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 1 | 2/31/2016 | | |
| A This re | eturn/report is for: | a single-employer plan | | | n (not multiemployer) oloyer information in a | | - | |
| A IIIISTO | stani/report is for. | a one-participant plan | | oreign plan | oreyer miermaner in a | 3001441100 | | Tinou double. |
| B This re | turn/report is | the first return/report | 븜 | final return/report | | 4. \ | | |
| | | an amended return/report | a si | nort plan year return | /report (less than 12 m | nonths) | | |
| C Check | box if filing under: | Form 5558 | ш | tomatic extension | | DFVC | program | |
| | - | special extension (enter desc | . , | | | | | |
| Part II | • | ormation—enter all requested in | formatio | n | | _ | | T |
| 1a Name | e of plan /STEMS, INC. 401(K) | DETIDEMENT DI ANI | | | | 1b Thr | - | |
| HOVAIK 31 | 131EM3, INC. 401(K) | RETIREMENT FLAN | | | | | n number I) ▶ | 002 |
| | | | | | | | ective date of | l f nlan |
| | | | | | | 10 | | 1/2002 |
| Mailir | ng address (include roo | oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C | | | | 2b Em (EIN | | fication Number 054212 |
| | or town, state or province STEMS, INC. | ce, country, and ZIP or foreign post | tal code | (if foreign, see instru | uctions) | 2c Spo | onsor's telep 253-872 | hone number 2-0405 |
| | | | | | | 2d Bus | iness code (| see instructions) |
| | H 220TH STREET | | | | | | 3399 | |
| KENT, WA | 98032 | | | | | | | |
| | | | | | | | | |
| 3a Plan | administrator's name a | nd address 🔀 Same as Plan Spo | nsor. | | | 3b Adn | ninistrator's I | EIN |
| | | | | | | 3c Adr | ninistrator's t | telephone number |
| | | | | | | | | |
| 4 If the | name and/or FINI of th | a plan aparagr has abanged since | the lest | raturn/rapart filed fo | r this plan, aptor the | 4b FIN | 1 | |
| name | e, EIN, and the plan nu | e plan sponsor has changed since mber from the last return/report. | lile iasi | return/report med to | i tilis plati, eriter tile | 4b EIN | l | |
| | sor's name | | | | | 4c PN | | |
| 5a Total | number of participants | s at the beginning of the plan year. | | | | 5a | | |
| | • | at the end of the plan yearaccount balances as of the end of | | | | 5b | | |
| | | account balances as of the end of | • | , , , | • | 5c | | |
| | | articipants at the beginning of the pl | | | | 5d(1) | | |
| | | articipants at the end of the plan ye | | | | 5d(2) | | |
| than | 100% vested | terminated employment during the | | | | 5e | <u> </u> | |
| | | or incomplete filing of this return ther penalties set forth in the instru- | | | | | | cable a Schedula |
| SB or Sch | | nd signed by an enrolled actuary, a | | | | | | |
| SIGN | | /valid electronic signature. | | 07/19/2017 | BETTY ROBERTS | | | |
| HERE | | | | _ | | | | |

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)

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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| 6a | Were all of the plan's assets during the plan year invested in eligib | le assets? | ? (See instructions.) | | | | | | X Ye | s No |
|----------|---|---|---|------------|----------|---------|----------|------------|----------|---------|
| b | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | | | | | | | | X Ye | s No |
| | 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 ir | nsurance p | orogram (see ERISA se | ection 4 | 021)? | | Yes | No | Not det | ermined |
| Pa | rt III Financial Information | | 1 | | | | | | | |
| _7_ | Plan Assets and Liabilities | | (a) Beginning | | | | | (b) End c | | _ |
| <u>a</u> | Total plan assets | 7a | | 433503 | | | | | 46940 | 6 |
| | Total plan liabilities | 7b | | 400500 | | | | | 400.40 | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 433503 | | | | | 46940 | 6 |
| _8_ | Income, Expenses, and Transfers for this Plan Year | | (a) Amour | nt | | | | (b) To | tal | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | | | |
| | (2) Participants | 8a(2) | | 10000 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| | Other income (loss) | 8b | | 31969 |) | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 4196 | 9 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions). | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 6066 | 5 | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | | 606 | 6 |
| i | Net income (loss) (subtract line 8h from line 8c) | | | | | | | | 3590 | 3 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pai | rt IV Plan Characteristics | <u>, , , , , , , , , , , , , , , , , , , </u> | l | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K | feature co | odes from the List of Pl | an Cha | racteri | stic Co | odes in | the instru | uctions: | |
| 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 instrud | ctions: | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | Amount | |
| а | Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V | oluntary F | Fiduciary Correction | 40 | | X | | | | |
| b | Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | t? (Do not | include transactions | 10a 10b | | X | | | | |
| | , | | | 10b | X | | | | | 50000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | X | | | | |
| е | | ner persor ne or all of | s by an insurance the benefits under | 10e | Х | | | | | 3103 |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | | | |
| g | | - | | 10g | | X | | | | |
| h | 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 |
|------|------|-----|-----|---|
| | | | | |

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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).

