	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be file		065 of the Employee Ret	tirement	2016					
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code)		(a) of the Internal This Form is O Public Inspec						
Pension Be	enefit Guaranty Corporation	Complete all entries in a second s		uctions to the Form 550	00-SF.	Fublic inspection					
Part I		Ientification Information		06/	30/2017						
For calenda	ar plan year 2016 or fisca	a single-employer plan				ing this hav must attach a					
A This ret	turn/report is for:	a one-participant plan		ployer information in acc		ing this box must attach a ith the form instructions.)					
B This retu	urn/report is	the first return/report an amended return/report	$\stackrel{\textstyle{\textstyle{\frown}}}{\scriptstyle{\frown}}$ the final return/report $\stackrel{\textstyle{\textstyle{\frown}}}{\scriptstyle{\frown}}$ a short plan year returr	vronart (lass than 12 ma	nthe)						
C. Check	box if filing under:										
Cileck I		Form 5558	automatic extension	L	DFVC pr	ogram					
Dort II	Basia Blan Inform	special extension (enter desci	,								
Part II		mation—enter all requested in	formation		16 The						
1a Name BESTWORT		() PROFIT SHARING PLAN			1b Three plan i (PN)	number					
					1c Effect	tive date of plan 07/01/1989					
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C			2b Emplo (EIN)	over Identification Number 91-1318411					
	H-ROMMEL, INC.	country, and ZIP or foreign post	ai code (il toreign, see instr	uctions)	2c Spon	sor's telephone number 360-435-2927					
19818 - 74TH ARLINGTON				-	2d Busin	ess code (see instructions) 238290					
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	nsor.		3b Admir	nistrator's EIN					
					3c Admir	nistrator's telephone number					
		olan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN						
name. a Sponse		per from the last return/report.			4c PN						
_		t the beginning of the plan year			5a	51					
b Total r	number of participants at	t the end of the plan year			5b	C					
C Numb	er of participants with ac	count balances as of the end of	the plan year (only defined	contribution plans	5c	C					
d(1) Tota	al number of active partie	cipants at the beginning of the pl	an year		5d(1)	35					
• •		cipants at the end of the plan yea			5d(2)	C					
than	100% vested	rminated employment during the			5e	C					
		incomplete filing of this return									
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, a ete.									
SIGN	Filed with authorized/va	lid electronic signature.	08/23/2017	D.E. ROMMEL							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individua	al signing a	as plan administrator					
SIGN HERE											
	Signature of employed name (including firm nar	er/plan sponsor ne, if applicable) and address (ir	Date nclude room or suite numbe			as employer or plan sponsor telephone number					

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions)

Net income (loss) (subtract line 8h from line 8c).....

Part IV Plan Characteristics

i

j

9a

b

2853782

-2678189

6a b c										
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	2678189	0						
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	2678189	0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	11491							
	(2) Participants	8a(2)	19159							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	144943							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		175593						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2796851							
е	Certain deemed and/or corrective distributions (see instructions).	8e	56722							
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	209							

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	t V	Compliance Questions					
10	Duri	ng the plan year:		Yes	No	N/A	Amount
а	des	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		Х		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		Х		
С	Wa	s the plan covered by a fidelity bond?	10c	Х			200000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		Х		
e	carri	e any fees or commissions paid to any brokers, agents, or other persons by an insurance fer, insurance service, or other organization that provides some or all of the benefits under plan? (See instructions.)	10e	X			5070
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х			0
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i				

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)					П Ү	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΓY	es 🗙 No
		A? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insi	tructio	ns, and	l enter t	he date	of the letter	ruling
	<u> </u>	ting the waiver			_ Day		Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter	the minimum required contribution for this plan year			12b			
с	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litic amount)			12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Ye	s No)
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	No
C		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the	plan(s)	to			
	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b 1	rust's l	EIN	
14c	Name	of trustee or custodian					's or custodia	an's
						leiepho	ne number	
Par	+ I Y	IRS Compliance Questions						
Fai				Vee				
15a	Is the	plan a 401(k) plan? If "No," skip b	🗆	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	[Prior ye test	ar" ADP
				"Curre ADP t	ent year' est	,	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
16b		ne 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		nter the	e date	of the m	iost rec	ent determir	ation
18		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	arated	from	Yes	s [No	
		xe?						

