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

Part I		t Identification Information				
For calenda	ar plan year 2016 or f	fiscal plan year beginning 01/01/2	016 	and ending 1	2/31/2016	
∆ This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer) (aployer information in a		
A mistor	инитероп 13 юг.	a one-participant plan	a foreign plan	iproyor imormation in ac	occidance with the	ionn mondonono.
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
C Check	oox if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter descri	iption)		_	
Part II	Basic Plan Info	ormation—enter all requested info				
1a Name	of plan	ROFIT SHARING PLAN	omaton		1b Three-digit plan numbe	r
					(PN) •	002
					1c Effective da	te of plan 1/01/2010
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		ructions)		entification Number 9-3488447
FAM HOLDIN		ce, country, and zir or foreign posts	ai code (ii ioreign, see inst	detions)	2c Sponsor's to	elephone number 333-2905
11401 NE 70	ND BLVD					de (see instructions)
11491 NE 72 LADY LAKE,					5	23900
3a Plan a	dministrator's name a	and address X Same as Plan Spon	sor.		3b Administrato	r's EIN
					3c Administrato	or's telephone number
						·
4 If the r	name and/or FIN of th	ne plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b EIN	
name	EIN, and the plan nu	umber from the last return/report.	ine last return/report med r	or this plan, enter the		
a Sponse		a at the hadishing of the plan year			4c PN 5a	2
		s at the beginning of the plan years at the end of the plan year			5b	
C Numb	er of participants with	account balances as of the end of t	he plan year (only defined	contribution plans	5c	2
		articipants at the haginaing of the pla			5d(1)	
		articipants at the beginning of the pla articipants at the end of the plan yea			5d(1) 5d(2)	
e Numb	er of participants tha	at terminated employment during the	plan year with accrued be	nefits that were less	5e	(
		or incomplete filing of this return			use is established	i <u>.</u>
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instruction	tions, I declare that I have	examined this return/re	port, including, if a	oplicable, a Schedule
	rue, correct, and con	nplete. d/valid electronic signature.	07/20/2017	F. ANDY MORAN		
SIGN HERE	Signature of plan	_	Date	Enter name of individ	lual signing as plan	administrator
SIGN	Signature or plan	administrator	Date	Linter hame or marvio	idai sigililig as plati	administrator
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as emp	loyer or plan sponsor
Preparer's		name, if applicable) and address (in			Preparer's teleph	
		• • • • • • • • • • • • • • • • • • • •				

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Y	es No
	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	and condit	ions.)						X Y	es 🗌 No
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No	Not de	etermined
Par	t III Financial Information				-		-			
	Plan Assets and Liabilities		(a) Beginning	of Year				(b) Enc	l of Year	
a	Total plan assets	7a		906211				(4) = 114	20322	07
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7с	1	906211					20322	07
			(a) Amoun	nt		(b) Total				
	Contributions received or receivable from:			5/200						
	(1) Employers	8a(1)	54200							
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		96473						
	Other income (loss)	8b		90473					4500	70
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1506	/3
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f		24677	,					
	Other expenses	8g								
_ <u>.</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							246	77
	Net income (loss) (subtract line 8h from line 8c)	8i							1259	96
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	U UJ								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D	feature co	des from the List of PI	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he insti	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
а		oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		ner person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	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						

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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

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 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

