## 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** 

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit DOUGLASS CERTIFIED PROSTHETICS & ORTHOTICS, INC. 401K PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 03/01/2003 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1705254 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number DOUGLASS CERTIFIED PROSTHETICS & ORTHOTICS INC. 206-363-7790 2d Business code (see instructions) 10740 MERIDIAN AVE N SUITE G2 621399 **SEATLE, WA 98133 3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year ...... 3 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 3 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 2 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	rue, correct, and complete.				
0.014	Filed with authorized/valid electronic signature.	06/15/2017	KIRK DOUGLASS		
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator	
SIGN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individe	ual signing as employer or plan sponsor	
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	ber ) Preparer's telephone number		
ı					

Form 5500-SF 2016 Page **2** 

	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 indepe and condi	ndent qualified public a	account	ant (IQ	PA)			X Yes	
	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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐ No	☐ Not det	ermined
	rt III Financial Information		Ι							
7	Plan Assets and Liabilities		(a) Beginning	of Year 224514			(	(b) End	of Year 87762	6
	Total plan assets	7a 	ı	224514					01102	0
	Total plan liabilities	7b	1	224514					87762	6
	Net plan assets (subtract line 7b from line 7a)	7c						4		
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	it				(b) T	otal	
	(1) Employers	8a(1)		3999						
	(2) Participants	8a(2)		26897						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		72957						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10385	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		450691						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		50						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							45074	1
i	Net income (loss) (subtract line 8h from line 8c)	8i							-34688	8
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes 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 cod	des from the List of Pla	n Chara	acterist	ic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
	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	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					30000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	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	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 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						

Form	5500	-SF	201	6

Page 3-	1
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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 c n 5500) and line 11a below)					[] `	∕es X No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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	s X N	lo
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	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
	for the	e 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	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
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 e?		rom	Ye	s [	No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

Fo	orm 5500-SF	Short Form Annua	l Return/Report	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	periment of the Treasury ternal Revenue Service	This form is required to b	e filed under sections 104	and 4065 of the Employ	88	2016
	Department of Labor Benefits Security Administration Benefit Guaranty Corporation	<b>-</b>	nternal Revenue Code (the	Code).	1 1	his Form is Open to Public Inspection
SRaft()	<u> </u>	► Complete all entries in a lidentification information		uctions to the Form 55	00-8F.	
	ndar pian year 2018 or fis		01/01/2016	and ending	12/31	/2016
A This	return/report la for:	x a single-employer plan	a list of participating	plan (not multlemployer) employer information in		ing this box must attach with the form instructions.)
B This	return/report is:	a one-participant plan the first retum/report	a foreign plan the final return/repor	1		
		an amended return/report	a short plan year ret	urn/report (less than 12 r	months)	
C Chec	k box if filing under:	Form 5558 special extension (enter desc	automatic extension		DF	VC program
Păit (	E Baele Blan Info	rmation enter all requested				
	ne of plan	armation enter all requested	Information		1b Three	∍-digit
	-	Prosthetics & Orthotic	s, Inc. 401k Prof	it Sharing		number
P1:	<u>.                                    </u>				1c Effect	tive date of plan 01/2003
Mai	ling Address (include roc	oyer, if for a single-employer plan) orn, spt., suite no. and street, or P. ce, country, and ZiP or foreign pos	O. Box)	trustions)		oyer identification Number 91–1705254
		Prosthetics & Orthotic	• •	a delions)		sor's telephone number 5) 363-7790
10'	740 Meridian Ave	N Suite G2			2d Busin 6213	ess code (see instructions)
us	Seatle WA 98133	•				
		nd address X Same as Plan Sp	onsor	٠.	3b Admir	nistrator's EIN
					36 Admir	niatrator's telephone number
4 If th	e name and/or EIN of the ne, EIN, and the plan num	pian sponsor has changed since onber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
	nsor's name				4c PN	
		at the beginning of the plan year			5a	4
		at the end of the plan year account balances as of the end of			5b	3
com	plete this item)	447444444444			5c	2
		ticipants at the beginning of the pla	-	494894944944944944444444	5d(1)	3
Nun		ticipants at the end of the plan yea erminated employment during the		andla that was	5d(2)	2
e less	than 100% vested	ammentales employment during the	pan year will accided be	Jeura ware	5e	0
		or incomplete filing of this retur				
.SB or Si	enaities of perjury and of chedule MB completed a is true, correst, and com	ther penalties set forth in the instru per signed by an enrolled actuary, plete.	ctions, I deciare that I have as well as the electronic ve	a examined this return/re raion of this return/repor	port, including t, and to the i	g, if applicable, a Schedule best of my knowledge and
SIGN	Kirk 18	and lane	. ,	KIRK DOUGLASS		
HERE	Signajúra di pian gdm	pjetrator	Date 6/15/17	Enter name of individu	el signing as i	plan administrator
SIGN	Kirk Min	eglan	77	KIRK DOUGLASS		
HERE	Signature of employer		Date 6/15/17	Enter name of individu		employer or plan sponsor
Skip ti	r's name (including firm i his question	gine, If applicable) and address (i	nclude room or suite numb	er)	Preparer's t Skip this	telephone number 8 question
•						
					1.00% (\$6.7.0)	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2016) v.160205

