_	-		Not data	rminad
7 Plan Assets and Liabilities 7 Read		<u> </u>	isurarice p	ologiam (see ENISA se	2011011 4	021):		162		I NOT dete	IIIIIIIeu
a Total plan isabilities. 7b 10tal plan isabilities. 7b 10tal plan isabilities. 7b 10tal plan isabilities. 7b 10tal plan isabilities. 7c 10tal plan isabilities. 8c 10tal plan isabilit	_ Pa			(a) Be atomic a	- (V				(b.) F = 1 = 1		
D Total plan liabilities			70					•	(b) End o		
C. Net plan assets (subtract line 7b from line 7a)	_	·									
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 105386 (2) Participants. 8a(2) 36000 (3) Others (including rollovers). 8a(3) 43226 (5) Other income (loss). 8 B					891894					1069866	
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Other expenses. (9) Other expenses. (9) 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. (6) 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. (6) Other expenses. (6) 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. (6) Other expenses. (6) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (640) (640) (741) (741) (741) (741) (741) (742) (743) (744) (744) (744) (745)			,,,	(a) Amour	nt				(b) To	tal	
(1) Employers 8a(1) 105-388 (2) Participants 8a(2) 36000 (3) Others (including rollovers) 8a(3) (3) Others (including rollovers) 8a(3) (4) Others (including rollovers) 8a(3) (5) Others (including rollovers) 8a(4) (6) Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b 43226 (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 184612 (8) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 6d 9d				` ` `					(5) 10	·ui	
(a) Others (including rollovers)			8a(1)								
b Other income (loss)		(2) Participants	8a(2)		36000)					
C Total income (add lines 3a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		43226						
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)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							184612	
f Administrative service providers (salaries, fees, commissions)	d		8d								
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions).	8e		6640)					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f								
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							6640	
Part IV Plan Characteristics	i	Net income (loss) (subtract line 8h from line 8c)	8i						177972		
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)	8i								
9a	Pai	t IV Plan Characteristics		•							
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? 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	9a	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 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	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 instruc	tions:	
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	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	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 \	oluntary F	Fiduciary Correction	102		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?		Was the plan covered by a fidelity bond?			10c	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						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 oth carrier, insurance service, or other organization that provides son	her persor ne or all of	ns by an insurance the benefits under	10e	X					2892
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	as of year-	end.)	10g		X				
	_ h	·	•		10h		X				
	i				10i						

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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					
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

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).

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		ldentification Information							
For calenda	ar plan year 2016 or t	iscal plan year beginning	01/01/2016	and ending	12/31/2	2016			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer) oployer information in a					
	,	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	n/report (less than 12 m	nonths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC progra	ım			
		special extension (enter desc							
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name					1b Three-dig	it			
THE IMAG	GING INSTITUT	E 401K PLAN			plan numt (PN) ▶	per 001			
						date of plan			
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2b Employer	Identification Number			
	town, state or provin AGING INSTITU	ce, country, and ZIP or foreign post TE	tal code (if foreign, see insti	ructions)		telephone number			
380 OCE	EAN ROAD					code (see instructions)			
NARRAGA	NSETT	RI 02882							
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spo	nsor.		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total i	number of participant	s at the beginning of the plan year.		•••••	5a				
b Total r	number of participant	s at the end of the plan year			5b	6			
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	6			
•	•	articipants at the beginning of the p			5d(1)				
		articipants at the end of the plan ye			5d(2)				
e Numb	per of participants that	t terminated employment during the	e plan year with accrued be	nefits that were less	5e	O			
Caution: P	penalty for the late	or incomplete filing of this retur	nireport will be assessed	uniess reasonable ca	use is establish	ed.			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, applete.							
SIGN			2/23/17	DANIEL DIPRET	E				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pl	an administrator			
SIGN HERE					· · · · · · · · · · · · · · · · · · ·				
		oyer/plan sponsor	Date	Enter name of individ		nployer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite number	er)	Preparer's tele	phone number			

	Form 5500-SF 2016	V	Page 2				
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 if you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	ndent qualified public account tions.) orm 5500-SF and must instea	ant (IC	PA) Form	5500.	X Yes No
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
a	Total plan assets	7a	891,	894			1,069,866
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	891,	894			1,069,866
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а 	Contributions received or receivable from: (1) Employers	8a(1)	105,3	386			
	(2) Participants	8a(2)	36,	000			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	43,	226			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					184,612
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	6,	640			
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6,640
i_	Net income (loss) (subtract line 8h from line 8c)	8i					177,972
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 2A 2E 2G 2J 2K 3D	feature co	odes from the List of Plan Char	racteri	stic Co	des in	the instructions:
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						
Pai					,		
10	During the plan year:			Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction		х		

10	During the plan year:		Yes	No	N/A	Amount
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)	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		
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	х			2,892
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				

Form 5500-SF 2016 Page 3-								
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	ns and com	plete Sch	edule S	в	П	res ∏ No		
(Form 5500) and line 11a below)		· 			U			
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) lin 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412					1.11			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 c ERISA?						res 🛭 No		
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver.	, see instruc	tions, and	d enter t		f the lette Year_	r ruling		
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					
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	n to 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?				Yes	X N	0		
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, control of the PBGC?	or brought	under the			Yes [x] No		
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.)	(s), identify t	he plan(s) to					
13c(1) Name of plan(s):		13c(2	EIN(s)		13c(3) PN(s)		
Part VIII Trust Information								
14a Name of trust			14b ⁻	Trust's EIN	N			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Part IX IRS Compliance Questions			I			<u> </u>		
15a is the plan a 401(k) plan? If "No," skip b		Yes			No			
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under sectio 401(k)(3) for the plan year? Check all that apply:		Design-based "Prior safe harbor" test "Current year" N/A				ear" ADP		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the year? Check all that apply:		Ratio			rage efit test	□ N/A		

No

Yes

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

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 letter _____.