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**

Parti	Annuai Repor	t identification information				
For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016	
Δ This rot	turn/report is for:	X a single-employer plan		olan (not multiemployer) (mployer information in ac		
A IIIISTEI	tum/report is ior.	a one-participant plan	a foreign plan	mployer imormation in at	scordance with the it	om manuchons.)
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	ionths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter desc	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name			- Torridador		1b Three-digit plan number (PN) ▶	001
					1c Effective date	e of plan /01/2005
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Ide (EIN) 65	ntification Number -0986548
	town, state or provir ENT SEARCH, INC.	nce, country, and ZIP or foreign pos	stal code (if foreign, see ins	tructions)	2c Sponsor's tel	ephone number 522-3035
					2d Business cod	le (see instructions)
2500 HOLLY HOLLYWOO	WOOD BLVD., STE.	. 202			54	1110
	· 					
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrator	's EIN
					3c Administrator	's telephone number
4 If the r	name and/or FIN of t	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name	, EIN, and the plan n	umber from the last return/report.	e the last return/report filed	ioi tilis piati, effici tile		
	or's name				4c PN	
_		ts at the beginning of the plan year			5a 5b	3
		ts at the end of the plan year h account balances as of the end o				
				•	5c	3
d(1) Tota	al number of active p	participants at the beginning of the p	olan year		5d(1)	3
		participants at the end of the plan ye			5d(2)	3
		at terminated employment during th			5e	(
		e or incomplete filing of this retu				
		other penalties set forth in the instru and signed by an enrolled actuary,				
	true, correct, and cor		as well as the electronic ve	croion or this return/repor	t, and to the best of	my knowledge and
SIGN	Filed with authorized	d/valid electronic signature.	07/04/2017	ABBE MALD BUNT		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN						
HERE		loyer/plan sponsor	Date	Enter name of individ		
Preparer's	name (including firm	name, if applicable) and address (include room or suite numb	per)	Preparer's telepho	ne number

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If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of		,							es No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		,		,						× Ye	es No
Part III Financial Information Financial Informa	c						_	-	_	□ Not de	stermined
7 Plan Assets and Liabilities		<u> </u>	ilisurarice p	Togram (See LINOA Se	CHOIT 4	021):		163	Пио		, terrimieu
a Total plan sesets				(a) Danimaina	-f V	Т			(la.) E al	of Voor	
b Total plan liabilities			72						(b) Ena		92
C Net plan assets (subtract line 7b from line 7a)		·			0)					0
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 2759 (2) Participants					868257					9331	92
a Contributions received or receivable from: (1) Employers		1		(a) Amoun	nt				(b) T	otal	
(2) Participants	а	·		(1)					<u> </u>		
(3) Others (including rollovers)											
b Other income (loss). C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(2) Participants	8a(2)			_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			8a(3)								
d Benefits paid (including direct rollows and insurance premiums to provide benefits)					51275					700	2.4
to provide benefits)			8c							780.	34
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	a		8d		0						
g Other expenses. 8g 0 13099 i Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h 13099 i Net income (loss) (subtract line 8h from line 8c) 8i 64935 j Transfers to (from) the plan (see instructions) 8j 0 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: 2A 2E 2F 2J 3D 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: 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	е		8e		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		13099)					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)								130	99
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: Part V	i	Net income (loss) (subtract line 8h from line 8c)	8i							649	35
Second	j	Transfers to (from) the plan (see instructions)	8j		0						
Part V Compliance Questions	Par	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.)	9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 3D	feature co	des from the List of PI	an Cha	racteri	stic Co	odes in	the inst	ructions:	
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.). 10g K A Mamount A Mount Yes No N/A Amount X Amount A Mount X A Mount X A Mount X A Mount A Mo	b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Pla	n Chara	acterist	tic Coc	des in t	he instru	uctions:	
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)	Par	t V Compliance Questions									
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.)	10					Yes	No	N/A		Amoun	it
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	iduciary Correction	40-		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not i	nclude transactions			Χ				
by fraud or dishonesty?						X					340000
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.)	d				10d		Χ				
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 persons ne or all of	s by an insurance the benefits under			X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	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 c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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 l tive amount)			12d			
		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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	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 brougout 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	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
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:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"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	be 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							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	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 e?		rom	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?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Part I