P	art I Annual Report	Identification Information				
For	calendar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/2016	
A	This return/report is for:	a single-employer plan		an (not multiemployer) mployer information in a		
B	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
С	Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram
	All Danis Blass Inf					
_	Art II Basic Plan Info Name of plan	ormation enter all requested	Information		1b Three-digit	
Id		101 (L) Pursit Charies	D1		plan number	
	FAM Holdings, Inc.	401(k) Profit Sharing	Plan		(PN) ▶	002
					1c Effective date 01/01/20	
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see instr	ructions)	2b Employer Ide (EIN) 59-	entification Number 3488447
	FAM Holdings, Inc.				2c Sponsor's te (407) 33:	
	11491 NE 72nd Blvd	ı			2d Business coo 523900	de (see instructions)
	US Lady Lake FL 32162					
3a	Plan administrator's name	and address X Same as Plan Sp	onsor		3b Administrato	r's EIN
4	If the name and/or EIN of the	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	3c Administrato	r's telephone number
	name, EIN, and the plan nu	umber from the last return/report.				
= a		+ +b - b i i			4c PN	2
		s at the beginning of the plan year				2
C	Number of participants with	s at the end of the plan year a account balances as of the end of	the plan year (only defined	contribution plans	5c	2
d		articipants at the beginning of the pl			5d(1)	2
d		articipants at the end of the plan yea			5d(2)	2
е		terminated employment during the			5e	0
Ca	aution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is established.	
SI		other penalties set forth in the instru and signed by an enrolled actuary, mplete.				
S	ign J. andre	ew Movar	11	F. Andrew Mora	n	
H	IERE Signature of plan ad	ministrator	Date 7/20/17	Enter name of individu	al signing as plan ac	Iministrator
S	IGN andre	w Moran	00,00	F. Andrew Moran	n	
100,000	IERE Signature of employ	er/plan sponsor	Date 7/20 17	Enter name of individu	al signing as employ	ver or plan sponsor
	eparer's name (including firm kip this question	name, if applicable) and address (include room or suite numb	er)	Preparer's telepho Skip this que	