	Form 5500-SF 2016		Page <b>2</b>			_				
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)	•••••	•••••	•••••			x Yes	□No
b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot	nd condition	ons.)	•••••	••••••	•••••		••••••	XYes	□No
C	If the plan is a defined benefit plan, is it covered under the PBGC ins					_	_	Пм	o	etermined
		- aranco pr		. 102	.,.					
_	art III Financial Information		(a) Beginning of	F Voca	<u> </u>	Т		(b) End	of Year	
7_	Plan Assets and Liabilities Total plan assets	70	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			+		(b) Ellu		<u></u>
<u>а</u> ь	Total plan lish little	7a	1,22	44,5	14	+			877,	,626
<u>b</u>	Total plan liabilities	7b	1 00		1.4	+			077	<u></u>
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	7c	1,22 (a) Amount		14	+		(h)	877 <u>/</u> Total	,020
a	Contributions received or receivable from:		(a) Amount					(D)	Total	
	(1) Employers	8a(1)		3,9	99					
	(2) Participants	8a(2)	2	26,8	97					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	7	72,9	57					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							103,	,853
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	45	50,6	91					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			50					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							450	,741
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				_			(346,8	388)
<u>_i_</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe ${\tt 2E}$ ${\tt 2F}$ ${\tt 2G}$ ${\tt 2J}$ ${\tt 2K}$ ${\tt 2T}$ ${\tt 3D}$	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic	Codes	in the	instruction	ons:	
Pá	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		ions withir	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fic	luciary Correction							
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x				
С	Was the plan covered by a fidelity bond?	•••••	••••••	10c	x					30,000
C	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	-		10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	the benefits under	10e		х				
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 e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						

Form 5500-SF 2016	
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Page 3 -		

Part	: VI	Pension Funding Compliance				_	
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 15500 and line 11a below)				Yes 🗓	No
		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		1	
12	<b>ERISA</b>	a defined contribution plan subject to the minimum funding requirements of section 412 of the				Yes 🗵	No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruotiana	and anta	r the data	of the letter mil	
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see i g the waiver			r the date av	Of the letter rul	ing
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b	Enter tl	ne minimum required contribution for this plan year.	••••••	12b			
С	Enter tl	ne amount contributed by the employer to the plan for the plan year	•••••	12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)		12d			
е	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 r	resolution to terminate the plan been adopted in any plan year?	•••••	.	Yes	X No	
		" enter the amount of any plan assets that reverted to the employer this year			Ī		
b	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro				Yes X No	)
		of the PBGC?g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
		assets or liabilities were transferred. (See instructions.)	intily the pla	11(3) 10			
13	<b>3c(1)</b> Na	me of plan(s):	13c(2)	EIN(s)		13c(3) PN	(s)
Part	VIII	Trust Information - Skip These Questions			I		
	VIII Name	•		14b	Trust's E	IN	
		•		14b	Trust's E	IN	
14a	Name (	of trust					
14a	Name (	•				or custodian's	
14a	Name (	of trust			Trustee o	or custodian's	
14a	Name o	of trust			Trustee o	or custodian's	
14a 14c	Name o	of trust			Trustee o	or custodian's	
14a 14c Part	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  Ilan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section		<b>14</b> d	Trustee of telephone	or custodian's e number	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  lan a 401(k) plan? If "No," skip b.		Yes Design-t	Trustee of telephone	or custodian's e number  No "Prior yet	ear" ADP
14a 14c Part	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  Ilan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-t safe har	Trustee of telephone	or custodian's e number  No "Prior ye	ear" ADP
14a 14c Part 15a 15b	Name of Name o	of trustee or custodian  IRS Compliance Questions - Skip These Questions  Ilan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-tsafe har "Current ADP tes Ratio percenta	Trustee of telephone	or custodian's e number  No "Prior yet	ear" ADP
14a 14c Part 15a 15b	Name of Name o	IRS Compliance Questions - Skip These Questions  John a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  Desting method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes Design-tsafe har "Current ADP tes Ratio	Trustee of telephone	or custodian's e number  No "Prior yettest N/A Average	
14a 14c Part 15a 15b 16a 16b	Name of IX  Is the p  How did 401(k)(c)  What to gear? (c)  Did the for the If the p	IRS Compliance Questions - Skip These Questions  Plan a 401(k) plan? If "No," skip b.  Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply:  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?  In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If		Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes	Dased poor year" t	or custodian's enumber  No Prior yetest N/A  Average benefit test No	□ N/A
14a  14c  Part  15a  15b  16a  16b  17a	Name of IX  Is the p How did 401(k)(c)  What to year? (c)  Did the for the left. If the p	IRS Compliance Questions - Skip These Questions  Plan a 401(k) plan? If "No," skip b.  Id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  Plan satisfy the coverage requirements under section 410(b) for the plan check all that apply:  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?  In is a master and prototype plan (M&P) or volume submitter plan that received a favorable If	1	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or ac	Dased poor year" t	or custodian's enumber  No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a  14c  Part  15a  15b  16a  16b  17a	Name of Name o	IRS Compliance Questions - Skip These Questions  Jan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  John String method was used to satisfy the coverage requirements under section 410(b) for the plan check all that apply:  John String method was used to satisfy the coverage requirements under section 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  John String method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  John String method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?  John String method was used to satisfy the coverage requirements under section 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules?  John String method was used to satisfy the coverage requirements under section 410(b) for the plan year by combining the plan	an	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or actate of the	Dased poor year" t	or custodian's enumber  No Prior yetest N/A Average benefit test No ter, enter the de	□ N/A ate of
14a  14c  Part  15a  15b  16a  17a  17b  18	Name of IX  Is the p How did 401(k)(c)  What to year? (c)  Did the for the letter If the p letter Defined Were a service	IRS Compliance Questions - Skip These Questions  blan a 401(k) plan? If "No," skip b.  d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:  plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan year by combining this plan with any other plan under the permissive aggregation rules?  lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If er / and serial number  Benefit Plan or Money Purchase Pension Plan Only:	an	Yes  Design-t safe har "Current ADP tes  Ratio percentatest  Yes etter or actate of the	Dased poor year" t dvisory let	or custodian's enumber  No Prior yetest N/A Average benefit test No ter, enter the dent determination	□ N/A ate of