Department of Labor Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

Annual Report Identification Information

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 section 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

or calendar pla	an year 2016 or	fiscal plan year beginning	0:	1/0	1/2016	and ending	12/3	31/2016	
A This return/r	eport is for:	a single-employer plan	a list	of pa	articipating e	lan (not multiemployer) mployer information in) (Filers che accordanc	cking this bo e with the for	ox must attach rm instructions.)
		a one-participant plan	a fore						
B This return/r	report is:	the first return/report	님		eturn/report	/ //			
		an amended return/report	a sho	п ріа	an year retu	rn/report (less than 12	monuns)		
C Check box i	f filing under:	Form 5558		natic	extension			DFVC progra	am
David II D	ania Plan Int	formation enter all requested		1					
Part II B		Officiation enter all requested	mormation	1			1b Th	ree-digit	
		CH 401(k) PLAN						an number N) ▶	001
		,,					-	fective date of	
								1/01/2005	
Mailing Ac	ldress (include r	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P	.O. Box)	foro	ian see inst	ructions)		nployer Ident IN) 65-09	tification Number 86548
•	vn, state or provi Calent Sear	nce, country, and ZIP or foreign pos ch, Inc.	stal code (II	1016	ign, see ms	idelions)		oonsor's telep	ohone number ·3035
2500 но	ollywood Bl	vd., Ste. 202						usiness code 41110	(see instructions)
	wood FL 33020	-							
3a Plan admi	nistrator's name	and address X Same as Plan Sp	onsor				3b Ad	dministrator's	EIN
							3c Ac	dministrator's	telephone number
A little com	a and/or CIN of	the plan sponsor has changed since	the last re	turn	report filed	for this plan, enter the	4b EI	N	
4 If the nam name, EIN	N, and the plan ⊓	number from the last return/report.	tile last le	turri,	report med	or this plan, enter the	110 2.		
a Sponsor's							4c PN	١	
	THE STATE OF THE S	its at the beginning of the plan year		******			. 5a		3
		ts at the end of the plan year					. 5b		3
		th account balances as of the end o							3
d(1) Total nu	ımber of active p	participants at the beginning of the p	lan year				5d(1)	4	3
d(2) Total nu	ımber of active p	participants at the end of the plan ye	аг				5d(2)	6	3
Number o		at terminated employment during the	e plan year			nefits that were	. 5e		0
Caution: A p	enalty for the la	te or incomplete filing of this retu	ırn/report	will I	oe assesse	d unless reasonable	cause is es	stablished.	
Under penalti	es of neriury and	d other penalties set forth in the inst d and signed by an enrolled actuary	ructions, I d	ecla	re that I hav	e examined this return	/report, incl	luding, if appl	licable, a Schedule ny knowledge and
		red Rus		14	117	Abbe Mald Bunt			
SIGN HERE Sign	nature of plan a		Di	ate	1, ,	Enter name of individ	dual signing	as plan adm	ninistrator
SIGN	-tur of smale	wer/wien sponsor	D	ate		Enter name of individ	dual signing	as employe	r or plan sponsor
		yer/plan sponsor m name, if applicable) and address			r suite numl		Prepare	er's telephone	e number
Skip this c	uestion		`			19	Skip	this ques	tion
	1 5 1 11 4	at Nation and the instructions for	- Farm 550	0.00				9	Form 5500-SF (2016