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)		•••••	•••••		•••••	X Yes	No
_	Are you claiming a waiver of the annual examination and report of a	,	,	ntant	(IQP/	A)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at							•••••	x Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	n 5500-SF and must inst	ead ι	use Fo	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA sectior	1 402	1)? .		Yes	☐ No	Not deteri	mined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End	of Year	
а	Total plan assets	7a	1,90	6,2	11				2,032,20	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1,90	6,2	11				2,032,20	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
а	Contributions received or receivable from:	0-(4)		4,2	00					
	(1) Employers	8a(1)	5	4,2	00					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)			72					
	Other income (loss)	8b 8c	9	6,4	/3				150 65	
d d	Benefits paid (including direct rollovers and insurance premiums	80							150,67	3
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	2	4,6	77					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							24,67	7
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i							125,99	6
<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	eature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instruction	ons:	
	2A 2E 2F 2G 2J 2R 3D									
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	ns:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	1 71		•							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	•	, and the second							
	Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
				10c	х				500,	,000
									<u> </u>	
	by fraud or dishonesty?	•	·	10d		х				
е	, , , , , , , , , , , , , , , , , , , ,	•	,							
	carrier, insurance service, or other organization that provides som- the plan? (See instructions.)			10e		х				
f	,			10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd.)	10g		х				
<u>e</u> h		-	· · · · · · · · · · · · · · · · · · ·	9		 -				
	2520.101-3.)	••••••	••••••	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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Part VI	Pension Funding Compliance					
	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an rm 5500 and line 11a below)				Yes X N	lo
11a Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a			
ER	his a defined contribution plan subject to the minimum funding requirements of section 412 of the SA?				Yes X N	lo
	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	inatruationa	and anta	r tha data	of the letter milion	
	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see nting the waiver			r the date av	or the letter ruling Year	
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
b Ent	er the minimum required contribution for this plan year.	••••••	12b			
C Ent	er the amount contributed by the employer to the plan for the plan year	••••••	12c			
	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)		12d			
e Wil	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	s a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	es," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	
	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brottrol of the PBGC?				Yes X No	
	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
	ch assets or liabilities were transferred. (See instructions.)	, ,				
13c(1	Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	
Part VII	Truct Information Chin These Questions					
	I Trust Information - Skip These Questions					
	ne of trust		14b	Trust's EI	N	
	<u> </u>		14b	Trust's El	N	
14a Nai	me of trust					
14a Nai	<u> </u>				or custodian's	
14a Nai	me of trust			Trustee o	or custodian's	
14a Nai	me of trust			Trustee o	or custodian's	
14a Nai 14c Nai	ne of trust			Trustee o	or custodian's	
14a Nar 14c Nar 14c Nar Part IX 15a Is to 15b Hove	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section		14d Yes Design-b	Trustee of telephone	or custodian's e number No "Prior year" #	ADP
14a Nar 14c Nar 14c Nar Part IX 15a Is to 15b Hove	me of trust me of trustee or custodian IRS Compliance Questions - Skip These Questions me plan a 401(k) plan? If "No," skip b.		Yes Design-ts safe hard	Trustee of telephone	or custodian's e number No "Prior year" A	ADP
14a Nar 14c Nar 14c Nar Part IX 15a Is to 15b Hove	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section		14d Yes Design-b	Trustee of telephone	or custodian's e number No "Prior year" #	ADP
14a Nar 14c Nar 14c Nar Part IX 15a Is th 15b Hot 401	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section		Yes Design-ts safe hard "Current ADP tes Ratio percenta	Trustee of telephone	or custodian's e number No "Prior year" A	ADP N/A
14a Nar 14c Nar 14c Nar 15a Is the 15b How 401 16a Whyea 16b Did	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply: at testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply: the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(c)	n	Yes Design-ts safe hard "Current ADP tess Ratio	Trustee of telephone	r custodian's e number No "Prior year" A test N/A Average	
14a Nar 14c Nar 14c Nar 15a Is to 15b Hov 401 16a Wh yea 16b Did for 17a If th	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply: at testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply: the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(c) the plan year by combining this plan with any other plan under the permissive aggregation rules? The plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable by the plan is a master and prototype plan is a master an	n	Yes Design-ts safe harl "Current ADP tes Ratio percentatest Yes	Dased poor year" t	r custodian's e number No Prior year" A test N/A Average benefit test No	N/A
14a Nar 14c Nar 14c Nar 15a Is to 15b Hov 401 16a Wh yea 16b Did for 17a If the 17b If the	IRS Compliance Questions - Skip These Questions The plan a 401(k) plan? If "No," skip b. We did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply: The plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan r? Check all that apply: The plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(the plan year by combining this plan with any other plan under the permissive aggregation rules? The plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable letter/ and serial number The plan is an individually-designed plan that received a favorable determination letter from the IRS	n	Yes Design-t safe harl "Current ADP tes' Ratio percenta test Yes	pased poor year" t	No "Prior year" A test N/A Average benefit test No No ter, enter the date of	N/A
14a Nar 14c Nar 14c Nar 15a Is ti 15b Hov 401 16a Wh yea 16b Did for 17a If tr the 17b If tr lette	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply: at testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply: the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(che plan year by combining this plan with any other plan under the permissive aggregation rules? the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable letter/ and serial number the plan is an individually-designed plan that received a favorable determination letter from the IRS are//	n	Yes Design-t safe harl "Current ADP tes' Ratio percenta test Yes	pased poor year" t	No "Prior year" A test N/A Average benefit test No No ter, enter the date of	N/A
14a Nar 14c Nar 14c Nar 15a Is ti 15b Hov 401 16b Did for 17a If tr the 17b If tr lette 18 Det We	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply: at testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply: the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(the plan year by combining this plan with any other plan under the permissive aggregation rules? The plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable letter // and serial number . the plan is an individually-designed plan that received a favorable determination letter from the IRS are // // // // // // // // // // // // //	n	Yes Design-ts safe harl "Current ADP tes Ratio percentatest Yes etter or actate of the	pased poor year" t	No "Prior year" A test N/A Average benefit test No No ter, enter the date of	N/A
14a Nar 14c Nar 14c Nar 15a Is ti 15b Hov 401 16b Did for 17a If tr the 17b If tr lette 18 Def We ser	IRS Compliance Questions - Skip These Questions ne plan a 401(k) plan? If "No," skip b. w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply: at testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply: the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(the plan year by combining this plan with any other plan under the permissive aggregation rules? the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable letter/	n	Yes Design-ts safe harl "Current ADP tes Ratio percentatest Yes etter or actate of the	Dased poor year" t	No "Prior year" A test N/A Average benefit test No ter, enter the date of	N/A