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. Annual Report Identification Information 12/31/2016 For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach x a single-employer plan A This return/report is for: a list of participating employer information in accordance with the form instructions.) 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) DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan **1b** Three-digit plan number Hovair Systems, Inc. 401(k) Retirement Plan (PN) ▶ 002 1c Effective date of plan 05/01/2002 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) 77-0054212 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Hovair Systems, Inc. (253) 872-0405 Business code (see instructions) 6912 South 220th Street 339900 US Kent WA 98032 3b Administrator's EIN 3a Plan administrator's name and address X Same as Plan Sponsor 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN 5a Total number of participants at the beginning of the plan year 5b 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 7 complete this item) 7 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) 7 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 5e O 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

| SIGN Betty Resul | | Betty Roberts |
|--|--------------------------------|--|
| HERE Signature of plan administrator | Date 7/19/13 | Enter name of individual signing as plan administrator |
| SIGN From Borman | , | Ronald Benman |
| HERE Signature of employer/plan sponsor | Date 7/24/17 | Enter name of individual signing as employer or plan sponsor |
| Preparer's name (including firm name, if applicable) and addressip this question | ess (include room or suite num | ber) Preparer's telephone number Skip this question |
| | | |

| Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form content of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year at 10 Plan assets (a) Beginning of Year at 10 Plan Iliabilities (a) Beginning of Year at 10 Plan Iliabilities (b) Plan Iliabilities (b) Plan Iliabilities (c) Plan Iliabilities (b) Plan Iliabilities (c) Plan Iliabilitie | 5500. |
|--|--|
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets (a) Beginning of Year Total plan liabilities 7b C Net plan assets (subtract line 7b from line 7a) 7c A 133,503 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) 10,000 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 31,969 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c | 5500. Yes No Not determined (b) End of Year 469,406 (b) Total |
| Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets | Yes No Not determined (b) End of Year 469,406 (b) Total |
| 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 433,503 b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 433,503 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) 10,000 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c | 469,406 469,406 (b) Total |
| 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 433,503 b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 433,503 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) 10,000 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c | 469,406 469,406 (b) Total |
| a Total plan assets 7a 433,503 b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 433,503 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) 10,000 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 31,969 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c | 469,406 (b) Total |
| b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 433,503 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: | 469,406 (b) Total |
| C Net plan assets (subtract line 7b from line 7a) 7c 433,503 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: | (b) Total |
| 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: | |
| a Contributions received or receivable from: | 41,969 |
| (2) Participants 8a(2) 10,000 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 31,969 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c | 41,969 |
| (3) Others (including rollovers) | 41,969 |
| b Other income (loss) 8b 31,969 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c | 41,969 |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 41,969 |
| | 41,969 |
| | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | The state of the s |
| | |
| | |
| Administrative service providers (Salaries, 1665, Commissions) | |
| g Other expenses | 6,066 |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 35,903 |
| i Net income (loss) (subtract line 8h from line 8c) | |
| j Transfers to (from) the plan (see instructions) | |
| Part IV Plan Characteristics | |
| 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Co | ides in the instructions: |
| 3D 2E 2F 2G 2J 2K | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Cod | es in the instructions: |
| Part V Compliance Questions | |
| 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) | |
| 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? | 50,000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | |
| Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X | 3,103 |
| f Has the plan failed to provide any benefit when due under the plan? 10f X | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | |
| 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 | |

| Page 3 - | |
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Form 5500-SF 2016

| Par | VI Pension Funding Compliance | 1.0.00 | | | | | | |
|--|--|---|--------------------------|-----------|------------------------|-----------------|---------|--|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at (Form 5500 and line 11a below) | nd complete S | chedule | SB | ☐ Ye | es X | No | |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? | | | of | ☐ Ye | es X | No | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | <u> </u> | | | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver | Month | ind ente | | of the le Year | tter ruli | ng | |
| lf \ | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin | ne 13. | T | | | | | |
| b | Enter the minimum required contribution for this plan year. | | 12b | | | | | |
| С | Enter the amount contributed by the employer to the plan for the plan year | | 12c | | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | *************************************** | | Yes [|] No [| N/A | ١ | |
| Par | | | T | | | | | |
| 138 | Has a resolution to terminate the plan been adopted in any plan year? | *************************************** | Ĺ | Yes | X | No | | |
| | 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, or be control of the PBGC? | | ne | | Yes X | No. | | |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.) | lentify the plan | (s) to | | | | | |
| 1 | 3c(1) Name of plan(s): | IN(s) | 3) 13c(3) PN(s) | | | | | |
| g _i | | | | | ······ | | | |
| Par | VIII Trust Information - Skip These Questions | | | | | | | |
| 148 | Name of trust | | 14b | Trust's E | IN | | | |
| 140 | Name of trustee or custodian | | 1 | | or custodi e number | | | |
| Par | IRS Compliance Questions - Skip These Questions | | | | | | | |
| The state of the s | I Is the plan a 401(k) plan? If "No," skip b. | | es/es | | Пи | 0 | | |
| 15 | How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: | | Design-b afe harl | | | Prior ye est | ar" ADP | |
| | | | Current ADP tes | | י 🗆 | N/A | | |
| 16 | What testing method was used to satisfy the coverage requirements under section 410(b) for the pl year? Check all that apply: | L F | Ratio percenta est | ige 🔲 | Average benefit | | □ N/A | |
| 16 | Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules |)(4) ? | ⁄es | | N | lo | | |
| | If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter/ and serial number | | | | | | | |
| 17 | | S. enter the da | ate of th | e most re | ecent dete | erminat | ion | |
| | If the plan is an individually-designed plan that received a favorable determination letter from the IR letter/ | | | | | | | |
| 18 | | t separated fro | m [| Yes | | lo | | |