Department of the Treasu	oloyee	OMB Nos. 1210- 1210-			
Department of Labor	Benefit Plan be filed under sections 104 and 4065 of the Employee 1974 (ERISA), and sections 6057(b) and 6058(a) of the	Retirement	2016		
Employee Benefits Security Admin Pension Benefit Guaranty Corpo	This Form is Op				
	Complete all entrie	es in accordance with the Instructions to the Form	5500-SF.		
Part I Annual Re	eport Identification Information 16 or fiscal plan year beginning 01/0		100/0047		
<u>, , , , , , , , , , , , , , , , , , , </u>	X a single-employer plan				
This return/report is for		a multiple-employer plan (not multiemployer) list of participating employer information in a foreign plan	accordance wit	ng this box must attach a the form instructions.)	
This return/report is	the first return/report	The final return/report			
	an amended return/report	t X a short plan year return/report (less than 12 i	months)		
Check box if filing unde	er: 🗌 Form 5558	automatic extension	DFVC pro	ogram	
	special extension (enter d	description)		•	
Part II Basic Plan	n Information-enter all requeste	ed information			
a Name of plan STWORTH-ROMMEL, IN	NC. 401(k) PROFIT SHARING PLAN		1b Three- plan nu (PN) 1c Effectiv 07/01/	ve date of plan	
Mailing address (incluc City or town, state or p	employer, if for a single-employer pla de room, apt., suite no. and street, or province, country, and ZIP or foreign p	an) · P.O. Box) postal code (if foreign, see instructions)	2b Employ (EIN) 9	ver Identification Number	
TWORTH-ROMMEL, IN	C.			or's telephone number (360) 435-2927	
18 - 74TH AVE. N.E.			238290	ss code (see instructions	
INGTON, WA 98223	me and address K Same as Plan S				
			3c Adminis	strator's telephone numb	
name, EIN, and the pla	of the plan sponsor has changed sin an number from the last return/report.	nce the last return/report filed for this plan, enter the	4b EIN	strator's telephone numb	
name, EIN, and the pla Sponsor's name	an number from the last return/report.	·	4b EIN 4c PN	strator's telephone numb	
name, EIN, and the pla Sponsor's name Total number of particip	an number from the last return/report.	ar	4b EIN 4c PN 5a		
name, EIN, and the pla Sponsor's name Total number of particip Total number of particip Number of participants	an number from the last return/report.	ar of the plan year (only defined contribution plans	4b EIN 4c PN 5a 5b	51	
name, EIN, and the pla Sponsor's name Total number of particip Total number of particip Number of participants complete this item)	an number from the last return/report. pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end	ar of the plan year (only defined contribution plans	4b EIN 4c PN 5a 5b 5c	51 0 0	
name, EIN, and the pla Sponsor's name Total number of particip Total number of particip Number of participants complete this item) (1) Total number of activ	an number from the last return/report. pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end	ar of the plan year (only defined contribution plans e plan year	4b EIN 4c PN 5a 5b 5c 5d(1)	51	
Total number of particip Total number of particip Number of participants complete this item) (1) Total number of activ (2) Total number of activ	an number from the last return/report. pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end we participants at the beginning of the ye participants at the end of the plan	ar of the plan year (only defined contribution plans e plan year	4b EIN 4c PN 5a 5b 5c	51 0 0	
name, EIN, and the pla Sponsor's name Total number of particip Total number of particip Number of participants complete this item) (1) Total number of activ (2) Total number of activ Number of participants than 100% vested	an number from the last return/report. poants at the beginning of the plan year coants at the end of the plan year with account balances as of the end we participants at the beginning of the re participants at the end of the plan that terminated employment during t	ar of the plan year (only defined contribution plans e plan year year the plan year with accrued benefits that were less	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	51 0 0 35 0 0	
name, EIN, and the pla Sponsor's name Total number of particip Total number of particip Number of participants complete this item) (1) Total number of activ Number of participants than 100% vested tion: A penalty for the l ler penalties of perjury an or Schedule MB complete	an number from the last return/report. pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end we participants at the beginning of the re participants at the end of the plan y that terminated employment during t late or incomplete filing of this retu- nd other penalties set forth in the insti- ed and signed by an enrolled actuary	ar of the plan year (only defined contribution plans e plan year	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ise is establis	51 0 0 35 0 0 hed.	
name, EIN, and the pla Sponsor's name Total number of particip Total number of particip Number of participants complete this item) (1) Total number of activ Number of participants than 100% vested titon: A penalty for the plant or Schedule MB complete ef, it is true, correct, and of the plant the penaltic of perjury and the plant the plant the p	an number from the last return/report. pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end we participants at the beginning of the re participants at the end of the plan y that terminated employment during t late or incomplete filing of this retu- nd other penalties set forth in the insti- ed and signed by an enrolled actuary	ar of the plan year (only defined contribution plans e plan year year the plan year with accrued benefits that were less urn/report will be assessed unless reasonable cau ructions, I declare that I have examined this return/report ructions, I declare that I have examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e rse is establis port, including, , and to the best	51 0 0 35 0 0 hed.	