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)					XYes No
b	Are you claiming a waiver of the annual examination and report of all under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	nd conditions	i.)	********		*******		No
	If you answered "No" to either line 6a or line 6b, the plan canno					_	_	
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance prog	ram (see ERISA sectio	n 402	?1)?		Yes	No Not determined
Pa	rt III Financial Information	uca Da						
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of Year
а	Total plan assets	7a	86	58,2	57			933,192
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	86	58,2	57			933,192
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total
а	Contributions received or receivable from:	0-44)		2 7	EO			
	(1) Employers	8a(1)		2,7	(-0.00)			
	(2) Participants	8a(2)		24,0		177	1111	and the same of the same of
<u></u>	(3) Others (including rollovers)	8a(3)			0			
<u>b</u>	Other income (loss)	8b		51,2	75			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			107			78,034
d	to provide benefits)	8d			0	IIIIV.		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f	1	13,0	99	113		
g	Other expenses	8g			0			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						13,099
i	Net income (loss) (subtract line 8h from line 8c)	8i		-	1			64,935
i	Transfers to (from) the plan (see instructions)	8j			0			All San Control of the
Pa	rt IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan C	harac	teristi	c Code	es in the	e instructions
	2A 2E 2F 2J 3D		TOTAL COLOR OF FIGURE	na, ao	torioti	0 000	00 111 (111	o mondono.
h		turo codos fr	on the List of Dlan Ch	t	riatia	Cada	a in the	instructions
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes ir	om the List of Plan Ch	aracte	ensuc	Code	s in the	Instructions
	rt V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10a		x		
h	Program)			iva				
	reported on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			340,000
d		fidelity bond,	that was caused	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 the	benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g		х	1,-1	
h	If this is an individual account plan, was there a blackout period? (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				

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		2		
Pag	le	J	-	

Par	t VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500 and line 11a below)				□ \	res X	No
11a	Enter th	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a				
12	ERISA'	a defined contribution plan subject to the minimum funding requirements of section 412 of the C					res X	No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				-f4b- 1	_#	
a		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver			er the date av	or the I		ng
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.					
b	Enter th	ne minimum required contribution for this plan year.	•••••	12b				
С	Enter th	he 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 reamount)		12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?] Yes [] No	□ N/a	4
Par	VII	Plan Terminations and Transfers of Assets						
13a	Has a r	resolution to terminate the plan been adopted in any plan year?			Yes	х	No	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year		13a				
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	-			Yes [X No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the pla	ın(s) to				
1	3c (1) Na	me of plan(s);	13c(2	EIN(s)		13c	(3) PN(s	5)
	A							
	ostowa.							
Par	VIII	Trust Information - Skip These Questions						
	Name o			14b	Trust's El	N		
14a	Name o				Trust's El	r custod		
14a	Name o	of trustee or custodian			Trustee o	r custod		
14a	Name o	of trust			Trustee o	r custoc		
14a 14c Part 15a	Name of Name o	of trustee or custodian IRS Compliance Questions - Skip These Questions		140	Trustee of telephone	r custoce numbe	No	ar" 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-I safe har "Current	Trustee of telephone	r custoce numbe	No Prior ye est N/A	ar" ADP
14a 14c Part 15a 15b	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:		Yes Design-Isafe har "Current ADP tes Ratio percenta	Trustee of telephone	r custoce number to the transfer of the transf	No Prior ye est N/A	
14a 14c Part 15a 15b 16a 16b	Name of Name o	IRS Compliance Questions - Skip These Questions Ilan 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 and nondiscrimination requirements of sections 410(b) for the plan plan year by combining this plan with any other plan under the permissive aggregation rules? Idan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS and serial number	G opinion	Yes Design-Isafe har "Current ADP tes Ratio percentatest Yes	Dased bor year" t	Average benefit	Prior ye est N/A le test No	N/A ate of
14a 14c Part 15a 15b 16a 16b	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: esting method was used to 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? lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	G opinion	Yes Design-Isafe har "Current ADP tes Ratio percentatest Yes	Dased bor year" t	Average benefit	Prior ye est N/A le test No	N/A ate of
14a 14c Part 15a 15b 16a 16b	Is the polyher to the polyher a letter. Name of the polyher to th	IRS Compliance Questions - Skip These Questions Ilan 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 and nondiscrimination requirements of sections 410(b) for the plan plan year by combining this plan with any other plan under the permissive aggregation rules? Idan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS and serial number	S opinion enter the coarated fr	Yes Design-Isafe har "Current ADP tes Ratio percentatest Yes detter or a	Dased bor year" t	Average benefit	Prior ye est N/A le test No	N/A ate of