name, EIN, and the pla Sponsor's name Total number of particip Total number of particip Number of participants complete this item) (1) Total number of activ Number of participants than 100% vested tion: A penalty for the ler per penalties of perjury and or Schedule MB complete ef, it is true, correct, and of N	an number from the last return/report. pants at the beginning of the plan year pants at the end of the plan year with account balances as of the end we participants at the beginning of the re participants at the end of the plan that terminated employment during the late or incomplete filing of this return d other penalties set forth in the insti- ed and signed by an enrolled actuary complete.	ar of the plan year (only defined contribution plans e plan year year the plan year with accrued benefits that were less <u>urn/report will be assessed unless reasonable cau</u> ructions, I declare that I have examined this return/report x_i as well as the electronic version of this return/report x_i x_i v_i v_i v_i v_i v_i v_i v_i v_i	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ise is establis port, including, and to the beau MMEL	51 0 35 0 hed. if applicable, a Schedule st of my knowledge and	
Total number of particip Total number of particip Total number of particip Number of participants complete this item) (1) Total number of activ (2) Total number of activ Number of participants than 100% vested tion: A penalty for the 1 ler penalties of perjury and or Schedule MB complete of schedule MB complete (1) Total number of participants than 100% vested	an number from the last return/report. pants at the beginning of the plan year bants at the end of the plan year with account balances as of the end we participants at the beginning of the re participants at the end of the plan that terminated employment during the late or incomplete filing of this return d other penalties set forth in the insti- ed and signed by an enrolled actuary complete.	ar of the plan year (only defined contribution plans e plan year year the plan year with accrued benefits that were less urn/report will be assessed unless reasonable cau ructions, I declare that I have examined this return/report ructions, I declare that I have examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ise is establis port, including, and to the beau MMEL	51 0 35 0 hed. if applicable, a Schedule st of my knowledge and	
name, EIN, and the pla Sponsor's name Total number of particip Total number of participants complete this item) (1) Total number of activ (2) Total number of activicipants than 100% vested than 100% vested tion: A penalty for the last or Schedule MB complete of schedule MB complete Signature of plants Signature of plants	an number from the last return/report. pants at the beginning of the plan year boants at the end of the plan year with account balances as of the end we participants at the beginning of the re participants at the end of the plan year that terminated employment during the late or incomplete filing of this return nd other penalties set forth in the insti- ed and signed by an enrolled actuary complete.	ar of the plan year (only defined contribution plans e plan year year the plan year with accrued benefits that were less urn/report will be assessed unless reasonable cau ructions, I declare that I have examined this return/report ructions, I declare that I have examined this return/report , as well as the electronic version of this return/report $\sqrt{8/15/2017}$ x D.E. Ro- Date Enter name of individu	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ise is establis port, including, and to the best MMEL ial signing as p	51 0 0 35 0 0 hed. if applicable, a Schedule st of my knowledge and blan administrator	
name, EIN, and the pla Sponsor's name Total number of particip Total number of participants complete this item) (1) Total number of activ (2) Total number of activ Number of participants (2) Total number of activ Number of participants than 100% vested number of participants than 100% vested than 100% vested attion: A penalty for the black lier penalties of perjury and or Schedule MB complete of Schedule MB complete ef, it is true, correct, and or Number Signature of plants Signature of plants	an number from the last return/report. pants at the beginning of the plan year bants at the end of the plan year with account balances as of the end we participants at the beginning of the re participants at the end of the plan year that terminated employment during t that terminated employment during t late or incomplete filing of this return and other penalties set forth in the instruct complete.	ar of the plan year (only defined contribution plans e plan year year the plan year with accrued benefits that were less urn/report will be assessed unless reasonable cau ructions, I declare that I have examined this return/report , as well as the electronic version of this return/report $VSI/SIZO(7) \times D_{*}E_{*}RO_{*}$ Date Enter name of individu Date Enter name of individu	4b EIN 4c PN 5a 5b 5b 5c 5d(1) 5d(2) 5e sestablis port, including, , and to the best mmc all signing as p signing as e	51 0 35 0 hed. if applicable, a Schedule st of my knowledge and	

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6a k	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 5500. 							Yes 🗋 No	
c	If the plan is a defined benefit plan, is it covered under the PBGC	inot use For insurance pr	m 5500-SF and mi ogram (see ERISA	ust inst section	ead us 4021)	se Foi ?	rm 550 ∏ Yes	0. No Not determined	
	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar		_	(b) End of Year	
<u>a</u>	Total plan assets	. 7a		2678				0	
b	Total plan liabilities	. 7b			_				
C	Net plan assets (subtract line 7b from line 7a)	. 7c		2678	89			0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total	
а	Contributions received or receivable from:								
	(1) Employers	. 8a(1)		114			_		
	(2) Participants	. 8a(2)		191	59		_		
h	(3) Others (including rollovers)		<u></u>						
	Other income (loss)			1449	43	ř. ur			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_			175593	
	to provide benefits)	8d		27968	51				
e	Certain deemed and/or corrective distributions (see instructions)	8e		567	22		·····		
f	Administrative service providers (salaries, fees, commissions)	8f				1	_		
g	Other expenses	8g		2	09	31			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		Cliffing She of the second	6 E				2853782	
i	Net income (loss) (subtract line 8h from line 8c)	81	19				-2678189		
j	Transfers to (from) the plan (see instructions)	8i							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2T 3D	feature code	s from the List of P	lan Cha	racteri	stic C	odes ir	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acteris	tic Co	des in t	the instructions:	
Par	t 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fidu	ciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not inc	ude transactions	10b		х			
C	Was the plan covered by a fidelity bond?			10c	х			200000	
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	fidelity bond,	that was caused	100		х			
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by	/ an insurance	10e	x			5070	
f	Has the plan failed to provide any benefit when due under the plan			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-end.)	10g	x			0	
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructio	ins and 29 CER	10g		x	-	0	
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-	e required no	tice or one of the	101		-			

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Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	d compl	ete Scl	nedule S	B		Yes 🗍 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?	Code o	r sectio	in 302 o	f		Yes 🗙 No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in the plan year. 						
granting the waiver	Month	ons, an	d enter Da		e of the letter	er ruling
b Enter the minimum required contribution for this plan year			12b			
				 	· · · · · · · · · · · · · · · · · · ·	
C Enter the amount contributed by the employer to the plan for this plan year			12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)			12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?				X Yes	5 🗍 N	10
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broucontrol of the PBGC?	ught und	ler the			X Yes] No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the	plan(s)	to	L		
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
						<u>, ()</u>
Part VIII Trust Information				l		
14a Name of trust			14 b T	rust's E	in	
14c Name of trustee or custodian		_			or custodi e number	an's
Part IX IRS Compliance Questions		L				
15a Is the plan a 401(k) plan? If "No," skip b		Yes		E] No	
15b 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 safe ha	-based arbor		"Prior ye test	ar" ADP
	IΠ	"Currer ADP te	nt year" st		N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percer test	ntage		erage nefit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes		[
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion	letter o	or advise	ory lette	r, enter the	date of
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the	date of	f the mo	st recer	nt determin	ation
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separate service?	arated fr	om	Yes		No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	